NHS
Greater Glasgow and Clyde

Administration of shingles (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix®

Patient group direction (PGD) template

Publication date: 31 August 2026

Expiry Date: 31 August 2027

PGD Number: 2026/2960

Version 6.0

Translations and other formats are available on request at:

phs.otherformats@phs.scot

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Most recent changes

Version	Date	Summary of changes
6.0	21 August 2026	The following changes to version 5.0 of the PGD have been made: • Minor typographical and formatting changes for consistency with PHS publications. • Programmatic date updated throughout from September 2025 to September 2026. • Inclusions: reformatted and ages of eligible individuals updated for 2026/27 programme. • Exclusions: updated to include individuals who have received a dose of Shingrix® in the last 8 weeks and those who have already received 2 valid doses of Shingrix® vaccine. • Cautions section: Co-administration wording updated. Individuals who have received Zostavax® prior to becoming eligible for the national shingles vaccination programme - People who are severely immunosuppressed: with no upper age limit added. • Route of administration: text expanded to include risk of transient local reactions and avoidance of intradermal route. • Frequency section: reformatted for consistency. • Is the use outwith the SmPC: updated to include dosage interval immunosuppressed individuals and pregnancy • Additional references updated.

Contents

Authorisation

PGD shingles (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix®

This specimen Patient Group Direction (PGD) template has been produced by Public Health Scotland to assist NHS Boards. NHS Boards should ensure that the final PGD is considered and approved in line with local clinical governance arrangements for PGDs.

The qualified health professionals who may administer (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix® under this PGD can only do so as named individuals. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their own Code of Professional Conduct and to ensure familiarity with the manufacturer's product information/Summary of Product Characteristics (SmPC) for all vaccines administered in accordance with this PGD.

NHS Board governance arrangements will indicate how records of staff authorised to operate this PGD will be maintained. Under PGD legislation there can be no delegation. Administration of the vaccine has to be by the same practitioner who has assessed the patient under the PGD.

This PGD has been produced for NHS Greater Glasgow and Clyde by:

Professionals drawing up PGD/Authors	
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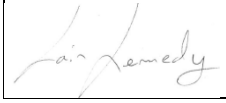
Name: Iain Kennedy 	Designation: Consultant in Public Health

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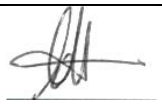
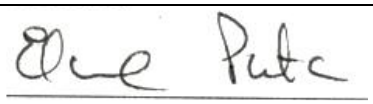
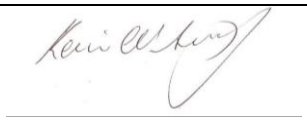
Approved on behalf of NHS Greater Glasgow and Clyde by ADTC Patient Group Direction Sub Committee representatives:

Chair	Dr Craig Harrow	
Director of Pharmacy representative	Elaine Paton, Senior Prescribing Adviser	
Director of Nursing Representative	Kevin McAuley, Chief Nurse North Sector	

Date approved: 26th August 2026

Effective from: 31 August 2026 Expiry date: 31 August 2027

1. Clinical situation

1.1. Indication

Shingles (herpes zoster) vaccine (recombinant, adjuvanted) (Shingrix®) is indicated for prevention of shingles (herpes zoster) and herpes zoster-related post-herpetic neuralgia (PHN) in line with JCVI advice/recommendations as set out in The Green Book **Shingles Chapter** and subsequent correspondence/publications from **Scottish Government**.

1.2. Inclusion criteria

Shingles (herpes zoster) vaccine (recombinant, adjuvanted) (Shingrix®) vaccine should be offered to individuals invited, or eligible in accordance with the recommendations in The Green Book **Shingles Chapter,** and/or in line with subsequent correspondence/publications from **Scottish Government**.

National policy must be followed in relation to the priority groups eligible for vaccination at a particular point in time.

- Individuals aged 18 years and over who are severely immunosuppressed as defined in The Green Book **Shingles Chapter.**

- Individuals aged 18 years and over anticipating immunosuppressive therapy in accordance with the recommendations in The Green Book **Shingles Chapter**.

