

Immunization for Protection Against Shingles

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Description of Shingles Vaccines

The Shingrix vaccine will be utilized for protection against Herpes Zoster in eligible adult populations. Herpes Zoster is caused by reactivation of a previous varicella zoster virus infection.

Shingrix is a non-live vaccine of lyophilized powder requiring reconstitution. Each dose of shingles vaccine contains 50mcg of varicella zoster virus.

Additional information:

- Search product monograph on [Drug Product Database online query \(canada.ca\)](https://drugproductdatabaseonlinequery.canada.ca/)
- See Canadian Immunization Guide [Content of Immunizing Agents Available for Use in Canada](#) for product content information.

Shingles Vaccine Administration

Dose: 0.5 ml

Route: Intramuscular (IM)

Site: Deltoid muscle is the preferred injection site for eligible individuals.

Vaccine Series Completion

Shingrix is a 2-dose vaccine for series completion. Ideally, vaccine doses should be administered 6 months apart, but can be administered 2-6 months apart, if needed.

Concurrent Administration:

Shingles vaccine can be given concurrently with, or any time before or after other inactivated or live vaccines for other pathogens.

If the individual is eligible for both varicella vaccine and shingles vaccine, **the varicella vaccine series should be completed before the shingles vaccine series is started. The last dose of varicella vaccine should be at least 8 weeks prior to the shingles vaccine series.**

The individual's clinical situation should be considered such as the timing of vaccination and timing of solid organ or hematopoietic stem cell transplantation. Refer to the individuals specialist recommendations as well as the recommendations outlined in the [Canadian Immunization Guide](#) for more information.

Storage and Handling:

Refer to [Storage and Handling of Immunizing Agents](#) for recommendations for shingles vaccines

Shingles Vaccine Eligibility Policy

The provincial immunization program provides shingles vaccine free of charge based on the following eligibility criteria and roll out dates:

Starting September 1, 2025:

1. Adults 50 years of age and older
2. Individuals 18-49 years of age with [immunocompromising conditions](#), including:
 - Primary immunodeficiencies affecting innate, humoral, and T cell-mediated immunity
 - HSCT
 - SOT
 - Hematological malignancies
 - Solid tumour malignancies on immunosuppressive treatment
 - HIV infection
 - Chronic or ongoing immunosuppressive therapy:
 - Immunosuppressive chemotherapy
 - Immunosuppressive radiation therapy
 - Calcineurin inhibitors
 - Cytotoxic medications
 - Anti-metabolites
 - Immune effector cell therapies (e.g., CAR T cell therapy)
 - Biological response modifiers, targeted therapies and antibodies that target lymphocytes and immune pathways (e.g., anti-CD20, anti-TNF1 α , JAK inhibitors, etc.)
 - Long-term, high-dose systemic corticosteroids (prednisone equivalent of ≥ 2 mg/kg/day, or 20 mg/day if weight >10 kg, for ≥ 14 days)

Screening Guidelines for Adults

See [section 1.5](#) of the Provincial Immunization manual for additional screening information.

Screening Questions

- Has the individual had an anaphylactic reaction to a previous dose of the vaccine?

Yes: Determine the nature and severity of the reaction. Shingles vaccine is contraindicated in persons with a history of anaphylaxis after previous administration of the vaccine and in persons with proven immediate or anaphylactic hypersensitivity to any component of the vaccine. If required defer immunization and complete an AEFI report for MOH/designate consult

- Is the individual allergic to any component of the vaccine, as listed in the product monograph?

Yes: Defer immunization and consult with the MOH/designate as needed. It may be necessary to immunize in a controlled setting.

- Does the individual have a moderate to severe illness, with or without a fever?

Yes: Defer immunization with vaccine until the individual is well.

- Are there additional considerations for individuals that are immunocompromised?

Immunosuppressive therapy leading to immunodeficiency should be a consideration when receiving protection from shingles. Shingles vaccine should be administered at least 14 days prior to initiation of immunosuppressive treatment.

- Are there alternate vaccine schedules that can be utilized to complete the shingles vaccine series?

Ideally, two doses of shingles vaccine should be administered 6 months apart but can be administered 2-12 months apart. Two doses of shingles vaccine are needed to ensure long-lasting protection against disease.

Not Contraindications

- Mild illness
- Child is on an antibiotic
- Coagulation disorder (use appropriate gauge needle and apply firm pressure for at least two minutes post administration of immunization)

Contraindications

- Anaphylaxis to a previous dose of shingles vaccine or to any of the components of the vaccine
- Acute moderate to severe illness with or without a fever