

Scottish Vaccination and Immunisation Programme

Vaccination Programme Cohort Guidance for NHS Boards

30 September 2024

Version 1.0

Vaccination Programme	Shingles Vaccination
Dates covered by this Guidance	01 September 2024– 31 August 2025

1.0 Introduction and Purpose of Document

The purpose of this document is to supply guidance to NHS Boards regarding information for vaccination cohorts. A separate document will be supplied for each vaccination programme which relies on the creation and provision of cohorts to facilitate call and recall for vaccination. Information will include derivation of cohorts for eligible people, timings and frequency including any refreshes during programmes.

The JCVI advice included in the [Shingles Green Book chapter](#) and the [CMO letter](#) published August 2024 details the programme. This includes a vaccination offer to:

2024/25 Programme Eligibility:

Eligibility for the 2024/25 programme is as follows:

- Vaccination of those aged 50 years and over and are severely immunosuppressed (no upper age limit).
- Vaccination of 65 and 70 year olds (defined by the patient's age at 1 September 2024).
- Catch up programme for those aged 71–79 years of age who have not previously been vaccinated (defined by patient's age at 1 September 2024).
- Vaccination of those aged 18 years and over and who have received a stem cell transplant. This includes adult recipients of allogeneic transplant, autologous transplant or a CAR-T or similar therapy as part of their overall treatment plan
- Individuals aged 50 years and over anticipating immunosuppressive therapy should be assessed for vaccine eligibility before starting treatment
- Those who have been previously eligible due to their age will remain eligible until their 80th birthday. i.e. those were 65 for the last campaign and are now 66 remain eligible.

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2.0 Cohort Identification and Derivation Details

The identification of the cohorts eligible for shingles vaccination will consist of:

- age specific cohorts identified from the national CHI database.
- People who have been categorised as severely immunosuppressed have been identified from the criteria in table 1 below, which is a subset of those eligible for nMABs / anti-viral treatments.

Whilst every effort is made to correctly identify people who meet the criteria for this vaccination, it is likely there will be some identified where they are no longer considered severely immunosuppressed, and that there will be people who are eligible but are not identified through these centralised searches. Therefore, processes for local assessment of eligibility on enquiry and clinical referral will still be required.

The current methodology is under review, and we will inform you of the findings and any potential changes later this year.

Table 1

Clinical Group Description – from nMABs	Identification source and notes
B-cell Haemoproliferative Disorder	This is all Haematology cancer patients on Chemocare database since 2014 + some specific B-cell diagnoses from GP IT.
Biologic Medicine	From HEPMA / Homecare Data. (Note doesn't cover all HB areas) Prescribed in last 6 months.
Chemotherapy	On Chemocare database in last year
Immunosuppressant (Cyclophosphomide, Tacrolimus, cyclosporin, mycophenolate)	From GP IT, prescribed in last 6 months
Steroids	From GP IT, this is a complex search that aims to identify people who have received a daily dose of 20 mg or more prednisolone for 4 weeks in the previous 3 months, or equivalent dosage for other oral steroid medications.

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Clinical Group Description – from nMABs	Identification source and notes
Transplant	GP IT – Solid Organ from nMABs list (SMR01 / Blood & Transfusion Services). Includes all irrespective of whether they are taking immunosuppressant medication.
GVHD	GP IT
Primary Immunodeficiency	GP IT (May also include some patients with HIV identified directly from clinics who will mark as SIS). HIV without severity identified from GP IT but won't all be SIS. May also include identifications from Specialist clinics.
B-cell Depleting medications	From HEPMA / Homecare Data. (Note doesn't cover all HB areas) Prescribed in last 12 months.
Stem Cell Transplant	From GP IT – in last 12 months
Immunoglobulins	From HEPMA / Homecare Data. (Note doesn't cover all HB areas) Prescribed in last 6 months.
Rituximab	From HEPMA / Homecare Data. (Note doesn't cover all HB areas) Prescribed in last 6 months.
Radiotherapy	Patients aged 12 and over treated in the last 12 months, where possible with the exception of any patients who received radiotherapy for benign disease (e.g. benign brain lesions, benign thyroid cancer). Data supplied via monthly submissions from Radiotherapy centres.

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3.0 Cohort Timescales

The cohorts will be released on a quarterly basis during the programme. The shingles programme runs from 1 September annually.

Age based cohorts:

The age-based cohorts (**age as at 1 September 2024**) will be fully refreshed at each quarter, and this will identify those who have registered with a Scottish GP e.g. moved into Scotland. The board refreshed cohort files will also exclude people who have de-registered from their GP practice, moved into another health board area or moved away from Scotland. At the time of cohort creation, recent deaths will have been removed. (NHS Boards should review this status prior to scheduling).

The age range for age-based cohorts are fixed for each programme.

Patient vaccination status should be discussed with individuals as not all vaccination status data will flow from other countries into Scotland.

The most recently received age-based cohort file should be used for prospective scheduling.