- Individuals aged 18 years and over receiving stem cell transplantation or a CAR-T and similar therapies as set out in Green Book **Shingles Chapter** as part of their overall treatment plan.

From September 2026 eligible individuals for the national programme for adult shingles vaccination programme, as defined in The Green Book **Shingles Chapter** are:

- Routine vaccination of those individuals aged 65 and 70 years old (defined by age at 1 September 2026).

- Vaccination of individuals aged 66 to 68 years and 71 to 79 years (defined by age at 1 September 2026), who have **not** previously received shingles vaccination through the routine shingles vaccination programme. 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.

For individuals who have been vaccinated with Zostavax® prior to becoming eligible for the national routine program, vaccination with Shingrix® is indicated as per **UKHSA Information for Healthcare Practitioners** (please refer to Cautions/need for further advice/circumstances when further advice should be sought section below).

Individuals aged 18 years and over who have received a haematopoietic stem cell transplant or CAR-T therapy and who require revaccination, in accordance with the

Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment guidance.

Valid consent has been given to receive the vaccine.

1.3. Exclusion criteria

Individuals who:

- Are aged under 18 years.
- Have had a confirmed anaphylactic reaction to a previous dose of varicella or zoster vaccine or to any component of the vaccine. Practitioners must check the marketing authorisation holders **Summary of Product Characteristics (SmPC)** for details of vaccine components.
- Have shingles infection with active lesions.
- Are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation).
- Have received a dose of Shingrix® in the last 8 weeks.
- Have already received 2 valid doses of Shingrix® (this does not include individuals requiring revaccination following HSCT or CAR-T treatment who should be vaccinated in accordance with **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment guidance**, irrespective of vaccination with Shingrix® before treatment).

1.4. Cautions/need for further advice/circumstances when further advice should be sought

The Green Book advises that there are very few individuals who cannot receive Shingrix® vaccine. Where there is doubt, rather than withholding vaccination,

appropriate advice should be sought from the relevant specialist, or from the local immunisation or health protection team.

Individuals who have shingles should wait until symptoms have ceased before being considered for shingles immunisation. The natural boosting that occurs following an episode of shingles, however, makes the benefit of offering zoster vaccine immediately following recovery unclear. The shingles vaccine can be given at any time following natural infection. As long as the individual is eligible, has recovered from acute infection and has no active vesicles, there is no additional wait period.

Shingrix® should be given with caution to individuals with thrombocytopenia or any coagulation disorder since bleeding may occur following intramuscular administration to these subjects.

The presence of a neurological condition is not a contraindication to immunisation but if there is evidence of current neurological deterioration, deferral of vaccination may be considered, to avoid incorrect attribution of any change in the underlying condition. The risk of such deferral should be balanced against the risk of the preventable infection and vaccination should be promptly given once the diagnosis and/or the expected course of the condition becomes clear.

Co-administration with other vaccines

Shingrix® can be given concomitantly with, or at any interval before or after any other vaccines for which the individual is eligible (and not contraindicated). This includes but is not limited to inactivated influenza vaccine, COVID-19 vaccine, RSV vaccine and/or pneumococcal conjugate vaccines. In such circumstances, patients should be informed about the likely timing of potential adverse events relating to each vaccine.

When administering at the same time as other vaccines, care should be taken to ensure that the appropriate route of injection is used for all the vaccinations. The vaccines should be given at separate sites, preferably in different limbs. If given in the same limb, they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records.

Individuals who have received Zostavax® prior to becoming eligible for the national shingles vaccination programme

People who are severely immunosuppressed

Severely immunosuppressed individuals (definition in the Green Book Shingles chapter) who were given Zostavax®, for example pre immunosuppressive treatment, should be given 2 doses of Shingrix® vaccine when they reach, or if they have reached, the eligible age for vaccination on the national programme (currently 18 years for severely immunosuppressed with no upper age limit). There is no reason to leave any interval after previous Zostavax® vaccine for this group.

People who are immunocompetent and mildly immunosuppressed

Immunocompetent and mildly immunosuppressed individuals given Zostavax® prior to becoming eligible for the national programme should be given 2 doses of Shingrix® vaccine once they reach the eligible age for the routine programme, leaving an interval of at least one year since they received Zostavax® vaccine.

