

CYLCHLYTHYR IECHYD CYMRU



Llywodraeth Cymru  
Welsh Government

Dyddiad Cyhoeddi: 28 Mehefin 2023

STATWS: CYDYMFFURFIO / GWEITHREDU / GWYBODAETH

CATEGORI: IECHYD CYHOEDDUS

TEITL: NEWID BRECHLYN AC EHANGU'R COHORT AR GYFER Y RHAGLEN  
FRECHU YN ERBYN YR ERYR (O FIS MEDI 2023)

Dyddiad dod i ben / Dyddiad yr Adolygiad: Amherthnasol

**I'w weithredu gan:**

Arweinwyr/Cydgysylltwyr Imiwneiddio, Byrddau  
Iechyd/Ymddiriedolaethau  
Arweinwyr Gweithredol ar gyfer Brechu,  
Byrddau Iechyd/Ymddiriedolaethau  
Cyfarwyddwyr Gofal Sylfaenol, Byrddau  
Iechyd/Ymddiriedolaethau  
Prif Fferyllwyr, Byrddau  
Iechyd/Ymddiriedolaethau  
Cyfarwyddwyr Iechyd y Cyhoedd, Byrddau  
Iechyd/Ymddiriedolaethau  
Cyfarwyddwyr y Gweithlu a Datblygu  
Sefydliadol, Byrddau Iechyd/Ymddiriedolaethau  
Cyfarwyddwr Gweithredol Iechyd y Cyhoedd,  
Iechyd Cyhoeddus Cymru  
Pennaeth y Rhaglen Frechu yn erbyn Clefydau  
Ataliadwy, Iechyd Cyhoeddus Cymru  
Cyfarwyddwr Cynllunio, Rhaglen Frechu Cymru  
Meddygon Teulu  
Cyngor Ymarferwyr Cyffredinol Cymru  
Iechyd a Gofal Digidol Cymru

Cyfarwyddwyr Gweithredol Nyrsio, Byrddau  
Iechyd/Ymddiriedolaethau  
Cyfarwyddwr Nyrsio, Iechyd Cyhoeddus Cymru  
Comisiynydd Pobl Hŷn Cymru  
Cyfarwyddwyr Cyllid Byrddau Iechyd / Ymddiriedolaethau  
Addysg a Gwella Iechyd Cymru

**Er Gwybodaeth i:**

Brif Weithredwyr, Byrddau Iechyd/Ymddiriedolaethau  
Cyfarwyddwyr Meddygol, Byrddau  
Iechyd/Ymddiriedolaethau

**Anfonwr:** Syr Frank Atherton, Prif Swyddog Meddygol / Cyfarwyddwr Meddygol  
GIG Cymru

**Enw Cyswllt yn Llywodraeth Cymru**

Yr Is-adran Frechu, Y Gyfarwyddiaeth Diogelu Iechyd, Grŵp Iechyd a  
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**Dogfennau amgaaedig:** Atodiadau A a B

Annwyl Gyfeillion

Mae'r llythyr hwn yn rhoi gwybodaeth am y newidiadau sydd ar fin digwydd i raglen GIG Cymru ar gyfer brechu yn erbyn yr eryr.

Drwy weithredu'r newidiadau a nodir yn y cylchlythyr hwn, bydd sefydliadau'r GIG hefyd yn helpu i wireddu'r uchelgeisiau a amlinellir yn Fframwaith Imiwneiddio Cenedlaethol Cymru. Dylai'r egwyddorion a ddisgrifir yn y Fframwaith gael eu defnyddio ar gyfer y trefniadau i gyflwyno'r newidiadau i'r rhaglen frechu yn erbyn yr eryr lle bo hynny'n bosibl, gan gynnwys yr angen o ran sicrhau brechu teg a'r deunyddiau gwybodaeth sydd ar gael i'r cyhoedd. Dylai sefydliadau ystyried y gwelliannau a fydd yn deillio o weithredu'r Fframwaith yn ystod y blynyddoedd nesaf wrth gynllunio eu rhaglenni.

O 1 Medi 2023, bydd y cohortau sy'n gymwys i gael eu brechu yn erbyn yr eryr yn cael eu hehangu, er mwyn diogelu unigolion o oedran iau ymlaen. Mae'r newidiadau hyn yn seiliedig ar gyngor gan y Cyd-bwyllgor ar Imiwneiddio a Brechu (JCVI)<sup>1</sup>.

