Shingles Matters- Driving Provincial Policy in Canada

British Columbia Policy Brief

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Background

Canada has a rapidly ageing population—people 65+ are projected to make up 22.7% of the Canadian population by the year 2040 (1). As individuals age, their immune systems weaken, making older adults more susceptible to infectious diseases, which is termed immunosenescence (2). Additionally, there is a higher likelihood of developing chronic comorbid conditions. Vaccination helps prevent disease and reduces the risk of serious complications, improving overall quality of life. Vaccination is especially important to the health of older adults, as immunization promotes healthy ageing and continued maintenance of function into later life, ensuring continued contribution to society while simultaneously reducing the demand on health and social systems.

As the population ages and becomes more vulnerable to vaccine-preventable diseases (VPDs), the importance of immunization becomes increasingly paramount. Prioritizing vaccination against diseases that disproportionately impact older adults, such as shingles (herpes zoster), is crucial to protecting Canada's ageing population and workforce and minimizing the strain on already overburdened health systems. However, despite the proven benefits of funding shingles vaccinations, only 5 of the 13 provinces and territories (P/Ts) provide full or partial funding for older adults to receive immunization against shingles (3).

British Columbia (BC) Demographics

Older adults (65+) account for 19.8% of British Columbia's (BC) population (4). Within BC's older adult population, 14.0% of women reside in nursing homes, while 9.9% live in senior residences. In addition, 10.7% of men reside in nursing homes, while 7.8% live in senior residences (5).

Non-communicable diseases (NCDs) continue to pose a serious health challenge for older adults in BC, with prevalence rates increasing significantly with age. Among individuals aged 65 to 79, the prevalence of high blood pressure (hypertension) is 5,109 per 100,000, rising to 7,585 per 100,000 among those aged 80 and older. Diabetes affects 1,677 per 100,000 individuals in the 65–79 age group, with a slightly lower prevalence of 1,361 per 100,000 among those aged 80 and over. In contrast, the burden of chronic obstructive pulmonary disease (COPD) increases with age, affecting 988 per 100,000 in the 65–79 cohort and 1,425 per 100,000 in those aged 80 and above (6). These figures reflect the growing impact of chronic diseases in ageing populations and highlight the need for tailored public health interventions and healthcare planning to manage and reduce the burden of NCDs among older adults in BC.

Introduction to Shingles

Shingles is a common viral infection of the nerves, resulting in a painful blister-like rash or small blisters on a section or sections of the skin. Intense or sharp pain, along with tingling or itching, are common symptoms of the infection (7,8). The discomfort caused by shingles may impact an individual's mobility and ability to engage in everyday life or work. A 2022 systematic review found that a lower quality of life was reported among those impacted by shingles (9).

While most cases of shingles last 3 to 5 weeks, some infections can last for months or years. Serious long-term complications include prolonged nerve pain (postherpetic neuralgia), vision loss, infection of the rash or lungs, and in rare cases, death (10). While most cases resolve within weeks, older adults are more likely to experience severe outcomes due to age-related immune decline.

Additionally, contracting shingles does not guarantee lasting immunity; approximately 10% of individuals experience a recurrence within the first decade following their initial episode (11). In January 2025, the IFA lead interviews inquiring into Canadians' experiences with shingles. When reflecting on the impact of shingles, Dr. Olive Bryanton—a postdoctoral researcher in ageing studies—shared that "for the people I

know who have shingles, they are constantly facing a recurrence, and I think it's as bad as the original time they had it."

In BC, older adults make up a considerable amount of the population, with a significant portion residing in nursing homes or long-term care facilities—settings where individuals often face limited mobility and multiple health conditions. As mentioned previously, chronic diseases such as hypertension, diabetes, and COPD are prevalent in this age group, further increasing vulnerability to shingles and its complications. These intersecting demographic and health factors highlight the urgent need to prioritize shingles vaccination as a preventative measure to reduce the healthcare burden and protect high-risk populations.

Burden of Shingles in BC

Approximately one-third of Canadians will develop shingles in their lifetime (12). Further, people over 50 have a higher incidence rate and experience greater severity of shingles—2 out of 3 cases occur in this age group (8).

