From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD) 33/2026

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums *(for onward distribution to practice staff)*
OOH Medical Managers *(for onward distribution to staff)*

Castle Buildings
Stormont Estate
Belfast BT4 3SQ
Tel: 028 90 520653
Email: cmooffice@health-ni.gov.uk

Your Ref:
Our Ref: HSS(MD) 33/2026
Date: 10 August 2026

Dear Colleague

SHINGLES VACCINATION PROGRAMME 2026/2027

ACTIONS REQUIRED

SPPG must ensure this information is cascaded to all General Practitioners and Practice Managers for onward distribution to all staff involved in the shingles vaccination programme.

Chief Executives must ensure that this information is drawn to the attention of all staff involved in the shingles vaccination programme.

1. This letter provides information about the shingles vaccination programme for 2026/2027. We ask that you share this guidance with all those involved in programme delivery.

2. Starting from 1 September 2026, all newly eligible patients should be offered two doses of the inactivated recombinant shingles vaccine, Shingrix®. This is a year-round offer and therefore the offer can be made throughout the programme year (i.e. from September 2026 to 31 August 2027).

3. The Shingrix® vaccination programme, which was introduced in September 2023, includes a 'catch up' to move the routine age for inclusion from 70 years of age, down to age 60 years of age over a 10-year period (see Annex A for a timeline for delivery). The vaccine is currently being offered to everyone aged 65 or 70 years of age.

4. In February 2024, based on risk equivalence analysis, the Joint Committee on Vaccination and immunisation (JCVI) advised that the national shingles immunisation programme should be expanded to include all severely immunosuppressed individuals aged 18 years and over.

5. JCVI concluded that the risk of hospitalisation in younger immunosuppressed age groups from shingles or resulting post-herpetic neuralgia (PHN) was similar to other cohorts who were already eligible for vaccination and therefore this group should be considered for vaccination based on their equivalent risk.

6. Eligibility for the 2026/2027 shingles vaccination programme includes:

    - **All immunocompetent individuals aged 65 or 70 years of age.**

    - **All severely immunosuppressed individuals aged 18 years and over.**

    - **All those previously eligible who are still under the age of 80 (see Annex A).**

Immunocompetent cohort

- From 1 September 2026, all those who are aged 65 or 70 years of age on that date should be invited to receive two doses of Shingrix® vaccine during the programme year (Sept 2026 to Aug 2027).

- The second dose for immunocompetent individuals should be given between 6 to 12 months after the first dose.

- Immunocompetent individuals remain eligible until their 80th birthday. However, where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided before the individual's 81st birthday to complete the course.

Immunocompromised cohort

- From 1 September 2026 all severely immunocompromised individuals aged 18 years and over (with no upper age limit), who have not yet been vaccinated, should be offered the shingles vaccine. Please refer to the Shingles Green Book chapter for more information on those included in this cohort.

- Severely immunosuppressed people should be offered two doses of the Shingrix® vaccine, with the second dose given 8 weeks to 6 months after the first dose for this cohort, in line with the Summary of Product Characteristics (SmPC).

- Newly severely immunosuppressed individuals who have already received Zostavax® vaccine should be offered 2 doses of Shingrix® vaccine.

- Severely immunosuppressed individuals who have already received 2 doses of Shingrix® vaccine do not need re-vaccinated.

- Immunocompromised individuals represent the highest priority for vaccination given their risk of severe disease.

Individuals aged 18 years and older anticipating immunosuppressive therapy

7. The risk and severity of shingles is considerably higher amongst severely immunosuppressed individuals and therefore eligible individuals anticipating immunosuppressive therapy should ideally be assessed for vaccine eligibility before starting treatment.

8. Eligible individuals who have not previously been vaccinated should commence a course of Shingrix® vaccine at the earliest opportunity and at least 14 days before starting immunosuppressive therapy with a dose interval of 8 weeks, although leaving one month would be preferable.

9. If immunosuppressive treatment is subsequently commenced after the first dose of Shingrix® vaccine is given, the second dose may be given 8 weeks to 6 months later.

Vaccine equity

10. The universal shingles vaccination programme should aim to maximise uptake across all groups, with a particular focus on ensuring vaccination equity.

11. Referrals for vaccination in those who are housebound or are residents of nursing and residential care homes should be made to the respective HSC Trust district nurse teams.

12. Regional vaccine uptake monitoring should include uptake according to socio-economic status, geographical area of residence, and any other factors that contribute to vaccine inequity.