Bydd pob unigolyn sydd newydd ddod yn gymwys yn cael cynnig dau ddos o'r brechlyn anweithredol yn erbyn yr eryr, Shingrix<sup>®</sup> yn lle un dos o Zostavax<sup>®</sup>.

Er y gallai unigolyn o unrhyw oedran ddiodef o'r eryr, mae'r risg, y difrifoldeb, a'r cymhlethdodau sy'n gysylltiedig â'r clefyd yn cynyddu wrth i rywun fynd yn hŷn, yn enwedig o ran unigolion sydd ag imiwnedd gwan. Mae'n bwysig brechu'r rheini sydd yn y perygl mwyaf, a dyma'r sail i'r cyngor a roddir gan y Cyd-bwyllgor ar Imiwneiddio a Brechu.

Mae'r llythyr hwn yn benodol ar gyfer gweithwyr ieuchyd proffesiynol sy'n gyfrifol am gomisiynu, rheoli, a gweithredu rhaglen GIG Cymru ar gyfer brechu yn erbyn yr eryr. Hoffwn ofyn ichi rannu'r canllaw hwn â phawb sy'n gysylltiedig â'r rhaglen yn eich ardal.

***Prif bwytiau'r newidiadau i'r rhaglen:***

**Newidiadau i gymhwysedd:**

Y cohort sydd ag imiwnedd gwan:

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<sup>1</sup> Cofnodion o brif gyfarfod 06 Chwefror 2019 JCVI:  
<https://app.box.com/s/iddfb4ppwkmjtjusir2tc/file/424913874479>

- O 1 Medi 2023 ymlaen, bydd y cwmpas cymhwysedd yn ehangu i gynnwys pob unigolyn sydd ag imiwnedd gwan (fel y'i diffinnir ym mhennod 28a y Llyfr Gwyrdd), sy'n 50 mlwydd oed ac yn hŷn (dim terfyn oedran uchaf) gan gynnwys y rheini sy'n disgwyl therapi a fydd yn achosi imiwnedd gwan.
- Nid oes angen i unigolion sydd ag imiwnedd gwan, ac sydd eisoes wedi cael 2 ddos o Shingrix<sup>®</sup>, gael eu brechu eto.
- Brechu unigolion sydd ag imiwnedd gwan yw flaenoriaeth bennaf y gweithgarwch brechu gyda Shingrix<sup>®</sup>, oherwydd y perygl y gallai'r clefyd gael effaith ddifrifol arnynt. Felly **nod y rhaglen yw gwahodd pob unigolyn 50 mlwydd oed ac yn hŷn sydd ag imiwnedd gwan i gael ei frechu yn ystod blwyddyn gyntaf y newid.**
- Dylid rhoi'r ail ddos 8 wythnos i 6 mis ar ôl y dos cyntaf i'r cohort hwn.

Y cohort sydd ag imiwnedd normal:

- Bydd yr oedran cymwys i unigolion sydd ag imiwnedd normal yn newid o 70 oed i 60 oed, a bydd y newid hwn yn cael ei weithredu fesul cam dros gyfnod o 10 mlynedd.
- Dylid rhoi'r ail ddos 6 i 12 mis ar ôl y dos cyntaf i'r bobl yn y cohort hwn.
- Bydd y cynnig arferol yn newid i fod o 60 mlwydd oed ar ôl cwblhau'r gwaith o newid fesul cam. Mae rhagor o fanylion yn Atodiad A.

Rhaid sicrhau bod system galw/ail-alw effeithiol ar waith i'r cohortau sydd ag imiwnedd gwan ac imiwnedd normal, a dylai'r system honno barhau ar ôl y cyfnod gweithredu cychwynnol. Dylai unigolion cymwys gael gwahoddiad i gael eu brechu, gyda gwahoddiadau atgoffa yn cael eu hanfon i'r rheini nad ydynt wedi gwrthod ond sydd heb ymateb i'r gwahoddiad cyntaf. Mae rhagor o wybodaeth ar gael yn Atodiad A.

