National Immunisation Program

A joint Australian, State and Territory Government Initiative

National Immunisation Program

Shingles vaccination from September 2024

Program advice for health professionals

From September 2024, there are changes to the shingles vaccination eligibility under the National Immunisation Program (NIP).

Key points

- Free shingles vaccination under the NIP has been expanded to include people at moderate to high-risk of severe infection and complications from shingles.
- A 2-dose schedule of Shingrix® is available for free to eligible cohorts:
  - 65 years and over
  - Aboriginal and Torres Strait Islander people 50 years and over
  - eligible people 18 years and over considered at increased risk of herpes zoster due to an underlying condition and/or immunomodulatory/immunosuppressive treatments*
- Health professionals can order supplies of Shingrix® through the usual NIP vaccine ordering channels.

*Please refer to 'Appendix A - Shingles eligibility under the National Immunisation Program' below for current eligibility. Note: The Australian Immunisation Handbook (AIH) will be updated in November 2024.

NIP funded shingles vaccination: 2 dose schedule with Shingrix® 0.5ml vial (GSK) given intramuscularly.	
Eligible groups	**Dosing schedule / Dose intervals**
People 65 years and over (non-Indigenous)	2-6 months apart in immunocompetent people
Aboriginal and Torres Strait Islander people 50 years and over	2-6 months apart in immunocompetent people
Eligible people 18 years and over with increased risk due to underlying conditions and/or immunomodulatory /immunosuppressive treatments*	1-2 months apart in immunocompromised people
REPORT all NIP and privately purchased vaccinations to the Australian Immunisation Register (AIR).	

Note: There is currently no recommendation for booster doses of Shingrix® vaccine.

People aged 65 years and over

Shingles can occur at any age after primary infection, but the risk increases with age. The likelihood and severity of complications also increases with age. A 2-dose vaccination schedule administered 2-6 months apart is recommended.

Further information and resources, including posters and frequently asked questions, are available on the Department of Health and Aged Care website health.gov.au/immunisation.

Aboriginal and Torres Strait Islander people aged 50 years and over

Aboriginal and Torres Strait Islander people aged 50 years and older are more likely to experience complications and higher rates of hospitalisation from shingles. A 2-dose vaccination schedule administered 2-6 months apart is recommended.

Resources to support conversations with Aboriginal and Torres Strait Islander people about vaccination is available at health.gov.au/immunisation.

Immunocompromised people aged 18 years and over

Compared with immunocompetent people, people who are immunocompromised have higher rates of shingles and complications. Shingles can occur at a younger age in people who are immunocompromised, and there is also a higher risk of recurrence. A 2-dose vaccination schedule administered 1-2 months apart is recommended.

Co-administration with other vaccines

People can receive Shingrix® at the same time as other inactivated vaccines, pneumococcal vaccines, influenza vaccines and COVID-19 vaccines. However, it is preferable to administer Shingrix® by itself where possible.

Vaccine safety

Shingrix® recipients may experience minor side effects after vaccination such as:

- pain, redness and swelling at the injection site
- tiredness, muscle aches, headaches and fever
- gastrointestinal symptoms.

Generally, these only last a few days and can be treated symptomatically.

Health professionals should advise their patients of expected reactions before vaccination and the importance of completing the 2-dose schedule. Two doses of Shingrix® are required for optimal protection.

Adverse events following vaccination

Report all adverse events following immunisation to the Therapeutic Goods Administration (TGA) through the usual state or territory reporting mechanisms, or directly to the TGA, depending on specific regulatory requirements. See the Department of Health and Aged Care's Reporting and managing adverse vaccination events.

Contraindications/precautions

Shingrix® is contraindicated in people who have had anaphylaxis after:

- a previous dose of Shingrix®
- any component of Shingrix®

Vaccination after Zostavax® or an episode of shingles

Patients who have previously received Zostavax® free under the NIP cannot receive Shingrix® for free under the NIP until at least 5 years after the Zostavax® dose. The patient will still need to complete the 2-dose schedule of Shingrix®.

Patients who have previously purchased Zostavax® privately are eligible to receive Shingrix® free under the NIP. An interval of at least 12 months is recommended between receiving Zostavax® and a subsequent dose of Shingrix®. The patient will still need to complete the 2-dose schedule of Shingrix®.

People who have had shingles are still at risk of future episodes. Immunocompetent people should delay Shingrix® for at least 12 months after an episode of shingles. Immunocompromised people can receive Shingrix® from 3 months after the acute illness, following an individualised risk-benefit discussion.

Vaccine supply

Health professionals can order supplies of Shingrix® through the usual NIP vaccine ordering channels.

Vaccines past their expiry date should be disposed of in accordance with state or territory clinical waste disposal requirements.

Further information

Read this program advice in conjunction with updated clinical guidance for herpes zoster in the Australian Immunisation Handbook online.