13. GP providers delivering the vaccination programme should have access to uptake monitoring, either through arrangements with PHA or through their own systems.

Surveillance and reporting

14. All providers administrating the shingles vaccine should record the administration on Vaccine Management System (VMS). This includes GP practices and Trusts delivering vaccine to residents in care homes and to the housebound. The PHA will support service providers with operational instructions on how to complete this recording.

15. The PHA vaccine surveillance team should monitor and extract data from VMS at regular intervals to provide regular reports on uptake of the shingles vaccination programme.

Dosage Schedule

16. Eligible immunocompromised individuals should receive two doses of 0.5ml of Shingrix® vaccine a minimum of **2 months apart**.

17. Eligible immunocompetent individuals should receive two doses of 0.5ml of Shingrix® vaccine a minimum of **6 months apart.**

18. Shingrix® vaccine should not be administered to an individual with a confirmed anaphylactic reaction to any component of the vaccine. Please refer to the Shingles Green Book chapter for more information.

19. As Shingrix® vaccine is an inactivated vaccine, where individuals present having received another inactivated or live vaccine, Shingrix® vaccination should still be offered. This includes, but is not limited to, vaccines commonly administered around the same time or in the same settings such as influenza and COVID-19 vaccination.

20. As influenza and COVID-19 vaccines are commonly co-administered, and many patients not wanting more than one vaccine per arm, practices may wish to consider scheduling separate shingles vaccination clinics throughout the year. This may also simplify the recall process for dose two.

21. It should be noted that the Respiratory Syncytial Virus (RSV) vaccine that was introduced in a programme for older adults from 1 September 2024 can be co-administered with the Shingrix® vaccine.

Vaccine Supply / Ordering arrangements for Shingrix® vaccine

22. The Shingrix® vaccine is expensive, and GPs should only order sufficient vaccine to meet their weekly need. Effective management of vaccines throughout the supply chain is essential to reduce vaccine wastage. Local protocols should be in place to reduce vaccine wastage to a minimum. Even small percentage reductions in vaccine wastage will have a major impact on the financing of vaccine supplies.

23. For best practice guidance on managing cold chain breaches, please refer to the document *Guidance on Vaccine Handling and Storage for GP practices*.

24. GPs should ensure that they will have the fridge capacity to store the vaccine they require.

25. GP Practices will be allocated a quota of vaccine which will be calculated based on percentage uptake in year three (2025/2026 programme), as recorded on VMS. This will be revisited at the end of March 2027. Those requiring additional vaccine beyond their quota can contact the PHA Immunisation Team at pha.immunisation@hscni.net

Reporting adverse reactions

26. Health professionals and those vaccinated are asked to report suspected adverse reactions through the online Yellow Card scheme on the website or by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am to 5pm Monday to Friday.

Patient Group Directions (PGDs)

27. The PGD for administration of Shingrix® vaccine will be published by the SPPG/PHA PGD Development Team and will be available for GP practices and Trusts prior to the launch date of the programme. The PGD will be developed in line with national PGD and The Green Book.

Information and Guidance for Healthcare Practitioners

28. Health professionals responsible for all aspects of programme delivery should follow the advice detailed in chapter 28a of Immunisation Against Infectious Disease (the Green Book) for policy, programme management and clinical guidance.

29. The PHA should ensure that training materials, including educational slides, are developed and made available to those delivering the programme in advance of the launch date.

30. Consideration should be given for how training will be distilled to ensure that health professionals, including maternity health professionals from all disciplines, are competent and confident to deliver the shingles vaccine.

31. Trust and GP practice providers should ensure that their staff are appropriately trained to deliver the shingles vaccination programme under the regional PGD and are aware of the training resources available to them.

Sessional vaccinators

32. A small pool of sessional vaccinators who are employed by the PHA, are available to support GPs and Trusts with the administration of the 2026/2027 shingles vaccination programme. Further information on this workforce and requests for support can be raised by contacting PHAVaccinesitrep@hscni.net

Patient Information Materials

33. Communications materials are available on the PHA website to support the shingles vaccination programmes for eligible adults, including a patient leaflet.

Consent

34. Guidance on informed consent can be found in Chapter 2 of Green Book - https://assets.publishing.service.gov.uk/media/673dfc6d4a6dd5b06db95978/Green_Book_Chapter_2_-_Consent_-_November_2024.pdf

Funding and Service Arrangements

35. GPs will receive an item of service fee of £10 per dose, to cover all costs incurred to identify, call/recall, vaccinate and to record the patient's data directly onto the Vaccine Management System.