### Goblygiadau newid y brechllyn:

- Bydd Shingrix<sup>®</sup> yn disodli Zostavax<sup>®</sup> ar gyfer unigolion sydd newydd ddod yn gymwys ar gyfer y rhaglen frechu yn erbyn yr eryr yn ei chyfanrwydd.
- Bydd angen rhoi dau ddos o Shingrix<sup>®</sup> i unigolion yn y ddau cohort. Bydd y cyfnod rhwng y dosau yn wahanol i unigolion sydd ag imiwnedd gwan ac unigolion sydd ag imiwnedd normal fel y nodir uchod.
- Dylid cynnig Shingrix<sup>®</sup> i bawb sy'n cyrraedd oedran cymwys ar 1 Medi 2023 neu ar ôl hynny. Dylai'r cohortau hynny a oedd yn gymwys i gael Zostavax<sup>®</sup> cyn 1 Medi 2023, sydd o dan 80 oed, barhau i gael cynnig Zostavax<sup>®</sup> (oni bai bod cyngor yn erbyn hynny) nes bod y cyflenwadau canolog wedi eu defnyddio (drwy ImmForm), pryd y dylid cynnig Shingrix<sup>®</sup> iddynt.
- Nid yw unigolion sydd eisoes wedi cael eu brechu â Zostavax<sup>®</sup> yn gymwys i gael eu hailfrechu â Shingrix<sup>®</sup>, oni bai eu bod ag imiwnedd gwan.

- Gellir rhoi Shingrix® ochr yn ochr â'r rhan fwyaf o frechlynnau eraill, a bydd pennod 28a y Llyfr Gwyrdd yr Eryr yn cael ei diweddarau i adlewyrchu'r wybodaeth bresennol cyn gweithredu'r newidiadau.

Yn 2018, cytunwyd y gellid imiwneiddio cleifion â'r brechlyn yn erbyn yr eryr cyn gynted â'u bod yn cyrraedd yr oedran cymwys, waeth beth yw amser y flwyddyn. Dylid parhau i gynnig y brechlyn yn erbyn yr eryr drwy gydol y flwyddyn, a dylai hynny helpu i gynyddu nifer y bobl sy'n manteisio ar y cynnig brechu a chefnogi'r ffocws ar frechu teg a lleihau effeithiau'r pwysau tymhorol.

Gwybodaeth a ddarperir yn yr atodiadau i'r llythyr hwn:

Atodiad A – canllawiau a gwybodaeth fanwl ar gyfer gweithwyr iechyd proffesiynol

Atodiad B – casglu data ar lefelau'r boblogaeth sydd wedi cael y brechlyn

Yn unol â rhaglenni brechu eraill, mae byrddau iechyd yn gyfrifol am gomisiynu gwasanaethau brechu, a bydd angen iddynt gael sicrwydd o ran sut y darperir y rhaglen a nifer y bobl sy'n manteisio arni. Mae trefniadau ar waith i alluogi byrddau iechyd i gomisiynu meddygfeydd i weithredu rhaglenni yn lleol. Bydd y byrddau iechyd yn dymuno adlewyrchu'r disgwyliau a nodir yn y cylchlythyr hwn yn eu trefniadau comisiynu.

Mae goruchwyliaeth a sicrwydd y GIG o ran cynllunio a gweithredu rhaglenni brechu yn digwydd drwy Raglen Frechu Cymru. Bydd Tîm Rhaglen Frechu Cymru yn gweithio gyda byrddau iechyd ac ymddiriedolaethau ar y newidiadau a amlinellir yn y cylchlythyr hwn, a bydd Iechyd Cyhoeddus Cymru yn parhau i ddarparu'r cyngor arbenigol ar frechu a gwyliadwriaeth.

Mae'r data blynyddol, ar gyfer y lefelau brechu yn erbyn yr eryr ar gyfer 8<sup>fed</sup> flwyddyn y rhaglen yng Nghymru, yn dangos bod y lefelau ymhlith pobl 70 oed sydd newydd ddod yn gymwys yn isel, ond bod y lefelau brechu cronol yn cynyddu gyda'r cynnydd yn nifer y blynyddoedd ers eu pen-blwydd yn 70 oed. Mae'r data diweddaraf yn dangos arwyddion bod adferiad yn digwydd yn 2021-2022, wedi i'r pandemig COVID-19 effeithio ar y rhaglen yn y flwyddyn cyn honno<sup>2</sup>.

