Department of Health & Social Care

From Maria Caulfield MP
Parliamentary Under Secretary of State for Mental Health
and Women's Health Strategy at Department for Health and Social Care

Steve Brine MP
Chair of the Health and Social Care Committee
By email to: steve.brine.mp@parliament.uk

3 May 2024

Dear Steve,

Thank you for your correspondence of 23 April regarding the roll-out of the Shingles programme and how the decisions on the phased extension of the programme were made; I hope the following information is useful.

You asked about what assessment was made of the range of likely adverse outcomes manifesting because of the greater health risks faced by those aged 65-69 in the years before they are protected by the new programme.

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended that eligibility for the shingles vaccine should change to allow individuals to be protected at an earlier age, particularly those that have a weakened immune system. Based on the evidence, they recognised that there may be more clinical benefit from starting shingles vaccinations at a lower age, with modelling indicating that a greater number of cases of shingles would be prevented with vaccination at 60 years for immunocompetent individuals and 50 years for immunosuppressed individuals.

The Committee advised that routine offer should move in two stages over a 10 year period with immunisation offered to those aged 50 and over with a weakened immune system and all adults turning 65 from September 2023 as well as those aged between 70 and 79 (stage 1). From September 2028, immunisation against shingles will be offered to those turning 65 and 60 (stage 2) with immunisation offered routinely at age 60 years from September 2033. Those who have previously been eligible (during stages 1 and 2) will remain eligible until their 80th birthday.
The approach of adding the eligibility age of 65 years to the pre-existing group eligible for vaccination (70 years of age), was designed to ensure a progressive catch up which would have a manageable impact on the NHS services and teams, whilst also ensure that those eligible under the previous programme for Zostavax® received a vaccination.

This approach ensures that the new routine programme becomes rapidly established, optimises operational delivery (as the message stays the same each year) and also ensures that no one is missed.

You also asked why it is more optimal to protect the younger age group over the more-at-risk older group (and whether this was due to applying a utilitarian 'QALY' approach to the allocation of these resources).

The modelling conducted on the cost-effectiveness of Shingrix® by age concluded that the optimal age for immunisation of immunocompetent individuals was 65 years (based on the age of routine vaccination with the highest net monetary benefit) and that Shingrix® would be cost-effective at any age from 50 to 90 years in the immunocompromised.

Whilst the JCVI agreed that the modelling indicated the maximum net monetary benefit was seen at age 65, it also indicated that a greater number of cases would be prevented with vaccination at age

60. The Committee therefore recommended that the Shingles vaccination programme be changed, with Shingrix® offered routinely at the age of 60 years and that the programme should be rolled out over ten years to ensure that those aged between 60 and 70 years were also offered Shingrix®.

Effectively, vaccinating at a younger age prevents a larger number of cases occurring and therefore more QALYs gained, whilst still providing protection as individuals get older.

I hope this response assists the Committee in understanding how decisions have been made. I am aware that the decision to move to a different vaccine for shingles, with a different dose schedule and changes to eligibility has led to some concerns around the complexity of this new programme.

As with all our NHS vaccination programmes, the JCVI will continue to keep the epidemiology of shingles under review and this Government will continue to be guided by their expert, independent advice. Working with UKHSA and NHS England, the Department is committed to identifying and enacting improvements based on the latest evidence; I will keep the Committee updated as the programme progresses.

I am grateful to you and to all Committee members for your continued support in ensuring we clearly communicate the benefits of shingles vaccination to the public and encourage those who are eligible to take up the offer of immunisation.

Yours sincerely,

MARIA CAULFIELD MP