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MEMORANDUM

From: Emily Rose – Senior Pharmacist, Rheumatology
To: All GPs within BNSSG Clinical Commissioning Group

Date: 16th October 2013

Subject: Shingles Vaccination Program



As you will be aware, Public Health England (PHE) has recommended a universal routine herpes zoster (shingles) vaccination programme for older adults. The vaccine (Zostavax[®]) is used for the prevention of shingles and shingles related post herpetic neuralgia (PHN). Although licensed for adults > 50years¹, it is currently available on the NHS for people who were aged 70yrs (or 79years as a catch up cohort) on 1st Sep 2013. It is a live attenuated vaccine, containing a high antigen level of varicella zoster virus, and therefore has the potential to cause harm to people who have a compromised immune system, including those taking immunosuppressive therapy.

The British Society for Rheumatology (BSR) has produced a statement, to highlight the potential risk to patients with inflammatory rheumatic disease, which is based on the Department of Health's guidance for the use of Zostavax. The following recommendations have been made:

- Therapy with **low-doses** of methotrexate (<0.4 mg/Kg/week *e.g.* <28mg/week for a 70kg patient), azathioprine (<3.0 mg/Kg/day *e.g.* <210mg/day for a 70kg patient) or leflunomide (≤20mg/day), for treatment of rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis, inflammatory bowel disease, and other conditions are **not** considered sufficiently immunosuppressive and are **not** contraindications for administration of zoster vaccine^{2,4}.
- 'Low-dose' corticosteroids are also not a contra-indication ('low-dose' is not defined but doses of prednisolone 10mg daily or less in an adult would usually be considered to be low dose)³. As the guidance for prednisolone is less specific, it may be necessary to contact the Specialist Physician who will have more appropriate information (e.g. duration of treatment with steroids) to help make this clinical decision.
- The vaccine should **not** routinely be given to patients on the following immunosuppressants: cyclophosphamide², biologic cytokine modulating therapies², ciclosporin and mycophenolate.

Patients are thought to be immunocompromised until at least 6months after stopping treatment with immunosuppressants (including biologic therapies) and at least 3months after stopping corticosteroids. This is not an exhaustive list of all immunosuppressing therapies and an assessment of the balance between risks vs. benefit may require advice to be sought from a Specialist Physician. As the risk and severity of shingles is considerably higher in immunocompromised individuals, we may be recommending eligible individuals are vaccinated with Zostavax prior to starting potent immunosuppressants or biologic therapy, and will communicate this with you via the clinic letter.

Action: Please could you ensure that any patients identified as being on biologic drugs and other powerful immunosuppressants in your primary care medical records are sent the attached patient information memorandum. Please also ask practice nurses administering the Zostavax vaccine to confirm if the patient is on any immunosuppressant therapy as a screening question prior to giving the vaccine so that the GP or Specialist Physician can be contacted if there is any uncertainty as to whether the vaccine can be safely administered.

Further information is available in the Department of Health's Immunisation against infectious disease: the green book <https://www.gov.uk/government/publications/shingles-herpes-zoster-the-green-book-chapter-28a>.

References:

1. Sanofi Pasteur MSD Ltd, 2013. Summary of product characteristics: Zostavax. Available from: <http://www.medicines.org.uk/emc/medicine/25927/SPC/Zostavax/> [Accessed 16/10/13].
2. Public Health England, 2013. Immunisation against infectious disease: the green book. Available from: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book> [Accessed 16/10/13].
3. British Society for Rheumatology (BSR), 2013. Immunisation against shingles in people with inflammatory rheumatic disease. Available from: http://www.rheumatology.org.uk/includes/documents/cm_docs/2013/i/immunisation_with_zostavax_for_people_with_inflammatory_rheumatic_disease.pdf [Accessed 16/10/13].
4. Public Health England, 2013. Vaccination against shingles for adults aged 70 and 79 years of age – Q&As for healthcare professionals. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/239892/2013181_Shingles_QA_for_healthcare_professionals_final.pdf [Accessed 16/10/13].