Mae adroddiad sy'n asesu effeithiau brechu yn erbyn yr eryr yn ystod y 5 mlynedd ers cyflwyno'r rhaglen yn Lloegr yn dangos y bu gostyngiadau mawr yn nifer yr ymgynghoriadau â meddygon teulu a derbyniadau i'r ysbyty ar gyfer herpes zoster a niwralgia a achosir gan yr eryr<sup>3</sup>. Mae hyn yn cryfhau'r angen i weithredu rhaglen effeithiol ar gyfer brechu yn erbyn yr eryr sy'n sicrhau bod lefel uchel o'r boblogaeth gymwys yn manteisio ar y cynnig.

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<sup>2</sup> [Herpes zoster \(shingles\) immunisation programme uptake reports](#) – Iechyd Cyhoeddus Cymru

<sup>3</sup> [Impact of the herpes zoster vaccination programme on hospitalised and general practice consulted herpes zoster in the 5 years after its introduction in England: a population-based study - PubMed \(nih.gov\)](#)

Mae gweithredu'r newidiadau hyn i'r rhaglen frechu yn erbyn yr eryr yn rhoi cyfle inni ganolbwyntio ar lefelau dealltwriaeth ymhlith dinasyddion a'u lefel ymgysylltu â'r rhaglen, er mwyn cynyddu nifer y bobl sy'n manteisio ar y cynnig a lleihau annhegwch brechu.

Yr uchelgais o ran nifer y bobl sy'n cael eu brechu ym mlwyddyn gyntaf y rhaglen weithredu yw sicrhau bod o leiaf 60% o'r rheini sy'n troi 65 oed a 70 oed yn cael cwrs llawn o'r brechlyn. Rydym hefyd yn disgwyl i fyrddau iechyd baratoi asesiadau o'r effaith ar gydraddoldeb ar gyfer eu cynlluniau gweithredu. Dylid rhannu'r rhain â Rhaglen Frechu Cymru, a fydd yn adrodd i Lywodraeth Cymru. Defnyddir hyn i lywio'r ffocws ar leihau'r bylchau mewn tegwch brechu yn ystod y gwaith o weithredu'r newidiadau a ddisgrifir yn y cylchlythyr hwn. Mae rhagor o fanylion ar gael yn Atodiad A.

Hoffwn fanteisio ar y cyfle hwn i ddiolch i bawb sy'n gysylltiedig â'r rhaglen frechu genedlaethol yn erbyn yr eryr yng Nghymru. Mae'r newidiadau a amlinellir yn y llythyr hwn yn rhoi cyfle inni ymgysylltu â'r cyhoedd i bwysleisio pwysigrwydd brechu yn erbyn yr eryr, gan sicrhau bod mwy o bobl yn cael eu brechu a gwella sut mae ein cymunedau'n cael eu diogelu. Rwy'n ddiolchgar ichi am y rhan y byddwch yn ei chwarae yn y gwaith hwn.

Yn gywir,



**Syr Frank Atherton**  
**Prif Swyddog Meddygol / Cyfarwyddwr Meddygol GIG Cymru**

## Annex A - Detailed information and guidance for healthcare professionals

### The advice of the Joint Committee on Vaccination and Immunisation (JCVI)

1. In February 2019, based on impact and cost effectiveness modelling, the JCVI advised that the national shingles immunisation programme be changed such that the Shingrix® vaccine is offered to immunocompetent individuals routinely at 60 years of age, and to immunocompromised individuals aged 50 years old and over<sup>4</sup>.
2. JCVI further advised that moving to a routine offer at age 60 should be implemented in two phases, starting with vaccination of those turning 65 and 70 years old for 5 years, then moving to vaccination of those turning 60 and 65 years old for 5 years, following which time vaccination could then be routinely offered to those turning 60 years old. The advice was based on the high efficacy, safety, and immunogenicity of Shingrix® observed in clinical trials. Evidence suggests that Shingrix® provides a substantially longer duration of protection from shingles than Zostavax®.
3. JCVI also agreed that it would be important to have good quality messaging, that vaccination be offered year-round, and that call/recall be undertaken, particularly as the programme would offer 2 doses of vaccine.