Syncope

Syncope (fainting) can occur following, or even before, any vaccination especially in adolescents as a psychogenic response to the needle injection. This can be accompanied by several neurological signs such as transient visual disturbance, paraesthesia and tonic-clonic limb movements during recovery. It is important that procedures are in place to avoid injury from faints.

Pregnancy and breastfeeding

There is no known risk associated with giving inactivated, recombinant viral or bacterial vaccines or toxoids during pregnancy or whilst breast-feeding. If indicated, Shingrix® can be considered in pregnancy after full discussion of the risks and benefits of vaccination with the recipient.

1.5 Action if excluded

Specialist advice must be sought on the vaccine and circumstances under which it could be given. Immunisation using a patient specific direction may be indicated. The risk to the individual of not being immunised must be taken into account.

Individuals who are not of eligible age for the national shingles immunisation programme should be advised when they will become eligible or why they are not eligible for immunisation.

Document the reason for exclusion and any action taken in accordance with local procedures.

Inform or refer to the clinician in charge.

In case of postponement due to acute severe febrile illness, advise when the individual can be vaccinated and ensure another appointment is arranged.

In case of postponement due to current/recent shingles arrange a future date for immunisation.

1.6. Action if patient declines

Advise the individual about the protective effects of the vaccine, the risks of infection and potential complications of disease.

Advise how future immunisation may be accessed if they subsequently decide to receive the vaccine but noting that for most individuals, they remain eligible until their 80th birthday, as defined by age at 1 September 2026 (with no upper age limit for those immunocompromised).

Document advice given and decision reached.

Inform or refer to the clinician in charge.

2. Description of treatment

2.1. Name of medicine/form/strength

Shingles (herpes zoster) vaccine (recombinant, adjuvanted) (Shingrix®).

Powder and diluent for suspension for injection presented as a vial of powder plus a vial of suspension.

2.2. Route of administration

Shingrix® should be given by intramuscular injection, preferably in the deltoid region of the upper arm.

Subcutaneous administration is not recommended due to an increase in transient local reactions. Shingrix® must **not** be given intravascularly or intradermally.

Individuals with bleeding disorders may be vaccinated intramuscularly if, in the opinion of a doctor familiar with the individual's bleeding risk, vaccines or similar small volume intramuscular injections can be administered with reasonable safety by this route. If the individual receives medication/treatment to reduce bleeding, for example treatment for haemophilia, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes. The individual/carer should be informed about the risk of haematoma from the injection.

The vaccine must be reconstituted in accordance with the manufacturer’s instructions prior to administration.

The vaccine should be visually inspected for particulate matter and discoloration prior to administration. In the event of any foreign particulate matter and/or variation of physical aspect being observed, do not administer the vaccine.

After reconstitution, the vaccine should be used promptly; if this is not possible, the vaccine should be stored in a refrigerator (+2°C to +8°C). If not used within 6 hours it should be discarded.

2.3. Dosage

0.5 ml

2.4. Frequency

Two doses, a minimum of 8 weeks apart.

In immunocompetent individuals the second dose should be administered from 8 weeks up to 12 months after the first dose.

In those who are severely immunosuppressed the second dose should be administered 8 weeks to 6 months after the first dose.

If the course is interrupted it should be resumed but not repeated, even if more than 12 months have elapsed since the first dose.

2.5. Duration of treatment

See frequency section.

2.6. Maximum or minimum treatment period

See frequency section.

2.7. Quantity to supply/administer

See frequency section.

2.8. ▼ black triangle medicines

No

2.9. Legal category

Prescription only medicine (POM).

2.10. Is the use outwith the SmPC?

The Shingrix® SmPC advises an interval of 2 months between doses, which may be extended to between 2 and 6 months if flexibility is required. For individuals who are or about to become severely immunosuppressed and who might benefit from a shorter vaccination schedule, a 1 to 2-month interval between doses may be observed. The dose intervals advised in The Green Book **Shingles chapter** are different to that outlined above; between 6 and 12 months for immunocompetent individuals and 8 weeks to 6 months for severely immunosuppressed individuals.

