



Screening tool for contraindications for shingles vaccine.

Healthcare practitioner: This tool can be used to aid identification of patients who may be contra-indicated for shingles vaccine, which is a live vaccine. Healthcare practitioners should ensure knowledge is current via Green Book, the relevant Patient Group Direction (PGD) and NHS Education Scotland Shingles vaccine [Training Slides for Registered Healthcare Practitioners](#), [Notes for Registered Healthcare Practitioners](#) and [FAQs for Registered Healthcare Practitioners](#).

Please confirm you have picked up shingles vaccine (Zostavax) for immunising a patient who has not previously received the vaccine in the eligible age group (70, 71, 72, 73, 74, 76, 77, 78 or 79 years on 1 Sept 2017)

Zostavax® should be administered by intramuscular injection (N.B. if patients suffer from any coagulation disorder, vaccine should be administered by subcutaneous injection)

Patients: The following questions will help us determine whether you may be given the Shingles vaccine today. If you answer “yes” to any questions, it does not necessarily mean you should not be vaccinated. It just means that further questions must be asked to make sure the vaccine is suitable for you. If a question is not clear, please ask your healthcare provider to explain it.

Patient’s details:

Name:

Address:

Date of Birth: - -
DD MM YYYY

The questions below are for completion by the patient or by the Healthcare practitioner in a structured interview with the patient

1. Do you feel unwell today?	Yes	No
2. Have you had shingles or post herpetic neuralgia (nerve pain following shingles) in the past year?	Yes	No
3. Have you had a serious allergic reaction (anaphylaxis) to a previous dose of shingles or varicella (chickenpox) vaccine or any of the vaccine components including neomycin or gelatin?	Yes	No
4. Have you ever had cancer, leukaemia or lymphoma?	Yes	No
5. Have you ever had an organ or bone marrow transplant?	Yes	No
6. Do you have HIV/AIDS or any other health condition that weakens your immune system?	Yes	No
7. Do you have rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis or inflammatory bowel disease?	Yes	No
8. In the last 12 months have you taken medicine that weakens your immune system such as oral steroids, anti-cancer drugs, biological therapy, radiotherapy or chemotherapy?	Yes	No
9. Have you been treated recently with oral antivirals such as aciclovir?	Yes	No

NOTES for Healthcare practitioners

The shingles vaccine is a live attenuated vaccine. If there is any doubt to the person's suitability then do not vaccinate and seek further advice.

1. Do you feel unwell today?

Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. Immunisation of individuals who are acutely unwell should be postponed until they have recovered fully. This is to avoid confusing the diagnosis of any acute illness by wrongly attributing any sign or symptoms to the adverse effects of the vaccine.

2. Have you had shingles or post herpetic neuralgia (nerve pain following shingles) in the past year?

Zostavax® is not recommended for the treatment of shingles or post-herpetic neuralgia (PHN). Individuals with shingles or PHN should wait until symptoms have ceased before being considered for vaccination. If the individual has had shingles in the last year and they have a fully functioning immune system vaccination should be delayed for one year. Patients who have two or more episodes of shingles in one year should have immunological investigation prior to vaccination. Clinicians may wish to discuss such cases with local specialist teams.

3. Have you had a serious allergic reaction (anaphylactic) to a previous dose of shingles or varicella (chickenpox) vaccine or any of the vaccine components including neomycin or gelatin?

Anaphylaxis following vaccine is rare. The vaccine should not be given to an individual who has had a confirmed anaphylactic reaction to a previous dose of shingles or varicella vaccine or any of the vaccine components including neomycin or gelatin.

4. Have you ever had cancer, leukaemia or lymphoma?

The decision to administer Zostavax® to immunosuppressed individuals should be based on a clinical risk assessment. If the individual is under highly specialist care, and it is not possible to obtain full information on that individual's treatment history, then vaccination should not proceed until the advice of the specialist or a local immunologist has been sought.