### Timing and eligibility

4. The changes to the programme should be implemented from 1 September 2023 including the change to eligibility and using Shingrix® to vaccinate all newly eligible cohorts.
5. For the **immunocompromised cohort** the:
  - earliest eligible age will move down to 50 years and from 1 September, the eligible cohort will include all those aged 50 years and over (that is, for the immunocompromised cohort there is no upper age limit)
  - second dose should be given eight weeks to 6 months after the first dose
  - rollout to all immunocompromised individuals aged 50 years and over should be completed by September 2024

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<sup>4</sup> Minutes of 06 February 2019 JCVI main meeting:  
<https://app.box.com/s/iddfb4ppwkmjtjusir2tc/file/424913874479>

6. For the **immunocompetent cohort**:

- during **phase one** (1 September 2023 to 31 August 2028), Shingrix® will be offered to individuals as they turn 65 and 70 years, and (once all stocks of Zostavax® are exhausted) persons between 71 and those not yet turning 80 years who have not been given a shingles vaccine
- during **phase two** (1 September 2028 to 31 August 2033), Shingrix® will be offered to individuals as they turn 60 and 65 years
- from 1 September 2033, Shingrix® will be offered routinely when individuals turn 60 years. Those who have been previously eligible will remain eligible until their 80<sup>th</sup> birthday
- the second dose should be given 6 to 12 months after the first dose

| <b>Implementation phases</b>   | <b>Delivery period</b>        | <b>Eligible for first dose</b>  |
|--------------------------------|-------------------------------|---|
| Phase One<br>(5 year duration) | 1 Sept 2023 to<br>31 Aug 2028 | Those who reach age 65 or 70 years during this period should be called in on/after their 65 <sup>th</sup> or 70 <sup>th</sup> birthday* |
| Phase Two<br>(5 year duration) | 1 Sept 2028 to<br>31 Aug 2033 | Those who reach age 60 or 65 years during this period should be called in on/after their 60 <sup>th</sup> or 65 <sup>th</sup> birthday* |
| Ongoing routine offer          | 1 Sept 2033 onwards           | Those turning 60 years of age should be called in on/after their 60 <sup>th</sup> birthday*   |

\*those that became eligible and missed out remain eligible until their 80<sup>th</sup> birthday.

7. Individuals who were eligible for Zostavax® prior to 1 September 2023 should continue to receive Zostavax (unless contraindicated) until central stocks deplete (via ImmForm), after which time they should receive Shingrix®. The 80<sup>th</sup> birthday upper age cut off remains in place for the immunocompetent cohort regardless of vaccine offered.
8. Immunocompetent individuals remain eligible until their 80<sup>th</sup> birthday (as is currently the case). However, where an individual has turned 80 years of age following their first dose of Shingrix®, a second dose should be provided before the individual's 81<sup>st</sup> birthday to complete the course.



## **Vaccine supply**

9. Shingrix® will be available to order online via the [ImmForm website](#) in line with the current ordering process. Ordering controls may be in place to enable UKHSA to balance incoming supply with demand. Locally held stocks of Shingrix® ordered via ImmForm for the previous shingles immunocompromised programme can be used for eligible cohorts in the expanded programme.
  
10. As with all routine programmes, any wasted stock should be recorded via ImmForm detailing the reason for waste. The Vaccination Programme Wales team will review this data on a regular basis and may request further information based on these reports, or usage in general. Negligent management of vaccine supply has the potential to cause inequity and a detrimental impact on the costs of the programme.

## **Funding and service arrangements**

11. From 1 September 2023, the shingles vaccination programme will be expanded and eventually move to a two-dose Shingrix® schedule for all eligible individuals, as set out in this letter.
  
12. In line with other vaccination programmes, health boards are responsible for commissioning vaccination services and will need to assure themselves on the delivery and uptake of their programme. Arrangements have been put in place to enable health boards to commission General Practices to deliver programmes locally. Health boards will wish to reflect the expectations outlined in this circular in their commissioning arrangements.
  
13. In deploying vaccination to all newly eligible groups, an effective call/recall system must be in place, which should continue after the initial stages of the roll-out. There is an expectation that eligible individuals will receive an invitation to be vaccinated, with reminders for those who do not decline but fail to respond to the initial invitation. This expectation should be clear in commissioning arrangements.
  
14. When implementing call/recall, it is a requirement to make up to three attempts to contact eligible individuals within 12 weeks of reaching their invitation age. This is applicable for immunocompetent and immunocompromised individuals at all stages of the programme. These can be calls, emails, text messages or written invitations, however at least one must be a written invitation.

