UK Kidney Association/British Transplantation Society Guidance on non-live shingles vaccination in patients with kidney disease

Executive Summary

1. All patients aged 60-79 years should be encouraged to take up the Shingrix® vaccine when offered.
2. All patients aged 18 years and older who are severely immunosuppressed (e.g. solid organ or islet transplant recipients, immunosuppression for autoimmune disease) should be encouraged to take up the Shingrix® vaccine when offered.
3. Patients aged 18 years and over being planned for immunosuppressive treatment should be referred for the Shingrix® vaccine, ideally 1 month before commencing treatment. This includes patients being wait-listed for solid organ or islet transplantation.

Background

The UK shingles vaccination programme aims to protect individuals who are most at risk from shingles and its complications. This reflects people of increased age and those who are severely immunosuppressed. The eligibility criteria for shingles vaccination are based on recommendations from the Joint Committee on Vaccination and Immunisation (JCVI).

From 1st September 2025, all newly eligible individuals for the UK shingles vaccine are offered the non-live vaccine Shingrix®. This is a two-dose schedule vaccine, with the second dose administered two to six months after the first dose. If the second dose is delayed, it should be given as soon as possible, but the first dose should not be repeated.

The need for booster doses is not yet determined and is not currently recommended in the UK.

Shingrix® can be administered all year round. It can be given concomitantly with the unadjuvanted or adjuvanted inactivated influenza vaccine and pneumococcal vaccine (PPV23); there may be a greater risk of side effects if given with adjuvanted flu vaccine.[1] It is recommended that, as Shingrix® is an inactivated vaccine, where individuals in an eligible cohort present having received another inactivated or live vaccine, Shingrix® vaccination should still be considered.[2]

Individuals with shingles should wait until symptoms have resolved before being vaccinated. Patients with two or more episodes of shingles in one year should have immunological investigation prior to vaccination.

Eligibility for vaccination

Patients aged 60-79 years, irrespective of immunosuppressive status

All individuals aged 60-79 years are eligible for Shingrix®. The choice of age is based on the JCVI assessment of impact and cost-effectiveness. The timing of rollout of vaccination is guided by NHS national policy. [3]

Authors: *Ailish Nimmo, Charlotte Mallindine, Clare Morlidge, Rommel Ravanan, Sapna Shah*
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UK Kidney Association

British Transplantation Society

Patients aged 18 years and over who are on or being planned for immunosuppressive therapy

From September 2025, individuals aged 18 years and over who are severely immunosuppressed are eligible for Shingrix® and should be prioritised to receive this as per current NHS guidance. There is no upper age limit for this cohort. Severely immunosuppressed individuals include those receiving immunosuppression for a solid organ transplant, and certain patients with immune-mediated inflammatory diseases requiring immunosuppression. A comprehensive outline of what constitutes severe immunosuppression is outlined in the Green Book: https://assets.publishing.service.gov.uk/media/689cba1b1c63de6de5bb12a9/Green-book-chapter-Shingles_12_8_24.pdf. [1]

Patients aged 18 years and over who are anticipated to require immunosuppression are also eligible for Shingrix® before they start treatment e.g. patients joining the transplant wait list or commencing treatment for autoimmune conditions. Vaccination should take place at the earliest opportunity and at least 14 days before starting immunosuppression, although leaving one month is preferable if possible. Second dose should still be administered two to six months after the first dose.

Vaccination is not recommended during pregnancy and breastfeeding.

Referring patients for vaccination

Arrangements for the delivery of vaccination will be decided by each of the four nations. [4,5] Vaccination will be delivered in primary care. It is recommended that secondary care clinicians refer patients to their local vaccine provider if immunosuppression is anticipated e.g. when patients aged 18 years or older are waitlisted for transplant. Patients on established immunosuppressive therapy should be identified by their local vaccine provider; if they do not receive notification of vaccine eligibility, secondary care clinicians should consider referral for this.

A patient information leaflet is available for national use [6].

References

1. Green Book Chapter 28a Shingles (herpes zoster)
2. UKHSA Shingrix® Herpes Zoster Vaccine Patient Group Direction (PGD)
3. NHS Website on shingles vaccination: https://www.nhs.uk/conditions/vaccinations/shingles-vaccination/
4. Chief Medical Officer for Scotland: Shingles Vaccination Programme
5. The recommendations of the joint committee on vaccination and immunisation (JCVI) https://www.gov.uk/government/publications/expansion-of-shingrix-vaccine-eligibility-to-all-those-who-are-severely-immunosuppressed-and-aged-18-years-and-over-letter/annexe-a-detailed-information-and-guidance-for-healthcare-professionals
6. https://www.medicines.org.uk/emc/product/12054/pil

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