According to Shingrix® SmPC, as precautionary measure, it is preferable to avoid the use of Shingrix® during pregnancy. According to official recommendations in The Green Book Shingles chapter which advises that Shingrix® can be considered in pregnancy after full discussion of the risks and benefits of vaccination with the recipient.

Vaccine should be stored according to the conditions detailed below. However, in the event of an inadvertent or unavoidable deviation of these conditions refer to NHS Board guidance on storage and handling of vaccines or vaccine incident guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this PGD is allowed.

Revaccination of individuals following haematopoietic stem cell transplant or CAR-T treatment is considered off-label but is in accordance with the **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment** guidance.

Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence.

2.11. Storage requirements

Vaccine should be stored at a temperature of +2° to +8°C.

Store in the original packaging to protect from light.

Do not freeze.

NHS Board guidance on Storage and Handling of vaccines should be observed.

In the event of an inadvertent or unavoidable deviation of these conditions, vaccine that has been stored outside the conditions stated above should be quarantined and risk assessed for suitability of continued off-label use or appropriate disposal.

2.12. Additional information

Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered.

3. Adverse reactions

3.1. Warnings including possible adverse reactions and management of these

The safety of Shingrix® has been evaluated in clinical trials; in those aged 50 years and above the most frequently reported side effects were pain at the injection site (68%), myalgia (33%), and fatigue (32%). Most of these reactions were not long-lasting (median duration 2-3 days). The safety profile for adults aged 18 years

and above with immunosuppression is consistent with that observed for adults aged 50 years and above although pain at the injection site, fatigue, myalgia headache, shivering and fever were more frequently reported.

For full details/information on possible side effects, refer to the marketing authorisation holder's SmPC.

As with all vaccines there is a very small possibility of anaphylaxis and facilities for its management must be available.

In the event of severe adverse reaction individuals should be advised to seek medical advice.

3.2. Reporting procedure for adverse reactions

Healthcare professionals and individuals/carers should report all suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on **http://www.mhra.gov.uk/yellowcard**.

Any adverse reaction to a vaccine should be documented in accordance with locally agreed procedures in the individual's record and the individual's GP should be informed.

3.3. Advice to patient or carer including written information

Written information to be given to individuals:

- Provide manufacturer's consumer information leaflet/patient information leaflet (PIL) provided with the vaccine.
- Immunisation promotional material may be provided as appropriate.

Individual advice/follow-up treatment:

- Inform the individual/carer of possible side effects and their management.

- The individual should be advised to seek medical advice in the event of a severe adverse reaction.
- Inform the individual that they can report suspected adverse reactions to the MHRA using the Yellow Card reporting scheme on: **www.mhra.gov.uk/yellowcard**

When applicable, advise individual/parent/carer when the subsequent dose is due.

3.4. Observation following vaccination

As syncope (fainting) can occur following vaccination, where relevant, all vaccinees should either be driven by someone else or should not drive for 15 minutes after vaccination.

Following immunisation, patients remain under observation in line with NHS Board policy.

3.5. Follow up

As above.

3.6. Additional facilities

A protocol for the management of anaphylaxis and an anaphylaxis pack must always be available whenever vaccines are given. Immediate treatment should include early treatment with intramuscular adrenaline, with an early call for help and further IM adrenaline every 5 minutes.

The health professionals overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of a patient with anaphylaxis.

4. Characteristics of staff authorised under the PGD

4.1. Professional qualifications

The following classes of registered healthcare practitioners are permitted to administer this vaccine:

- nurses and midwives currently registered with the Nursing and Midwifery Council (NMC)
- pharmacists currently registered with the General Pharmaceutical Council (GPhC)
- pharmacy technicians currently registered with the General Pharmaceutical Council (GPhC)
- chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers and speech and language therapists currently registered with the Health and Care Professions Council (HCPC)
- dental hygienists and dental therapists registered with the General Dental Council
- optometrists registered with the General Optical Council.

