NHS Grampian NHS Highland NHS Orkney NHS Shetland NHS Tayside NHS Eileanan Siar Western Isles

VACCINE GROUP DIRECTION (VGD)

For The Administration Of Shingles (Herpes Zoster) Vaccine (Recombinant, Adjuvanted) Shingrix®
For use in NHS Grampian

This VGD has been authored by Public Health Scotland (PHS) and authorised by NOS PGD Group. PHS Publication date 7th September 2026, Version 1.0		**Approver on:** NoS PGD Group **Authorisation:** NHS Grampian
		Signature:
NoS Identifier: NoS/VGD/Shingles/1847	**Review Date:** August 2027 **Expiry Date:** August 2027	**Date Approved by NoS:** 23rd September 2026

This VACCINE GROUP DIRECTION (VGD) has been authored by PHS and authorised by NoS PGD Group. This VGS is for use, as appropriate, to aid in the Shingles vaccine delivery programme in NHS Grampian.

Annex B and C must be completed to comply with the requirements of this VGD.

Uncontrolled when printed

Version 1.0

Insert Organisational logo

Public Health Scotland

Vaccine Group Direction: Administration of shingles (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix®

Publication date: 07 September 2026

Valid From: 07 September 2026

Expiry: 31 August 2027

Version 1.0

Translations and other formats are available on request at:

phs.otherformats@phs.scot

www.publichealthscotland.scot/ogl

www.publichealthscotland.scot

Revision History for NoS:

NoS VGD that has been superseded	New PHS Authored VGD, Version 1.0

NoS Most recent changes

Version	Date	Summary of changes
1.0	September 2026	Authorised for use in NHS Grampian only

PHS Most recent changes

Version	Date	Summary of changes
1.0	07 September 2026	New VGD V1.0 created

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1. About the Vaccine Group Direction (VGD)

This VGD is for the administration of Shingles (herpes zoster) vaccine (recombinant, adjuvanted) (Shingrix®) 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**.

This VGD is for the administration of Shingrix® by appropriately trained persons in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**.

Public Health Scotland, in the capacity of the Scottish public health agency, has produced and authored this VGD, for the purpose of providing protection against an infectious disease, namely shingles (herpes zoster), as part of a vaccination programme which has been approved by Scottish Ministers.

In accordance with regulation 235A, this VGD must be authorised by/on behalf of a senior manager of an NHS Board prior to use in said NHS Board and be in effect at the time at which the medicinal product is administered.

This VGD will facilitate the delivery of the national Shingles Vaccination Programme by Health Boards in Scotland and any organisation a Health Board makes arrangements with to deliver such services on its behalf, referred to as “the provider”. Please note that in the context of this VGD, “the provider” means:

a. a Health Board,
b. a Health Board working with Armed Forces staff where Armed Forces staff are working in Health Board settings, or
c. an organisation delivering services on behalf of a Health Board.

This VGD may be followed wholly from assessment of an individual through to post-vaccination by a single appropriately specified registered healthcare professional able to operate under Patient Group Directions, as specified in the relevant parts of the Human

Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**. **Please note that nursing associates and operating department practitioners are not enabled to consent individuals under VGDs but may carry out non-registrant tasks provided they are supervised by a registered healthcare professional able to operate under Patient Group Directions.** Alternatively, obtaining consent from, and assessment of, an individual may be undertaken by a registered healthcare professional with the processes of vaccine preparation, administration and recording undertaken by a non-registered professional or a non-registered Armed Forces staff member under clinical supervision by a registered healthcare professional.

Where multiple person delivery models are used the provider must ensure that all elements of the VGD are complied with in the provision of the vaccination to each individual. **Please note that only the individual administering a vaccine may undertake reconstitution or dilution and stages 2 and 3 (preparation and administration) must be undertaken by the same individual. Vaccine preparation and administration cannot be separated.**

The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are authorised to provide under this VGD. As a minimum, competence requirements stipulated in the VGD under 'Characteristics of staff' must be adhered to.

The provider must identify a clinical supervisor who has overall responsibility for provision of vaccinations under the VGD at all times. This includes overall responsibility for the activities of any Armed Forces staff working under the VGD.

The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the VGD and provide clinical supervision for the overall provision of clinical care provided under the VGD.

