Pharmacy First: Shingles

NICE CKS Shingles | NHS England Pharmacy First PGDs 2a/2b v1.1 (Oct 2025)

REFER NOW: Red Flags

- ☐ Hutchinson's sign (tip/side/root of nose), visual symptoms, or unexplained red eye: A&E immediately (ophthalmic shingles)
- ☐ Head or neck shingles (scalp, face, neck): excluded v1.1. No ophthalmic/neuro/systemic features: urgent GP. With red flags: A&E immediately.
- ☐ Facial nerve palsy with ear pain or vesicles in ear (Ramsay Hunt syndrome): A&E urgently
- ☐ Meningitis, encephalitis, or myelitis: A&E urgently
- ☐ Severely immunosuppressed, or immunosuppressed with widespread rash or systemic illness: A&E urgently
- ☐ Pregnancy: refer to GP urgently. Breastfeeding with sores on the breast: refer to GP/prescriber.

Sepsis: call 999. Systemically unwell, no sepsis features: urgent GP/prescriber referral. Outside 7-day window: refer to GP.

Treatment Windows (from rash onset, not symptom onset)

Window	Time from rash	Any one criterion required
Window 1 (PGD 2a or 2b)	Within 72 hours	Non-truncal (limbs/perineum) OR moderate-severe pain OR confluent rash OR age over 50
Window 2 (PGD 2a or 2b)	Within 7 days	Continued vesicle formation OR severe pain OR severe eczema/high risk OR age 70 and over
Non-severely immunosuppressed	Within 7 days	Valaciclovir PGD 2b only. Rash not widespread/severe. Systemically well.

Aciclovir PGD 2a vs Valaciclovir PGD 2b

Antiviral	Dose	When to use
Aciclovir (PGD 2a)	800mg five times daily for 7 days	Standard pathway. Excluded if eGFR below 30.
Valaciclovir (PGD 2b)	1g three times daily for 7 days	Only where aciclovir excluded: carer-assisted, 8+ medicines, or non-severe immunosuppression. Excluded if eGFR below 60. DRESS risk: do not restart if occurs.

CHECK: Before Supplying

- ☐ Informed consent obtained and documented.
- ☐ Age 18 and over. Treatment window confirmed (rash onset date established).
- ☐ Rash site: truncal or non-truncal confirmed. Head/neck excluded (v1.1).
- ☐ Any underlying neurological condition: excluded from both PGDs. Refer to GP/prescriber.
- ☐ Renal function: eGFR confirmed (below 30 excludes aciclovir; below 60 excludes valaciclovir).
- ☐ Drug interactions: ciclosporin, tacrolimus, mycophenolate, aminophylline, theophylline (must not supply under either PGD).
- ☐ Nephrotoxic drugs (ACE inhibitors, ARBs, diuretics, NSAIDs, metformin, tenofovir): caution, advise hydration.
- ☐ Not on long-term aciclovir/valaciclovir prophylaxis. No hypersensitivity to aciclovir, valaciclovir, or excipients.
- ☐ Can swallow tablets/dispersible tablets and maintain adequate fluid intake (unable to: excluded).
- ☐ Breastfeeding: no shingles sores on breast(s) confirmed.
- ☐ Failed aciclovir or valaciclovir for this episode: excluded from both PGDs. Refer to GP.

Counselling and safety netting: Complete the 7-day course even if improving. Aciclovir: every 4 hours during waking hours (5 doses over 16 hours). Maintain adequate fluid intake, especially older adults. No topical creams or adhesive dressings on the rash. Pain not controlled by OTC analgesia: refer urgently to GP/prescriber. Seek advice if new vesicles forming after 7 days of treatment or healing delayed. Infectious until all vesicles crusted (usually 5 to 7 days). Avoid pregnant individuals, immunosuppressed individuals, and babies under 1 month. After recovery: discuss shingles vaccine with GP.

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