15. **The rollout to immunocompromised individuals who are aged over 50 years old should take place in the first year from 1 September 2023 and concluded by 1 September 2024.** After this time immunocompromised individuals who turn 50 years old should be offered vaccination within 12 weeks of reaching their invitation age. Newly diagnosed unvaccinated immunocompromised individuals already over 50 years old should be vaccinated within 12 weeks of immunocompromised diagnosis.
16. Where General Practice is commissioned by health boards, for both the immunocompetent and immunocompromised cohorts, practices will receive a payment of £10.03 per dose administered. Accurate recording of all vaccines given and good management of all associated documentation, is essential as per the standards set out in the National Health Service (General Medical Services Contracts) (Wales) Regulations and the Directions to Local Health Boards as to the Statement of Financial Entitlements 2013 (SFE) as amended.
17. The amended SFE will clarify the updated eligibility range for health boards to authorise reimbursement for shingles vaccination, in order that vaccinators are able to be reimbursed for opportunistic vaccinations. The revised document will specify that payment for vaccination of immunocompetent individuals can be authorised if the person had reached the age of 65 on or after 1 September 2023 but had not yet attained the age of 80 (“the Target Age Group”). This date will change on 1 September 2028 for the second phase of the roll out and will be for those attaining age 60 after 1 September 2028 but not yet attaining the age of 80.
18. An ‘in year’ funding allocation for the changes to the shingles programme in 2023-24 will be made to health boards. Further details will be provided shortly in a separate letter which will cover the first 7 months of the programme in the 2023-24 financial year.

### **Opportunistic Vaccination**

19. Opportunistic ability to give the shingles vaccine has been instrumental in the shingles programme to date and maintaining this practice going forwards is encouraged. In instances where an individual has already attained or passed the age of 65 but not yet 80 for phase one, or 60 but not yet 80 in stage two, then general practices can accommodate opportunistic vaccination if operationally possible. The SFE will be clear on the parameters for this reimbursement route for opportunistic

vaccination.<sup>5</sup> This opportunistic offer is available to enhance the robust call/recall that should be in place from 1 September 2023.

### **Co-administration Opportunities**

20. Where General Practices have been commissioned and are inviting individuals for shingles vaccination, it would be operationally efficient for Pneumococcal Polysaccharide Vaccination (PPV) to be offered at the same time for 65-year-olds. Health boards may wish to consider this in their commissioning arrangements. Both vaccines can be co-administered and eligibility for PPV is also attained at 65 years old.
21. PPV is currently available to order via ImmForm at 30 doses per week. Cap limit increases can be requested through the normal ImmForm process if required and will depend on available supply. Efficiencies in practice and any feedback on challenges experienced in achieving high uptake should be shared with the relevant health board and Vaccination Programme Wales, with the overall aim of increasing uptake throughout Wales.
22. Other vaccines may also be co-administered with Shingrix® and services should consult the Green Book chapter (28a) for information, with a view to maximising vaccine uptake and achieving service efficiencies.

### **Programme ambitions**

23. There are significant individual and collective benefits of a successful shingles vaccination programme, including reduced time needed for shingles related appointments, fewer hospitalisations due to post herpetic neuralgia and other operational gains.
24. The shingles vaccination programme currently has a cumulative uptake of around 57% for individuals aged 70-79 in Wales.
25. The aspiration for uptake for the first year of the programme is for of 60% of those turning 65 and 70 to receive a complete course of vaccination.
26. An equality impact assessment should be produced by health boards on plans for implementing the changes to the shingles vaccination programme described in this circular. These plans should be shared with Vaccination Programme Wales, who will report to Welsh Government.

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<sup>5</sup> If a patient is opportunistically vaccinated by a GP within the 12-week period before the day on which they become eligible for the vaccine, the SFE provides for payment to be made to them at the discretion of the health board.

We will review these ambitions after the first year of the implementation period. It is our intention to develop the equity-based ambitions to move to a place where more defined expectations are placed on health boards in order to reduce equity gaps in vaccination. The data isn't currently available to provide a sound basis for this. We will use the equality impact assessments of implementation plans developed by health boards to inform our expectations and ambitions from year 2.

27. Uptake surveillance will continue to be available by each age cohort, but the target ambition for uptake only applies for those aged 65 and 70 during the first phase of the changeover.
28. These ambitions will be kept under review and revised periodically with a view to continuously improving the programme and ensuring a focus on vaccination equity.
29. Health boards and Trusts will share best practice and review performance through the governance of Vaccination Programme Wales. Health board performance will also be monitored through the IQPD and JET processes.