The clinical supervisor must be identifiable to individuals receiving vaccination. Whenever the VGD is used, the name of the clinical supervisor taking responsibility and all of the persons working under different activity stages of the VGD must be recorded for
the session using the schedule in Annex C or maintaining an equivalent electronic record.
The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the VGD. Persons working under the VGD may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Persons working to the VGD must understand who the clinical supervisor for their practice is at any time and can only work under their authority. The clinical supervisor may withdraw this authority for all persons or individual persons at any time and has authority to stop and start service provision under the VGD as necessary. All members of staff have a responsibility to, and should, report immediately to the clinical supervisor any concerns they have about working under the VGD in general or about a specific individual,
process, issue or event.

Individual practitioners must be designated by name to work to this VGD. Persons working in accordance with this VGD must ensure they meet the staff characteristics for the activity they are undertaking, make a declaration of competence and be authorised in writing by the provider. This can be done by completing Annex B of this VGD or maintaining an equivalent electronic record.

It is a Health Board's responsibility to adhere to this VGD. Where the Health Board is not the provider, it is the Health Board's responsibility to ensure that any organisation they make arrangements with to deliver services on their behalf adheres to this VGD. The final authorised copy of this VGD should be kept by Health Boards for 8 years after the VGD expires. Providers adopting authorised versions of this VGD should also retain copies, along with the details of those authorised to work under it, for 8 years after the VGD expires.

Any provider administering Shingrix® vaccine under VGD must work strictly within the terms of this VGD. **Authorising organisations must not alter, amend or add to the clinical content of this document; such action will invalidate the clinical sign-off with which it is provided in accordance with the regulations. The legal validity of this VGD is contingent on those authorising section 2 and Annex B complying with the above.**

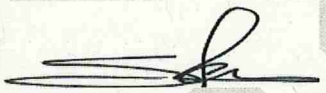
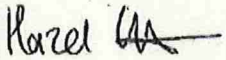
The national Shingles Vaccination Programme may also be provided under patient group direction, or on a patient specific basis, by or on the directions of an appropriate prescriber. Administration in these instances is not related to this VGD.

Providers must check that they are using the current version of this VGD. Amendments may become necessary prior to the published expiry date. Current versions of VGDs authored by Public Health Scotland in accordance with regulation 235A of the Human Medicines Regulation 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**, can be requested by emailing phs.vaccination@phs.scot. Any concerns regarding the content of this VGD should also be sent to this email address.

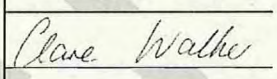
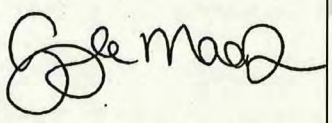
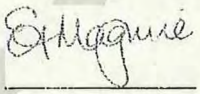
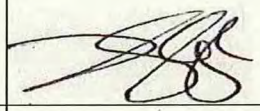
2. Approval and Clinical Authorisation

This VGD is not legally valid, in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**, until authored by Public Health Scotland and authorised by NHS Boards in Scotland.

On 07 September 2026 Public Health Scotland approved and authored this VGD in accordance with regulation 235A of the Human Medicines Regulations 2012, as amended by **the Human Medicines (Amendment) Regulations 2026**. Approval of clinical information in Annex A is via the Clinical Governance and Oversight Group of the Scottish Vaccination and Immunisation Programme on behalf of Public Health Scotland for the delivery of the national Shingles Vaccination Programme, with defined limitations to authorisation that may be updated from time to time as may be required.

Clinical author signatories – Public Health Scotland			
Role	**Name**	**Signature**	**Date**
Medical	Sam Ghebrehewet		07/09/2026
Pharmacy	Hazel Close		02/09/2026
Nursing	Jill Madden		03/09/2026

Authorised for use by the following organisations and/or services
NoS Boards - NHS Grampian
Limitations to authorisation
This authorisation applies to the administration of the shingles vaccine, Shingrix®, only under the conditions set out in the authorisation license set out by the Medicines and Healthcare products Regulatory Agency.