4.2. Specialist competencies or qualifications

Persons must only work under this PGD where they are competent to do so.

All persons operating this PGD:

- must be authorised by name by their employer as an approved person under the current terms of this PGD before working to it.

- must be familiar with the vaccine product and alert to changes in the manufacturer's product information/Summary of Product Characteristics information.
- must be competent to undertake immunisation and to discuss issues related to immunisation to assess patients for vaccination and obtain consent.
- must be competent in the correct storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine.
- must be competent in the recognition and management of anaphylaxis or under the supervision of persons able to respond appropriately to immediate adverse reactions.
- must have access to the PGD and associated online resources.
- should fulfil any additional requirements defined by local policy.

Employer:

The employer is responsible for ensuring that persons have the required knowledge and skills to safely deliver the activity they are employed to provide under this PGD.

As a minimum, competence requirements stipulated in the PGD must be adhered to.

4.3. Continuing education and training

All practitioners operating under the PGD are responsible for ensuring they remain up to date with the use of vaccines included. If any training needs are identified these should be discussed with the individuals in the organisation responsible for authorising individuals to act under this PGD.

5. Audit trail

Record the following information:

- valid informed consent was given
- name of individual, address, date of birth and GP with whom the individual is registered if possible
- name of person that undertook assessment of individual's clinical suitability and subsequently administered the vaccine
- name and brand of vaccine
- date of administration
- dose, form and route of administration of vaccine
- batch number
- where possible expiry date
- anatomical site of vaccination
- advice given, including advice given if excluded or declines immunisation
- details of any adverse drug reactions and actions taken
- administered under PGD

Records should be kept in line with local procedures.

Local policy should be followed to encourage information sharing with the individual's General Practice.

All records should be clear, legible and contemporaneous and in an easily retrievable format.

6. Additional references

Practitioners operating the PGD must be familiar with:

- **Immunisation against Infectious Disease [Green Book]**
- **Immunisation against Infectious Disease [Green Book] Shingles chapter**
- Current edition of British National Formulary (BNF) and BNF for children
- **Marketing authorisation holder's Summary of Product Characteristics**
- All relevant Scottish Government advice including the **relevant CMO letter(s)**
- **Prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy**
- **Professional guidance to support prescribing and dispensing / supply / administration by the same healthcare professional - Royal College of Pharmacy**
- **UKHSA Shingles immunisation programme: information for healthcare practitioners**
- **Revaccination of patients following haematopoietic stem cell transplant or CAR-T treatment guidance**
- **Educational resources for registered professionals produced by Public Services Delivery Scotland**
- **Section 47 certificate of incapacity - gov.scot**
- **Adults With Incapacity (AWI) | Turas | Learn**

7. PGD for administration of shingles (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix® v6.0 (valid from 1 September 2026 and expires 31 August 2027): authorisation

Practitioner

This PGD does not remove professional obligations and accountability. It is the responsibility of each professional to practice within the bounds of their own competence and in accordance with their Code of Professional Conduct and to ensure familiarity with the marketing authorisation holder's summary of product characteristics for all vaccines administered in accordance with this PGD.

By signing this Patient Group Direction, you are indicating that you agree to its contents and that you will work within it. I agree to administer the shingles (herpes zoster) vaccine (recombinant sub-unit) Shingrix® only in accordance with this PGD.

Name of professional	Signature	Date

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of **NHS Greater Glasgow and Clyde** for the above-named health care professionals who have signed the PGD to work under it.

Lead clinician for the service area:

Name …….

Signature ……..