### **Patient Group Directions (PGDs)**

30. Template Patient Group Directions for Shingrix® vaccine (and Zostavax® vaccine) will be made available at [Medicines guidance for healthcare professionals – Welsh Medicines Advice Service \(wales.nhs.uk\)](https://www.wales.nhs.uk) as a reference resource for health boards to develop and authorise for use locally.

### **Information for healthcare professionals and eligible individuals**

31. The shingles (herpes zoster) [Green Book chapter \(28a\)](#) contains detailed clinical guidance on shingles and shingles vaccination. Healthcare practitioner information and guidance to support the implementation of these changes to the shingles programme, including e-learning and a training slide set, is currently being updated and will be available on the shingles information for health professionals webpage here [\\_Shingles - Information for health professionals - Public Health Wales \(nhs.wales\)](#)
32. An eLearning module is available for the shingles vaccination programme which will be updated and made available on ESR and via [Learning@Wales](mailto:Learning@Wales). Information on how to access the eLearning module on [Learning@Wales](mailto:Learning@Wales) is available here: [Immunisation eLearning - Public Health Wales \(nhs.wales\)](#)

33. Public information is currently being updated and will be available online at: Shingles vaccine - Public Health Wales (nhs.wales) and resources will be available to order from: <https://phw.nhs.wales/services-and-teams/health-information-resources/>

### **Supporting Programme Resources**

34. Health professional guidance: The Shingles (herpes zoster) Green Book chapter (28a) is being updated and will be published before the changes to the programme are introduced in September: [Shingles \(herpes zoster\): the green book, capter 28a - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

35. Healthcare professional information and guidance for the shingles vaccination programme produced by UKHSA is available at: [Shingles vaccination: guidance for healthcare professionals](#)

36. Patient facing resources: [Shingles vaccination checklist](#)

37. Public information will be updated and available online at: <https://phw.nhs.wales/services-and-teams/health-information-resources/>

### **Communications**

38. Public Health Wales is preparing a communications strategy to support the changes to the shingles vaccination programme. Resources are being created for healthcare professionals (see above) and public facing web content will be updated with information about the changes.

### **Consent**

39. Guidance on informed consent can be found in chapter 2 of the Green Book available at: <https://www.gov.uk/government/publications/consent-the-green-book-chapter-2>

### **Reporting suspected adverse reactions**

40. Health professionals and those vaccinated are asked to report suspected adverse reactions through the online Yellow Card scheme ([www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)), by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am – 5pm Monday to Friday.

## Annex B - Vaccine coverage data collection

41. Surveillance for shingles vaccination is carried out by the Public Health Wales Vaccine Preventable Disease Programme, using the same methods as for other adult vaccination programmes.
42. Read/ SNOMED coded data are automatically collected directly from general practices using Audit+, based on nationally recommended SNOMED/ Read codes.

|  | <b>SNOMED Concept ID</b> | <b>SNOMED Description ID</b>  |
|--|--------------------------|---|
| <b>Shingrix® vaccine 1<sup>st</sup> dose</b> | <b>1326101000000105</b>  | <b>Administration of first dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)</b>  |
| <b>Shingrix® vaccine 2<sup>nd</sup> dose</b> | <b>1326111000000107</b>  | <b>Administration of second dose of vaccine product containing only Human alphaherpesvirus 3 antigen for shingles (procedure)</b> |

43. Public-facing surveillance reports are published on the Public Health Wales website:

In English

<https://public.tableau.com/app/profile/public.health.wales.vpd.and.respiratory.surveillance.group/viz/NationalandHblevelShinglesdashboard-ENGLISH/DBShinglesuptake-ENGLISH>

In Welsh:

<https://public.tableau.com/app/profile/public.health.wales.vpd.and.respiratory.surveillance.group/viz/NationalandHblevelShinglesdashboard-WELSH/DBShinglesuptake-WELSH>

44. For NHS Wales, surveillance reports are also published at primary care cluster and general practice level through the VPDP Sharepoint site:  
[https://phw-tableau.cymru.nhs.uk/#/views/GP\\_Shingles/GPShingles?.iid=1](https://phw-tableau.cymru.nhs.uk/#/views/GP_Shingles/GPShingles?.iid=1)