



National Immunisation Program

Shingles vaccination schedule from 1 November 2023

Program advice for vaccination providers

From 1 November 2023, there are changes to the shingles vaccination schedule under the National Immunisation Program (NIP).

Key points

- From 1 November 2023, the shingles vaccine Shingrix[®] will replace Zostavax[®] on the NIP schedule. The groups eligible to receive the free vaccine will also change. The NIP will fund a **2-dose** course for eligible people.
- Shingrix[®] is a non-live vaccine. It's highly effective in the prevention of herpes zoster (shingles) and its complications, including post-herpetic neuralgia (PHN), in both immunocompetent and immunocompromised people.

NIP-funded shingles vaccination schedule from 1 November 2023

2-dose schedule with Shingrix[®] 0.5ml vial (GSK) given intramuscularly.

Eligible groups	Dosing schedule / Dose intervals
Adults aged 65 years and over (non-Indigenous)	Give 2-6 months apart in immunocompetent people
Aboriginal and Torres Strait Islander adults aged 50 years and over	Give 2-6 months apart in immunocompetent people
Immunocompromised adults aged 18 years and over with the following medical conditions: <ul style="list-style-type: none">• haematopoietic stem cell transplant• solid organ transplant• haematological malignancy• advanced or untreated HIV.	Give 1-2 months apart in people who are immunocompromised

REPORT all vaccinations to the Australian Immunisation Register (AIR) – both NIP and private vaccines.

Eligible people who have received one dose of Shingrix[®] vaccine privately can receive their second dose free under the NIP. There is currently no recommendation for booster doses of Shingrix[®] vaccine.

Shingles virus

Herpes zoster, commonly known as shingles, is a reactivation of the varicella-zoster virus (VZV) in a person who has previously had varicella (chickenpox). Shingles presents as a painful blistering rash on one side of the face or body that lasts 10-15 days. It can lead to serious illness, including post-herpetic neuralgia that can last for months. It can cause other complications, including pneumonia, hearing problems, blindness or swelling of the brain.

The risk of getting shingles increases with age and is higher in people who are immunocompromised. Older people (particularly those aged over 65 years) are also more likely to experience complications such as post-herpetic neuralgia.

See the Australian Immunisation Handbook for recommendations. People not eligible to receive the free Shingrix[®] vaccine under the NIP can purchase it on the private market and may need a prescription.

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people aged 50 and older are more likely to experience complications and higher rates of hospitalisations from shingles.

Health professionals are encouraged to have culturally appropriate, supportive conversations with Aboriginal and Torres Strait Islander patients about eligibility for NIP vaccinations.

Resources to support conversations about shingles vaccination with Aboriginal and Torres Strait Islander people will be available from 1 November 2023 on the Department's website at health.gov.au/immunisation.

Co-administration with other vaccines

People can receive Shingrix[®] at the same time as other inactivated vaccines such as tetanus-containing vaccines, pneumococcal vaccines, influenza vaccines and COVID-19 vaccines. However, it is preferable that Shingrix[®] be given by itself where possible. There is potential for increased adverse events when more than one vaccine is given at the same time.

Vaccine safety and effectiveness

Studies suggest that Shingrix[®] is highly effective in preventing shingles in older people and offers long lasting protection against herpes zoster and PHN.

Local injection site reactions such as pain, redness and swelling are common after shingles vaccination. These reactions occur in up to 82% of Shingrix[®] recipients. After Shingrix[®] vaccination, patients may also experience mild systemic reactions. These include tiredness and muscle aches (in up to 46% of recipients), headaches (39% of recipients), fever (22% of recipients), and gastrointestinal symptoms (18% of recipients).

About 10% of Shingrix[®] recipients may experience reactions severe enough to disrupt normal daily activities. Generally, these only last up to 3 days and can be treated symptomatically.

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

Adverse events following vaccination: Report all adverse events following immunisation to the Therapeutic Goods Administration (TGA) through the usual reporting mechanisms in your state or territory, or directly to the TGA via their [website](#), depending on specific regulatory requirements. See the Department of Health and Aged Care's [Reporting and managing adverse vaccination events](#) for further information.

Contraindications/precautions

Shingrix[®] is contraindicated in people who have had:

- anaphylaxis after a previous dose of Shingrix[®]
- anaphylaxis after any component of Shingrix[®]

Vaccination after Zostavax[®] or an episode of shingles

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

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

People who have had shingles/herpes zoster previously are still at risk of future episodes. Immunocompetent people should delay Shingrix[®] for at least 12 months after an episode of herpes zoster. Immunocompromised people are at higher risk of recurrence. They can receive Shingrix[®] from 3 months after the acute illness, following an individualised risk-benefit discussion on the ideal interval for vaccination.

Vaccine supply

Health professionals will be able to order supplies of Shingrix[®] through the usual NIP vaccine ordering channels. Your state or territory health department will inform you when you can start ordering Shingrix[®]. You can begin administering the vaccine under the NIP from 1 November 2023.

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

Further information

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

Information resources for consumers and an updated NIP schedule will be available from 1 November 2023 at health.gov.au/immunisation.

All information in this fact sheet is correct as at October 2023.

State and territory health department contact numbers:

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