Zostavax® should not be given to patients who:

- have primary or acquired immunodeficiency states due to conditions including: -acute and chronic leukaemias, lymphoma (including Hodgkin's lymphoma)
- remain under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma and other plasma cell dyscrasias. (N.B this list is not exhaustive)
- are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for malignant disease

Specialists with responsibility for patients in the vaccine eligible age cohorts should include a statement of their opinion on the patient's suitability for Zostavax® in their correspondence with primary care. Primary care professionals administering the vaccine may wish to discuss the patient's eligibility to receive the vaccine with the specialist prior to administration.

5. Have you ever had an organ or bone marrow transplant?

Zostavax® should not be given to:

- those who are receiving or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (depending upon the type of transplant and the immune status of the patient).
- those who have received an allogenic stem cell transplant (cells from a donor) in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease(GVHD).
- those who have received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission.

6. Do you have HIV/AIDS or any other health condition that weakens your immune system?

As Zostavax® is a live vaccine it should not be given to an individual who has immunosuppression due to HIV/AIDS or cellular immune deficiencies unless advised to do so following risk assessment by the specialist clinician caring for the patient.

7. Do you have rheumatoid arthritis, psoriasis, polymyositis, sarcoidosis or inflammatory bowel disease?

This question is included as patients may not realise that they are being treated with biological therapy, however the awareness of their condition should prompt further questions based on information in the section labelled * (Q8)

8. In the last 12 months have you taken medicine that weakens your immune system such as oral steroids, anti-cancer drugs, biological therapy, radiotherapy or chemotherapy?

Specialists with responsibility for patients in the vaccine eligible cohorts should include a statement of their opinion on the patient's suitability for Zostavax® in their correspondence with primary care. If primary healthcare professionals administering the vaccine have concerns about the nature of therapies (including biologicals) or the degree of immunosuppression they should contact the relevant specialist for advice.

Zostavax® should not be given to a patient who: Is on immunosuppressive or immunomodulating therapy including:

- those who are receiving or have received in the past 6 months immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
 - those who are receiving or have received in the past 12 months biological therapy (e.g. anti-TNF therapy such as alemtuzumab, ofatumumab and rituximab) unless otherwise directed by a specialist. (N.B. Biological therapies are sometimes called immune modulators or monoclonal antibodies. There are now many biological therapies available and generally their names end with “...mab” or “...cept”).
 - those who are receiving or have received in the past 3 months immunosuppressive therapy including:
 - o short term high-dose corticosteroids (>40mg prednisolone per day for more than 1 week)
 - o long term lower dose corticosteroids (>20mg prednisolone per day for more than 14 days)
 - o non-biological oral immune modulating drugs e.g. methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
- * Many adults with chronic inflammatory diseases (e.g. rheumatoid arthritis, inflammatory bowel disease, psoriasis, glomerulonephritis) may be on stable long term low dose corticosteroid therapy (defined as ≤20mg prednisolone per day for more than 14 days) either alone or in combination with other immunosuppressive drugs including biological and non-biological therapies. Long term stable low dose corticosteroid therapy (defined as ≤20mg prednisolone per day for more than 14 days) either alone or in combination with low dose non-biological oral immune modulating drugs (e.g. methotrexate ≤25mg per week, azathioprine ≤3.0mg/kg/ day or 6-mercaptopurine ≤1.5mg/kg/day) are not considered sufficiently immunosuppressive and these patients can receive the vaccine. Specialist advice should be sought for other treatment regimes.

Zostavax® is not contraindicated for use in individuals who are receiving topical/inhaled corticosteroids or corticosteroid replacement therapy.

9. Have you been treated recently with oral antivirals such as aciclovir?

The vaccine should not be given to an individual who is being treated with either oral or intravenous antivirals (such as aciclovir) or is within 48 hours of cessation of treatment due to the potential to lower effectiveness of the vaccine as the therapy may reduce response to the vaccine. The use of topical aciclovir is not a contraindication to vaccination.