Clinical authorisation acting as a senior manager for/on behalf of the NHS Board or commissioned service			
Role	**Name**	**Sign**	**Date**
Medical	Clare-Louse Walker		23/09/2026
Pharmacy	Gayle Macdonald		14/06/2026
Nursing	Elaine Maguire		11/09/2026
Chair NoS PGD Group	Lesley Coyle		23/09/2026
Authorised Executive Approval on behalf of NoS Boards – Chief Executive NHS Grampian	Laura Skaife-Knight		23/09/2026

This Shingles Version 1.0 VGD is Authorised and Approved for NoS for use in NHS Grampian From 23rd September 2026

3. Characteristics of staff

Characteristics of staff

The provider is responsible for the designation and authorisation of persons within the classes set out below permitted to administer medicinal products under this VGD. In doing so the provider must establish that those persons:

a) demonstrate appropriate knowledge and skills to work under the Vaccine Group Direction for the administration of Shingrix® vaccine.
b) have met the requirements of the relevant Public Service Delivery (PSD) Scotland, formerly NHS Education for Scotland (NES), Vaccination Proficiency document as appropriate at https://learn.nes.nhs.scot/82079

Classes of persons permitted to administer medicinal products under this VGD		
This VGD may be adhered to wholly from assessment through to post-vaccination by a single appropriately specified registered healthcare professional. Alternatively, multiple persons may undertake specific activity stages in the vaccination pathway in accordance with this VGD under the supervision of the appropriately specified registered healthcare professional[1]. Activity stages of the vaccination pathway under this VGD:		
Stage 1	a) Assessment of the individual presenting for vaccination b) Provide information and obtain informed consent c) Provide advice to the individual, including written information.	Registered Healthcare Professionals Only

Stage 2	Vaccine Preparation **Delegation of this stage must be to the same practitioner as stage 3*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non- registered professionals or non-registered Armed Forces staff
Stage 3	Vaccine Administration **Delegation of this stage must be to the same practitioner as stage 2*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 4	Record keeping	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

***From 1 April 2026, only the person administering a vaccine may carry out reconstitution or dilution. Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under stage 1.**

Providers are responsible for assessing the competency of, designating and recording the names of, all those persons permitted to administer under this VGD.

[1]The following specified registered healthcare professionals are permitted to operate under the VGD stages 1 to 4, subject to the requirements set out below:

- 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 currently registered with the General Dental Council.
- Optometrists currently registered with the General Optical Council

The following professionals (who are in the main non-registered) are permitted to administer under the VGD, with appropriate supervision as set out below, subject to the requirements set out below:

- Healthcare support workers
- Pre-registration pharmacists and other pharmacy support practitioners
- Retired clinical practitioners such as doctors, dentists, pharmacists, nurses, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists,orthotists/prosthetists, paramedics, pharmacy technicians, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
- Student doctors, dentists, pharmacists, nurses, midwives, optometrists, chiropodists/podiatrists, dieticians, occupational therapists, orthoptists, orthotists/prosthetists, paramedics, physiotherapists, radiographers, speech and language therapists, dental hygienists and dental therapists not currently registered
- Healthcare Scientists
- Dental nurses
- Physician's assistants
- Nursing associates
- Operating department practitioners
- Scottish Ambulance Service Ambulance Technicians

The following non-registered Armed Forces staff are permitted to administer under the VGD with appropriate supervision as set out below, subject to the requirements set out below:

- Combat Medical Technician – Class 1,2 &3 (CMT)
- Royal Navy Medical Assistant (RN MA)
- Royal Air Forces Medic
- Defence Medic
- Healthcare Assistant (HCA)
- Military General Duties Vaccinators

Requirements

All those working under this VGD must have undertaken training, be assessed as competent and receive supervision appropriate to the stage of activity they are undertaking. Where multiple person delivery models are used, the provider must ensure that all elements of the VGD are complied with in the provision of vaccination to each individual. The provider is responsible for ensuring that persons are trained and competent to safely deliver the activity they are employed to provide under this VGD. As a minimum, competence requirements stipulated in the VGD must be adhered to.

All persons must be designated by name by the provider as an approved person under the current terms of this VGD before working to it, and listed on the practitioner authorisation sheet in Annex B. All staff listed on the sheet will be covered by NHS indemnity extended by the Health Board who is responsible for the shingles vaccination programme in that locality. VGDs do not remove inherent obligations or accountability.

All practitioners operating under this VGD must work within their terms of employment

at all times; registered healthcare professionals should also abide by their professional code of conduct.

There are three underpinning principles to which every person undertaking activities under the remit of this VGD must adhere.

Training

- They must have undertaken training appropriate to this VGD and relevant to thei role, as required by local policy and health board standard operating procedures and in line with the training recommendations for persons vaccinating for
- shingles.
- They must have met the requirements set out in the relevant Public Service Delivery (PSD) Scotland, formerly NHS Education for Scotland (NES) Vaccination Proficiency document.