Information and resources for health professionals is available at health.gov.au/immunisation

Appendix A - Shingles eligibility under the National Immunisation Program

Circumstances

Vaccine may be provided to a person who:

(a) is at least 65 years of age; or

(b) is an Aboriginal and Torres Strait Islander individual who is at least 50 years of age; or

(c) is at least 18 years of age and considered at increased risk of herpes zoster, due to an underlying condition and/or immunomodulatory/immunosuppressive treatments as specified in subsection 7.

Subsection 7

A designated vaccine may be provided to a person who is at least 18 years of age who: and considered at increased risk of herpes zoster, i.e. individuals with:

(a) has an underlying condition:
- i. Acute haematological malignancies (acute leukaemia, aggressive lymphomas)
- ii. Chronic haematological malignancies including myelodysplastic syndromes/chronic myeloproliferative disorders, lymphoproliferative malignancies and plasma cell dyscrasias e.g., myeloproliferative neoplasms, chronic lymphocytic leukaemia, indolent non-Hodgkin lymphoma, multiple myeloma
- iii. Human immunodeficiency virus infection with $CD4^+$ cell count < 200/µL
- iv. Inborn errors of immunity with ongoing functional deficits including:
  - (A) humoral e.g., X-linked agammaglobulinemia
  - (B) combined defects e.g., severe combined immunodeficiency (SCID)
  - (C) phagocytic disorders e.g., chronic granulomatous disease (CGD)
  - (D) other inborn errors of immunity except complement disorders, hereditary angioedema (HAE) and IgA deficiency (considered lower risk).
- v. Stage 5 kidney disease or on dialysis

(b) malignancy, autoimmune or inflammatory conditions receiving immunomodulatory/immunosuppressive treatments including:
- i. Cellular therapies (currently receiving or within the previous 24 months), including:
  - (A) autologous haematopoietic stem cell transplant
  - (B) allogeneic haematopoietic stem cell transplant (unless ongoing graft vs host disease with immunosuppressive therapy, where they remain at high risk beyond 24 months)
  - (C) chimeric antigen receptor T-cell therapy
- ii. B and T-cell targeted monoclonal antibody therapies, currently or within the last 6 months, including:
  - (A) anti-CD20
  - (B) anti B-cell activating factor (BAFF)
  - (C) anti-CD52
  - (D) anti-thymocyte globulin
- iii. Conventional chemotherapy for:
  - (A) treatment of haematological malignancy
  - (B) solid organ tumours, currently or within the last 6 months
- iv. Immunosuppressive therapy to prevent organ rejection prior to or following solid organ transplantation, currently, or within the last 6 months
- v. Conventional immunosuppressive agents currently or within the last 6 months, such as:
  - (A) high dose methotrexate ≥20mg per week (oral and subcutaneous)
  - (B) azathioprine ≥3.0mg/kg/day
  - (C) 6-mercaptopurine ≥1.5mg/kg/day
  - (D) mycophenolate ≥1g/day
  - (E) cyclophosphamide
  - (F) systemic calcineurin inhibitors (tacrolimus, cyclosporin)
  - (G) mTOR inhibitors
  - (H) purine analogues (cladribine)
- vi. Biologic therapies (except lower risk biologics ^) in the last 6 months, such as:
  - (A) tumour necrosis factor inhibitors (TNFi)
  - (B) T-cell co-stimulation modulators (e.g., Abatacept)

(C) soluble TNF receptors,
(D) type I interferon receptor inhibitors,
(E) proteasome inhibitors,
(F) interleukin (IL) inhibitors currently or within the last 6 months, including anti-IL1 antibodies, anti-IL4/13 antibodies, anti-IL5 antibodies, anti-IL6 antibodies, IL-6 receptor inhibitors

^ anti-integrins e.g., natalizumab and vedolizumab, anti-IgE antibodies, anti-complement antibodies and lower risk IL inhibitors anti-IL17 antibodies, anti-IL 12/23 antibodies, anti-IL23 antibodies, and anti-IL31 antibodies

vii. Immunomodulatory drugs including sphingosine-1-phosphate receptor modulators within the last 6 months

viii. Oral small molecule targeted therapies, currently or within the last 6 months including: Bruton's tyrosine kinase (BTK) inhibitors, Janus kinase (JAK) inhibitors, BCR-ABL inhibitors

The wording of the item may be subject to further review. Should there be any changes made to the item the sponsor will be informed.

All information in this fact sheet is correct as of August 2024.

State and territory health department contact numbers:

ACT	02 5124 9800	**SA**	1300 232 272
NSW	1300 066 055	**TAS**	1800 671 738
NT	08 8922 8044	**VIC**	immunisation@health.vic.gov.au
WA	08 9321 1312	**QLD**	Contact your local Public Health Unit

Australian Government
Department of Health and Aged Care

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