Date ……

Authorised staff should be provided with an individual copy of the clinical content of the PGD and a photocopy of the document showing their authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

8. Version history

Version	Date	Summary of changes
1.0	1 September 2022	New National Specimen PGD produced.
2.0	1 August 2022	The following changes to version 1.0 of the PGD have been made: • Inclusion sections dates updated for 2022/23 programme and to show where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided to complete the two-dose schedule. • Action if declines section updated to highlight that those who decline vaccination remain eligible until they reach 80 years of age.
3.0	1 September 2023	The following changes to version 2.0 of the PGD have been made: • This PGD has undergone minor rewording, layout, formatting changes for clarity and consistency with other PHS national specimen PGDs. • This PGD reflects the move to universal use of Shingrix® for the prevention of herpes zoster and herpes zoster-post herpetic neuralgia. • Inclusion criteria section updated to reflect revised Green Book Chapter. • Exclusion criteria updated as per revised Green Book Chapter. • Action if excluded section updated to remove reference to Zostavax®. • Action of patient declines updated as per revised Green Book Chapter. • Dosage and frequency section updated as per revised Green Book Chapter. • Additional information section updated to remove recommendation for a seven-day interval between Shingrix® and COVID-19 and to align with Green Book chapter advice on co-administration with influenza vaccine.

Version	Date	Summary of changes
		• Black Triangle section updated as no longer applicable
4.0	15 January 2024	The following changes to version 3.0 of the PGD have been made: • The inclusion criteria have been updated to provide date of birth age ranges
4.1	1 March 2024	The following changes to version 4.0 of the PGD have been made: • This PGD has undergone minor rewording, layout, formatting changes for clarity and consistency with other PHS national specimen PGDs. • Inclusion criteria amended to include individuals invited, or eligible in accordance with the recommendations in Green Book **Chapter 28a,** and/or in line with subsequent correspondence/ publications from Scottish Government. • Inclusion criteria, frequency, is the use outwith the SmPC and additional reference sections updated to include reference to the Scottish Haematology Society schedule for the revaccination of individuals following haematopoietic stem cell transplant or CAR-T treatment. • Cautions/need for further advice/ circumstances when further advice should be sought from a doctor section updated to include advice on vaccination of individuals who have received Zostavax prior to becoming eligible for the national shingles vaccination programme. Additionally, this section has been updated to include the pregnancy and breastfeeding advice from the Green Book. • Observation following vaccination section updated to include advice on driving post-immunisation.

Version	Date	Summary of changes
4.2	23 August 2024	The following changes to version 4.1 of the PGD have been made: • Relevant sections updated to reflect CMO communication on Shingles Vaccination Programme 2024/25. • Cautions/need for further advice/circumstances when further advice should be sought from a doctor section updated to include additional information on use following shingles infection and co-administration with COVID-19 vaccine and RSV vaccine.
4.3	26 March 2025	The following changes to version 4.2 of the PGD have been made: • Section 1.2 Inclusion criteria, information added in relation to Shingrix administration in individuals who have been vaccinated with Zostavax prior to becoming eligible for the national routine program • Section 1.3 Exclusion criteria updated to include those who have shingles infection with active lesions and remove those who have had two or more episodes of shingles in one year • Section 6 Additional references, added **UKHSA Shingles immunisation programme: information for healthcare practitioners**
5.0	29 August 2025	The following changes to version 4.3 of the PGD have been made: • Inclusion criteria extended to those aged 18-49 years with severe immunosuppression as per updated JCVI advice/CMO letter. • Inclusion criteria updated in relation to age eligibility and individuals who were not vaccinated • Programmatic date updated throughout from September 2024 to 2025 • Section 3.1 Adverse Reactions, updated to include information on adults aged 18 years and above with immunosuppression.

Version	Date	Summary of changes
6.0	21 September 2026	The following changes to version 5.0 of the PGD have been made: • Minor typographical and formatting changes for consistency with PHS publications. • Programmatic date updated throughout from September 2025 to September 2026. • Inclusions: reformatted and ages of eligible individuals updated for 2026/27 programme. • Exclusions: updated to include individuals who have received a dose of Shingrix® in the last 8 weeks and those who have already received 2 valid doses of Shingrix® vaccine. • Cautions section: Co-administration wording updated. Individuals who have received Zostavax® prior to becoming eligible for the national shingles vaccination programme - People who are severely immunosuppressed: with no upper age limit added. • Route of administration: text expanded to include risk of transient local reactions and avoidance of intradermal route. • Frequency section: reformatted for consistency. • Is the use outwith the SmPC: updated to include dosage interval immunosuppressed individuals and pregnancy • Additional references updated.