

Building a Shingles Atlas for Adult Vaccination (SAAV)

Executive Summary

July 2024

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Shingles, a vaccine-preventable disease (VPD) also known as herpes zoster, significantly impacts functional ability and quality of life. This disease is characterized by a painful rash that lasts over a few weeks caused by reactivation of the varicella zoster virus (VZV), which is the virus that causes chickenpox.^(1,2) Older adults are at the greatest risk of shingles, with the highest burden in those aged 50 years and over.^(2,3) This reactivation of VZV usually occurs decades after the initial infection due to waning immune responses. Alongside the rapidly ageing global population, shingles will continue to affect those most at risk of VPDs. While vaccination is effective in the prevention and easing of shingles' symptoms, its perceived value and uptake are terribly low worldwide.

Shingles vaccination is a key public health initiative that has proven effectiveness in preventing and reducing the severity of the disease, however there is a gap in awareness and uptake of shingles vaccination amongst older adults. A previous study from the International Federation on Ageing (IFA) has shown that in Europe, national immunisation programs lack comprehensive inclusion of shingles vaccination.⁽²⁾ Shingles vaccination remains poorly integrated within immunisation policies across European countries despite the widespread availability of knowledge on the benefits of this vaccine. Even when shingles vaccination is included in national programs, the data on coverage rates is often inadequate or missing.⁽²⁾

To address the gaps in shingles vaccination policies and programs, the IFA launched its [Shingles Atlas for Adult Vaccination \(SAAV\)](#), an interactive map with a repository of information that has been developed to showcase and address gaps at a country-level.⁽⁴⁾ The SAAV highlights the status of shingles and vaccination in 36 countries looking across eight categories, including national vaccine recommendations process, shingles vaccine recommendations and schedules, funding for the shingles vaccine, vaccination coverage rates, monitoring mechanisms for vaccination coverage, prevalence of shingles, pathways to receive shingles vaccination, and associated barriers. The SAAV has been designed so that policy makers and key stakeholders can easily access data to inform policy gaps and improvements in national vaccination strategies for shingles.

Overarching findings across the 36 countries included in the SAAV are presented below in Table 1. 78% of the countries evaluated have recommendations for shingles vaccination, where the country's National Immunization Technical Advisory Groups (NITAG) or governmental bodies have made official recommendations for certain age and risk groups. Despite these recommendations, shingles vaccination is not always included in a country's National Immunisation Program (NIP) or funded. There remains a lack of policies to support vaccination uptake. For example, only 11% of countries include shingles vaccination in their NIPs and only 33% of countries provide funding for the shingles vaccine.

Additionally, only 11% of countries have collected data on shingles vaccination coverage, and limited countries (14%) have indicated a monitoring mechanism specifically for shingles vaccination, while only 28% of countries have collected data on shingles burden. These findings emphasize the lack of prioritization of shingles vaccination in national disease prevention strategies.⁽⁴⁾

Although immunisation protects against the severe symptoms and complications from shingles disease and helps preserve functional ability and quality of life, vaccine uptake rates are alarmingly low. Adult immunisation schedules and national programs rarely include fully funded shingles vaccination recommendations for at-risk populations and often do not support a health prevention

approach, which ensures promotion of healthy ageing and broadly benefits health and social systems. There is a need to improve the lack of policy, communication, awareness, and accessible coverage data on shingles vaccination in order to improve uptake rates.

The SAAV supports ongoing work towards improving shingles vaccination policy across the world with the goal of improving shingles vaccination uptake and helping to enhance the health and well-being of older adults. IFA calls upon countries to make prompt changes and improve shingles vaccination policies and programs that support shingles disease prevention amongst older and at-risk adults.

Table 1. Overarching Findings from the SAAV. 6 of the 8 categories that were evaluated for each of the 36 countries are shown here to demonstrate key findings. Green blocks indicate that policies or programs are present while red blocks represent the absence of policies or programs for that category.

Country	Categories					
	Vaccination Recommended	Shingles in NIP	Shingles Funding	Data Collection	Monitoring Mechanisms	Shingles Burden Data
Argentina	■	■	■	■	■	■
Australia	■	■	■	■	■	■
Austria	■	■	■	■	■	■
Belgium	■	■	■	■	■	■
Brazil	■	■	■	■	■	■
Canada	■	■	■	■	■	■
China	■	■	■	■	■	■
Czech Republic	■	■	■	■	■	■
Denmark	■	■	■	■	■	■
Finland	■	■	■	■	■	■
France	■	■	■	■	■	■
Germany	■	■	■	■	■	■
Greece	■	■	■	■	■	■
Hong Kong	■	■	■	■	■	■
India	■	■	■	■	■	■
Ireland	■	■	■	■	■	■
Italy	■	■	■	■	■	■
Japan	■	■	■	■	■	■
KSA	■	■	■	■	■	■
Luxembourg	■	■	■	■	■	■
Mexico	■	■	■	■	■	■
Netherlands	■	■	■	■	■	■
New Zealand	■	■	■	■	■	■
Norway	■	■	■	■	■	■
Philippines	■	■	■	■	■	■
Poland	■	■	■	■	■	■
Portugal	■	■	■	■	■	■
South Korea	■	■	■	■	■	■
Singapore	■	■	■	■	■	■
Spain	■	■	■	■	■	■
Sweden	■	■	■	■	■	■
Switzerland	■	■	■	■	■	■
Taiwan	■	■	■	■	■	■
UAE	■	■	■	■	■	■
UK	■	■	■	■	■	■
USA	■	■	■	■	■	■

KSA: Kingdom of Saudi Arabia, UAE: United Arab Emirates, UK: United Kingdom, USA: United States of America.

References

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