For the severely immunosuppressed cohort aged ≥ 50 years, the age calculation will move forward 3 months at each quarterly refresh. At data supply to the Health Boards everyone will be aged at least 50 years old. This means that patients who have recently turned 50 years of age and who match the clinical criteria will be 'new identifications'. This also applies to those aged ≥ 50 years who have also been newly identified. This could be as they have registered with a Scottish GP e.g. moved into Scotland or newly meet the criteria of being severely immunosuppressed based on the cohort criteria above. The updated file will exclude people who may no longer meet the criteria as above. The updated file will also, as above, exclude people who have de-registered from their GP practice, moved into another health board area or moved away from Scotland.

People who were identified as severely immunosuppressed in previous ≥ 50 shingles cohort files for the 2024/2025 shingles programme but are no longer included in the updated cohort files should still be offered vaccination this programme year. This is to ensure that everyone who met the criteria of severely immunosuppressed during the programme year will receive an offer.

N.B. as the refreshed files exclude people that have moved out of the board area it is possible that they will now be included in another health board's file updated with the updated address. There is therefore a risk that both boards will schedule these people and

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the person may receive both appointments (e.g. if forwarded/sent electronically). Pre-immunisation vaccination history checks should mitigate any risk of duplicate vaccination.

NHS Boards should regularly review the updated cohorts on a quarterly basis and ensure eligible people are offered at least dose one in the programme year.

4.0 Cohort File Naming Conventions

These are the cohort names for the September 2024 to August 2025 phase.

Cohort	cohort_reporting_label	cohort_phase
AGE_65_SHINGLES	Age 65 Shingles	Sept24_Aug25
AGE_70_SHINGLES	Age 70 Shingles	Sept24_Aug25
AGE_66_SHINGLES	Age 66 Shingles	Sept24_Aug25
AGE_71_TO_79_SHINGLES	Age 71-79 Shingles	Sept24_Aug25
AGE_OVER_50_SEVERELY_IMMUNO_SU PP	Age 50 and over Severely Immunosuppressed Shingles	Sept24_Aug25

5.0 Cohort Specifics including Dates of Birth and Age details

Age based cohort Date of Birth ranges are fixed for the cohort phase Sept24_Aug25.

The AGE_OVER_50_SEVERELY_IMMUNO_SUPP age range moves forward 3 months at every quarterly refresh.

cohort phase Sept24_Aug25

Cohort	Date of Birth Range
AGE_65_SHINGLES	02/09/1958 to 01/09/1959
AGE_70_SHINGLES	02/09/1953 to 01/09/1954
AGE_66_SHINGLES	02/09/1957 to 01/09/1958
AGE_71_TO_79_SHINGLES	02/09/1944 to 01/09/1953
AGE_OVER_50_SEVERELY_IMMUNO_SUPP	<=30/09/1974

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Cohort Release dates for Sept24_Aug25 are:

30th September 2024.

23rd December 2024

31st March 2025

30th June 2025.

6.0 Cohort Size(s)

Summary of Shingles Cohorts loaded on 30/09/2024 by NHS Board of Residence.

<u>cohort health board residence</u>	<u>cohort</u>				
	<u>>=50 SIS</u>	<u>65</u>	<u>66</u>	<u>70</u>	<u>71 to 79</u>
NHS Ayrshire & Arran	6,410	5,814	5,562	4,788	37,848
NHS Borders	2,335	1,851	1,856	1,673	13,261
NHS Dumfries & Galloway	2,996	2,488	2,327	2,088	17,089
NHS Fife	5,808	5,408	5,046	4,420	35,055
NHS Forth Valley	4,838	4,095	3,885	3,300	26,639
NHS Grampian	8,553	7,719	7,563	6,475	49,588
NHS Greater Glasgow & Clyde	18,542	15,666	14,718	11,975	84,105
NHS Highland	6,050	5,114	4,980	4,406	34,327
NHS Lanarkshire	10,115	9,189	8,848	7,426	53,944
NHS Lothian	13,105	10,841	10,373	8,699	67,407
NHS Orkney	356	360	319	288	2,292
NHS Shetland	323	290	292	247	2,131
NHS Tayside	6,013	6,002	5,690	4,837	39,566
NHS Western Isles	554	437	392	364	2,862

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7.0 Surveillance and Reporting

Public reporting dashboards for Shingles are available online.

<https://scotland.shinyapps.io/phs-vaccination-surveillance/>

Management reporting of Shingles will be available in 2025 via the PHS Discovery dashboarding tool. NHS Board colleagues will be notified when this becomes live. Discovery access can be requested via this link.

<https://publichealthscotland.scot/services/discovery/overview/what-is-discovery/>

8.0 Local Identification

As indicated in section 2.0 of this document, local identification of eligible people who are not included in the cohort files may occur and Boards should utilise the pathways / processes which are in place locally for this purpose. Boards are asked to ensure that clinicians in primary and secondary care are made aware of the referral process that they can utilise, should they have a patient who requires a vaccine and who has not been identified via the cohort mechanism. A referral form template for this purpose can be supplied to Boards for use as part of their local processes.

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