Competency

- Those providing clinical supervision to those administering the vaccine must be competent to assess individuals for suitability for vaccination, identify any contraindications / exclusions or precautions, discuss issues related to vaccination and obtain informed consent from the individuals being vaccinated. All persons must be one of above noted registered professionals.
- Those that are not registered professionals, and those returning to immunisation after a prolonged interval (more than 12 months), should be assessed and signed off as meeting the requirements of the relevant Public Service Delivery (PSD) Scotland, formerly NHS Education for Scotland (NES) Vaccination Proficiency document. They should be observed preparing and administering the vaccine until both they, and their supervisor or trainer, feel confident that they have the necessary knowledge and skills to prepare and administer vaccines safely and competently.
- Experienced persons should use the relevant PSD Scotland Vaccination Proficiency document to self-assess that they are able to meet all the competencies listed and confirm that they have the knowledge and skills necessary to administer shingles vaccine (Shingrix®). They must have completed local Infection Prevention and Control (IPC) training and comply with the vaccination guidance.

In addition and where indicated as relevant to the role:

- They must be familiar with the vaccine product and alert to any changes in the manufacturers summary of product characteristics (SmPC) and familiar with the national recommendations for the use of this vaccine.
- They must be familiar with, and alert to changes in relevant chapters of The Green Book Chapter.
- They must be familiar with, and alert to changes in the relevant provider's standard operating procedures (SOPs) and provider's arrangements for the national Shingles Vaccination Programme.
- They must be competent in the correct handling and storage of vaccines and management of the cold chain if receiving, responsible for, or handling the vaccine.
- They must be competent in the recognition and management of anaphylaxis,

have completed applicable basic life support training and be able to respond appropriately to immediate adverse reactions.

- They must have access to the provider's VGDs and relevant Shingles Vaccination Programme online resources.
- For those preparing and administering the vaccine, they must be competent in the handling of the vaccine product and use of the correct technique for preparing the correct dose.
- For those preparing and administering the vaccine, they must be competent in the intramuscular injection technique, this should include a practical element.
- For those in record keeping roles, they must understand the importance of making sure vaccine information is recorded on the vaccination management app.
- They should fulfil any additional requirements defined by local policies developed in accordance with any national guidance.

Supervision

- A period of supervised practice to allow observation of, and development of skills in vaccine administration and application of knowledge to practice is essential.
- Supervision for new immunisers and support for all immunisers is critical to the safe and successful delivery of the Shingles Vaccination Programme.
- Non-registered professionals and non-registered Armed Forces staff must be supervised and supported by a registered healthcare professional at all times.
- The clinical supervisor must be a registered healthcare professional trained and competent in all aspects of the VGD and provide clinical supervision for the overall provision of clinical care provided under the VGD.

Annex A: Clinical Information

This Annex provides information about the clinical situation or condition and treatment in relation to the Vaccine Group Direction

Clinical condition or situation to which this Vaccine Group Direction applies

Category	Description
Inclusion Criteria	Shingles (herpes zoster) vaccine (recombinant, adjuvanted) (Shingrix®) is indicated for prevention of shingles (herpes zoster) and herpes zoster-related post-herpetic neuralgia (PHN). The eligible groups are the following: 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.
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).

Cautions/ needfor 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 co-ordinator 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 between the registered healthcare professional and the recipient of the risks and benefits of vaccination.

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. **Temporary exclusion** 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.
Action if person 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.

Description of treatment

Category	Description
Name of medicine	Shingles (herpes zoster) vaccine (recombinant, adjuvanted) (Shingrix®).
Form	Powder and diluent for suspension for injection presented as a vial of powder plus a vial of suspension.
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.

Dosage	0.5ml
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.
Duration of treatment	See frequency section.
Maximum or minimum treatment period	See frequency section.
Quantity to administer	See frequency section.
▼ black triangle medicines	No.
Legal category	Prescription Only Medicine (POM)

Is the use outwith the SPC?	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 a precautionary measure, it is preferable to avoid the use of Shingrix® during pregnancy. According to official recommendations in The Green Book Shingles chapter, Shingrix® can be considered in pregnancy after full discussion between the registered healthcare professional and the recipient of the risks and benefits of vaccination. 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 National Incident Guidance. Where vaccine is assessed in accordance with these guidelines as appropriate for continued use, administration under this VGD 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.

Storage requirements	**General 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 use or appropriate disposal.
Additional information	Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may bepostponed until they have fully recovered.

