Shingrix vaccine to protect against shingles will be available under the National Immunisation Program (NIP) from 1 November 2023

Program advice for vaccination providers in the ACT

Key Points

- From 1 November 2023, Shingrix® will replace Zostavax® on the NIP.
- Shingrix® is a non-live vaccine, highly effective in the prevention of herpes zoster and its complications, including post-herpetic neuralgia (PHN), in both immunocompetent and immunocompromised people.
- Shingrix® will be available under the NIP for the following people:
    - First Nations Australian adults aged 50 years and older
    - Non-indigenous people aged 65 years and older
    - Immunocompromised people 18 years and older with certain medical conditions (outlined below)
- Shingrix® requires two doses, with an interval of 2-6 months between doses for most people or 1-2 months for immunocompromised people.
- Immunisation providers will receive a pre-determined base stock of NIP funded Shingrix® vaccine in late October to early November for a program start date of 1 November 2023 or as soon as stock is received after this date. Zostavax® will be retrieved.
- Please discard any Zostavax® doses remaining in your fridge on 31 October 2023.
- Report all NIP and private doses of vaccine to the Australian Immunisation Register.

Introduction of Shingrix® to the Immunisation Schedule

From 1 November 2023, Shingrix® vaccine for the prevention of herpes zoster (shingles) and post-herpetic neuralgia (PHN) will replace Zostavax® vaccine on the NIP for eligible people at greatest risk of complications from shingles.

Shingrix (GlaxoSmithKline) is an adjuvanted recombinant varicella zoster virus glycoprotein E (gE) subunit (non-live) vaccine. Shingrix requires two doses, with an interval of 2-6 months between doses. It is registered for use from age ≥50 years in immunocompetent adults and from age ≥18 years for immunocompromised individuals at increased risk of herpes zoster. A shorter interval of 1-2 months between doses is recommended in individuals who are immunocompromised.

A funded two-dose primary course of Shingrix® will be available for the following people:

- First Nations Australian adults aged 50 years and older
- Non-indigenous adults aged 65 years and older
- Immunocompromised people aged 18 years and older with:
    - haemopoietic stem cell transplant,

- solid organ transplant,
- haematological malignancy and
- advanced or untreated HIV.

Administration

The vaccine must be stored at 2°C to 8°C in the original cardboard packaging protected from light until time of use.

- Shingrix® vaccine come in 2 parts, a vial with powder, and a vial with suspension for reconstituted.
- Administration is by intramuscular injection.
- A complete course of Shingrix vaccination requires x2 doses of 0.5mL IM.

For further information, please refer to the Australian Immunisation Handbook online and the TGA Product Information at https://www.tga.gov.au/resources/prescription-medicines-registrations/shingrix-glaxosmithkline-australia-pty-ltd.

The Australian Technical Advisory Group on Immunisation (ATAGI) considers it acceptable to administer Shingrix® at the same time as other inactivated vaccines such as tetanus-containing vaccines, pneumococcal vaccines, influenza vaccines and COVID-19 vaccines, if required. However, in the absence of research data, it may be preferable to separate Shingrix® administration by a few days to avoid increase adverse events following immunisation.

Please report all vaccinations given, both NIP and private stock, to the Australian Immunisation Register (AIR).

Vaccine safety and effectiveness

Shingrix® is highly effective in preventing shingles and offers long lasting protection against herpes zoster and PHN.

Shingrix causes moderately high rates of local and systemic reactions. Common reactions include injection-site pain (up to 79%), redness (up to 39%), swelling (up to 26%) and systemic symptoms such as fatigue and myalgia (up to 46%), headache (up to 39%), shivering (up to 28%), fever (up to 22%), and gastrointestinal symptoms (up to 18%). In a small proportion of people (approximately 10%), reactions may be severe enough to disrupt normal daily activities; but these are generally short-lived (1-3 days) and go away without treatment[1].

[1] https://www.health.gov.au/sites/default/files/documents/2022/05/statement-on-the-clinical-use-of-zoster-vaccine-in-older-adults-in-australia-statement-on-the-clinical-use-of-zoster-vaccine-in-older-adults-in-australia.pdf

Prior to vaccination, immunisation providers should counsel patients regarding possible local and systemic reactions **and the importance of completing the two-dose schedule** for an adequate level and duration of protection. Consider asking patients to make an appointment for dose 2 at the dose 1 visit and use reminder/recall systems to encourage course completion.

Please report any adverse events following immunisation (AEFI) using the ACT Health online form or call the Immunisation Unit on 02) 5124 9800.

Contraindications/precautions

The only absolute contraindication to Shingrix® vaccine is anaphylaxis after a previous dose of Shingrix® or anaphylaxis after any component of Shingrix®.

There is no data on the use of Shingrix in pregnant or breastfeeding women.

Co-administration of Shingrix concomitantly with COVID-19 vaccines or other vaccines is acceptable but providers should be aware of the potential for an increase in mild-moderate adverse events. Refer to the Australian Immunisation Handbook online for more information.

Vaccination after Zostavax® or an episode of shingles

If a patient has previously received Zostavax®, they **cannot** receive funded Shingrix® under the NIP until at least 5 years after the Zostavax® dose. The person will still need to complete the 2-dose schedule of Shingrix®.

People who have had an episode of herpes zoster previously should delay Shingrix® vaccination for at least 12 months after they have recovered. Earlier vaccination may be considered for immunocompromised people at higher risk of recurrence, at least 3 months after the episode.

Ordering NIP funded Shingrix®

Providers will receive a pre-allocated base stock of Shingrix® in late October to early November. While you still have stock of Zostavax®, you can continue to use it until 31 October 2023. **From 31 October, any remaining doses of Zostavax® in your fridge should be discarded in a biohazard container**.

Please do not administer NIP funded Shingrix vaccine prior to 1 November 2023**.**

From November 2023, providers can order Shingrix® vaccine for delivery on their next scheduled delivery using the ACT Health Vaccine Management Unit order form. To ensure equitable access, orders may be adjusted by VMU.

Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.

If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

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