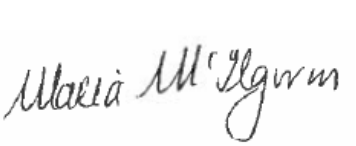
Conclusion

36. We would like to take this opportunity to thank all those involved in delivering the shingles vaccination programme. The current 2025/2026 shingles vaccination programme continues until 31 August 2026, and we would urge GPs to continue to ensure patients who meet the eligibility criteria for the 2026/2027 programme are offered the vaccine, particularly those who will become ineligible due to being aged 80 years of age on 1 September 2026.

37. Shingles is a significant cause of morbidity in older people. We appreciate the current workload within GP practices, but we hope colleagues will recognise the significant benefits the vaccine will bring to their patients and encourage uptake to those who are eligible.

Yours sincerely

Professor Sir Michael McBride
Chief Medical Officer



Professor Maria McIlgorm
Chief Nursing Officer

Professor Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Regional Medicines Information Service, Belfast HSC Trust

Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Kenda Crozier, Head of School of Nursing and Midwifery QUB
Andrea Shepherd, Head of School of Nursing, Ulster University
Ann Kerrin, Head of HSC Clinical Education Centre
Stephanie Foster, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University
Professor Gavin Andrews, Head of School, School of Pharmacy, QUB
Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG *(for distribution to all General Dental Practitioners)*
Raymond Curran, Head of Ophthalmic Services, SPPG *(for distribution to Community Optometrists)*
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG
Dr Camille Harron, NIMDTA
Prof Pascal McKeown, QUB
Prof Alan Smyth, QUB
Prof Peter Bazira, Head of Medical School, UU
Dr Kathy Cullen, Director of the Centre for Medical Education at QUB
Michelle Tennyson, Allied Health Professional, DoH
Lead Allied Health Professional HSC Trusts
Head of School, UU
Glynis McMurtry - Professional Head of Pharmacy GP Federations (*for onward distribution to GP Pharmacists)*

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications

Annex A

IMMUNOCOMPETENT PATIENTS: TIMELINE FOR THE PHASED IMPLEMENTATION OF THE CHANGE TO ELIGIBLE AGE

	Programme year period	Programme year offered	Patients date of birth must fall within these dates to be eligible within programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
Stage 1 of catch up (offer to those 65 and 70 years)	**01 Sept 2023 to 31 Aug 2024**	**1**	2 September 1957 to 1 September 1958 or 2 September 1952 to 1 September 1953												Now eligible for Shingrix®
	01 Sept 2024 to 31 Aug 2025	**2**	2 September 1958 to 1 September 1959 or 2 September 1953 to 1 September 1954												
	01 Sept 2025 – 31 Aug 2026	**3**	2 September 1959 to 1 September 1960 or 2 September 1954 to 1 September 1955												
	01 Sept 2026 – 31 Aug 2027	**4**	2 September 1960 to 1 September 1961 or 2 September 1955 to 1 September 1956												
	01 Sept 2027 - 31 Aug 2028	**5**	2 September 1961 to 1 September 1962												

	Programme year period	Programme year offered	Patients date of birth must fall within these dates to be eligible within programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
			or 2 September 1956 to 1 September 1957												
Stage 2 of catch up (offer to those 60 and 65 years)	**01 Sept 2028 – 31 Aug 2029**	**6**	2 September 1962 to 1 September 1963 or 2 September 1967 to 1 September 1968												
	01 Sept 2029 – 31 Aug 2030	**7**	2 September 1963 to 1 September 1964 or 2 September 1968 to 1 September 1969												
	01 Sept 2030 - 31 Aug 2031	**8**	2 September 1964 to 1 September 1965 or 2 September 1969 to 1 September 1970												
	01 Sept 2031 – 31 Aug 2032	**9**	2 September 1965 to 1 September 1966 or 2 September 1970 to 1 September 1971												
	01 Sept 2032 – 31 Aug 2033	**10**	2 September 1966 to 1 September 1967 or 2 September 1971 to												

	Programme year period	Programme year offered	Patients date of birth must fall within these dates to be eligible within programme year	60	61	62	63	64	65	66	67	68	69	70	71-79
			1 September 1972												
Routine offer at 60 years	**01 Sept 2033 Onwards**														

Key

	Newly eligible for Shingrix on/after birthday
	Completed / or remain eligible until 80th birthday
	Not currently eligible