Adverse Reactions

Category	Description
Warnings including possible adverse reactions	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

Management of adverse reactions	Anaphylaxis is a very rare, recognised side effect of most vaccines and suspected cases should be reported via the MHRA Yellow Card Scheme. The Green Book **Vaccine safety and adverse events following immunisation chapter (8)** gives detailed guidance on distinguishing between faints, panic attacks and the signs and symptoms of anaphylaxis. If a case of suspected anaphylaxis meets the clinical features described in The Green Book **Vaccine safety and adverse events following immunisation chapter (8)** , this should be reported via the Yellow Card Scheme as a case of 'anaphylaxis' (or if appropriate 'anaphylactoid reaction'). Cases of less severe allergic reactions (i.e. not including the clinical features of anaphylaxis) should not be reported as anaphylaxis but as 'allergic reaction'.
Reporting procedure for adverse reactions	Healthcare professionals and individuals/carers should report 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. Programmatic Adverse Events should be recorded in line with local procedures and where appropriate escalated in accordance with the national framework.

Advice to patient or carerincluding written information	**Written information to be given to individual** • 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.
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 individuals remain under observation in line with NHS Board policy.
Follow up	As above
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 professional overseeing the immunisation service must be trained to recognise an anaphylactic reaction and be familiar with techniques for resuscitation of an individual with anaphylaxis.

Audit Trail/Records

Name	Description
Record/ audit trail	Record: • that valid informed consent was given • name of individual, address, date of birth and GP with whom the individual is registered • name of person that undertook assessment of individual's clinical suitability • name of person that 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 vaccine group direction. Records should be kept 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.

4. References

Name	Description
Additional references	• 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) • 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

Annex B: Practitioner authorisation sheet

Shingles Vaccination Programme Vaccine Group Direction: Administration of shingles (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix®

Valid from:

Expiry: August 2027

Before signing this VGD, check that the document has had the necessary authorisations. Without these, this VGD is not lawfully valid.

Practitioner

By signing this VGD you are indicating that you agree to its contents and that **you will work within it.**

VGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each practitioner to practice only within the bounds of their own competence and any appropriate professional code of conduct.

I confirm that I have read and understood the content of this VGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	Designation	Signature	Date

Person authorising on behalf of the Provider

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this VGD. I give authorisation on behalf of **(insert name of organization)** for the above named health care professionals who have signed the VGD to work under it.			
Name	Designation	Signature	Date

Note to person authorising on behalf of Provider

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation. This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this VGD.

Annex C: Clinical Supervision sheet

Shingles Vaccination Programme Vaccine Group Direction: Administration of shingles (herpes zoster) vaccine (recombinant, adjuvanted) Shingrix®

Valid from:

Expiry: August 2027

This sheet must record the name of the clinical supervisor taking responsibility and all of the people working under different activity stages of the VGD.

Activity stages of the vaccination pathway under this VGD:

Stage 1	a) Assessment of the individual presenting for vaccination b) Provide information and obtain informed consent c) Provide advice to the individual, including written information	Registered Healthcare Professionals Only
Stage 2	Vaccine Preparation **Delegation of this stage must be to the same practitioner as stage 3*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 3	Vaccine Administration **Delegation of this stage must be to the same practitioner as stage 2*. Vaccine preparation and administration cannot be separated.**	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff
Stage 4	Record Keeping	Registered Healthcare Professionals, non-registered professionals or non-registered Armed Forces staff

*****From 1 April 2026, only the person administering a vaccine may carry out reconstitution or dilution. Therefore, vaccine preparation and administration must be completed by the same practitioner, where these steps have been delegated by the practitioner working under stage 1.

The clinical supervisor has ultimate responsibility for safe care being provided under the terms of the VGD. Persons working under the VGD may be supported by additional registered healthcare professionals, but the clinical supervisor retains responsibility.

Before signing this VGD, check that the document has had the necessary authorisations. Without these, this VGD is not lawfully valid.

Clinical Supervisor

Name	Designation	Signature	Date

Practitioner(s) and Activity Stages

Name	Activity Stage(s)	Signature	Date	Clinical Supervisor Initials

Note to Clinical Supervisor

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation. This authorisation sheet should be retained to serve as a record of clinical supervision arrangements for those working under this VGD.

5. PHS Version history

Version	Date	Summary of changes
1.0	07 September 2026	New VGD V1.0 created

NoS Version History

Version	Date	Summary of changes
1.0	September 2026	New VGD approved for NHSG