BHIVA position statement on shingles vaccine for people living with HIV

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Please note, the BHIVA vaccine guidelines are currently being updated. This statement will be removed once they are published.

Background

There is a national programme for shingles vaccination that has been expanded recently to younger ages. We have developed this statement for the following reasons:

- There are some differences between the Green Book and BHIVA vaccine guidelines recommendations.
- Although Shingrix, a recombinant shingles vaccine, will replace Zostavax, a live attenuated vaccine, Zostavax is still in use.
- Some people living with HIV are being offered a shingles vaccine below the age of 65 when they do not need one.

BHIVA vaccine guidelines and Green Book recommendations

The 2015 BHIVA vaccine guidelines (which, at the time of writing, are in the process of being updated) were developed when only Zostavax was available, and give the following recommendations related to shingles vaccination:

- VZV IgG testing if there is a negative or uncertain history of chickenpox or shingles [Grade 1B].
- Two doses of chickenpox vaccine (Varivax) 3 months' apart for VZV IgG-seronegative people with a CD4 cell count >200 cells/mm^3 and preferably established on ART [Grade 1B] with VZV IgG testing 4–6 weeks after the second vaccine dose [GPP].
- One dose of shingles vaccine in line with national age-related indications for VZV IgG-positive people with a CD4 count >200 cells/mm^3 and preferably established on ART [Grade 1B].

The rationale for offering chickenpox vaccination first to people who are not VZV immune is that the dose of Zostavax is significantly higher than that of the live attenuated varicella vaccine (Varivax). Current BHIVA vaccine guidelines give no specific recommendations for people with severe immunosuppression and recommend only age-based shingles vaccination.

Green Book recommendations are based on age, with shingles vaccination recommended for:

- Anyone aged 70–79 years.
- Anyone aged 65 years if they reached 65 on or after 1 September 2023 (which means that anyone who turned 65 before this date is not eligible until they reach 70 years of age).

- Anyone aged 50 years or older with severe immunosuppression.

The following issues have emerged due to lack of consistency and/or understanding of the guidelines:

- Although the Green Book specifies that people with severe immunosuppression (which includes people living with HIV with a CD4 count <200 cells/mm^3) should be offered Shingrix, not Zostavax, there are no specific recommendations for people living with HIV and higher CD4 counts. There is therefore a risk that people living with HIV may be offered Zostavax when they are not VZV-immune, which is not consistent with BHIVA advice.
- People living with HIV aged over 50 who are virally suppressed with a CD4 count >200 cells/mm^3 are being offered shingles vaccination as they are assumed to be severely immunosuppressed. Vaccination in this scenario is unnecessary, particularly in the light of shingles vaccine shortages.

BHIVA recommendations

- All people living with HIV in need of a shingles vaccine should be offered Shingrix based on better efficacy and safety than Zostavax. Using Shingrix routinely avoids the caveats associated with Zostavax use.

Sharing of information

We suggest that clinics provide clear, accessible information to their patients and include information about shingles vaccination in communication to GPs.

An example patient information leaflet is provided (Appendix 1).

Appendix 1. Example patient information leaflet

What is shingles?

Shingles (herpes zoster) is caused by the chickenpox virus (also called varicella zoster virus or VZV). VZV stays sleeping in the body of anyone who has had chickenpox in the past. In some people, it can reactivate, or reawaken, causing shingles. Typically, this causes a rash, with redness, blisters and pain/tingling on a patch of skin. It usually gets better, but some people are left with long-term pain which is called post-herpetic neuralgia or PHN.

Shingles is more common in people whose immune systems are weakened by other conditions or treatments, such a chemotherapy. Everyone experiences a decline in their immune system with older age. This is one of the main risk factors for shingles. PHN is more common at older ages. This is why the national vaccine programme focuses on people aged 65 and older.

Can shingles be passed on to other people?

People who are already VZV-immune, because they have been vaccinated or because they have had chickenpox in the past, cannot get the virus from someone with shingles. People who are not VZV-immune could acquire the virus from someone with shingles; this would result in them getting chickenpox.

If you have shingles, you should avoid contact with anyone not VZV-immune and ensure any affected areas are covered; try to avoid people with severely damaged immune systems (for example some people on chemotherapy for cancer), pregnant women who have not had chickenpox and very young babies (less than 1 month old).

Do I need a shingles vaccine?

Most people living with HIV require a shingles vaccine only when they meet the relevant age cut-off:

- All people aged 70–79 years of age; once you are 80 or older you are no longer eligible as there is not enough evidence of benefit.
- Anyone turning 65 years of age on or after 1 September 2023; if you turned 65 before this date you need to wait until you are 70 years old.

This may seem complicated but is designed to gradually extend the age group of people who are eligible for vaccines to avoid overwhelming the system.

Some people living with HIV require a shingles vaccine from the age of 50. This includes:

- People with a CD4 count less than 200 cells/mm^3.
- People with another condition or receiving treatment that affects their immune system (e.g. some cancer treatments), regardless of their CD4 count.

Is the shingles vaccine safe?

There are two types of shingles vaccine:

- Shingrix: a non-live vaccine.
- Zostavax: a live vaccine.

Both are safe when used correctly. Live vaccines should usually not be used in people living with HIV if their CD4 count is less than 200 cells/mm^3. Some live vaccines, such as BCG (a tuberculosis vaccine), should not be used in anyone with HIV regardless of their CD4 count.

If your CD4 count is less than 200 cells/mm^3 you should only receive Shingrix.

If your CD4 count is more than 200 cells/mm^3 you can receive either type of shingles vaccine. We recommend Shingrix as it is more effective. It can be given whether or not you are VZV-immune.

Zostavax should only be given if you know you are VZV-immune, either because you have already had chickenpox or because you have had a chickenpox vaccine in the past. Your HIV clinic or GP can check if you are not sure.

- If you know you are VZV-immune: Zostavax is safe.
- If you are not sure: your VZV immunity can be checked.
- If you are not VZV-immune: you should receive Shingrix, not Zostavax. If Shingrix is not available, you will need to have two doses of the chickenpox vaccine (Varivax). This will make you VZV-immune, so that you can then receive Zostavax. The chickenpox vaccine is similar to Zostavax but with much lower levels of live virus, and is safe to use as long as your CD4 count is greater than 200 cells/mm^3.