Given the lack of infrastructure dedicated to preventing and monitoring shingles in BC, available data is limited and largely outdated. A 2016 population-based retrospective cohort study (using data collected from 1997 to 2012) reported the following age-segregated incidence rates of shingles in BC (13):

Age	**Incidence**
30-39	24,999 (10.5%)
40-49	31,520 (13.2%)
50-59	41,583 (17.5%)
60-69	39,973 (16.8%)
70-79	34,283 (14.4%)
80+	22,976 (9.6%)

It is estimated that 130, 000 Canadians will experience shingles annually; half of these cases occur among Canadians aged 50 and older and these individuals are more likely to experience complications from the disease (12). The data suggests that shingles is not a niche concern but a widespread health issue that disproportionately affects older adults. Yet public awareness remains limited, especially among older adults, who are most at risk.

The same study found that while hospital admissions for shingles declined slightly over the study period, the cost of treating hospitalized cases rose significantly. At the same time, both the number and cost of general practitioner (GP) visits increased steadily. These trends suggest that more complex shingles cases are now being treated in hospitals, while less severe cases are increasingly managed in outpatient settings—contributing to rising overall treatment costs despite fewer hospitalizations. The average age of hospitalized patients was 73; 82.9% of cases were 60+ years old (13).

As of 2012, the annual cost of hospitalizing patients with shingles was estimated at approximately $4.9 million, significantly higher than the $537,286 spent annually on general practitioner (GP) visits. A more

recent report (2022) by the National Institute on Ageing (NIA) estimates that shingles cases cost the Canadian healthcare system between $67 to $82 million annually (14).

Government investment into publicly funded vaccination programs and infrastructure has proven to yield economic benefits. According to the Adult Vaccine Alliance (AVA), every one dollar spent on adult vaccination generates a 341% return in combined health and economic benefits (15). Moreover, investment into adult immunization delivers significant economic value to Canada, currently saving more than $2.5 billion each year by reducing avoidable health care costs and preventing losses in workforce productivity (16).

BC Shingles Vaccination Guidelines

The Public Health Association of BC (HealthLinkBC as of March 31, 2025) recommends shingles vaccination for adults 50+ (17).

ImmunizeBC's website does not highlight the groups most at risk of developing shingles, raising concerns about the effectiveness of public health messaging and the extent to which awareness efforts are tailored to protect these populations—particularly older adults, caregivers, and professionals who support them. However, several groups are recognized as being the most at risk of serious complications: older adults, individuals with weakened/compromised immune systems (associated with medical conditions such as certain cancers and HIV), and individuals who take immune-suppressant drugs (12,18).

There is currently a 32.9% coverage rate of shingles vaccination in BC amongst adults aged 18 to 64 years with at least 1 chronic health condition and all adults aged 65 and older. This is very low coverage, compared to the coverage in P/Ts with more robust funding programs, such as the Northwest Territories (56.8%), Prince Edward Island (47.6%), and Ontario (47.3%) (19).

Shingles Funding in BC

The shingles vaccine is not publicly funded in BC, with the exception of First Nations Elders (60+), who may receive the vaccine free of charge. These vaccines are available for purchase year-round at most pharmacies and travel clinics (12,17).

While some insurance plans may cover the cost of vaccination against shingles, which is ~$150 per dose, the cost of the vaccine has been flagged as a potential barrier for some adults to be immunized (20). Despite the cost, those who can afford the vaccine independently generally consider it a worthwhile investment. Ken and Jan How, vaccine recipients, assert that "the cost was surprising, but knowing the painful alternative, it was worth it. We encourage everyone to get their shot." Unfortunately, the cost remains a significant barrier, rendering the vaccine inaccessible for many.

Call to Action

As an organization that aims to support vaccination for all as a means of fostering healthy ageing, the International Federation in Ageing (IFA) echoes calls from civil society organizations and patient groups for P/T funding to provide vaccination free of cost for eligible adults 50+. The coverage of these vaccinations will help to protect older adults from pain and possible complications of shingles, while simultaneously helping to reduce healthcare strain and cost.

Notably, in March 2025, Newfoundland and Labrador announced an ambitious expansion of their shingles immunization program. Beginning June 1, the province will offer the shingles vaccine to all residents aged 65 and older and immunocompromised individuals aged 50–64. A full rollout to all adults aged 50+ is scheduled for September 2025, aligning Newfoundland's program with Prince Edward Island's universal model—the most comprehensive in Canada (30). This national momentum

demonstrates growing recognition among provincial governments of the vaccine's critical value in preventing pain, complications, and healthcare costs. BC ought to capitalize on this momentum and not fall behind. Broadening eligibility and delivering on pharmacy-based rollout will help close remaining access gaps.

Moreover, upon reflection of the limited and outdated information available, the IFA calls for improved surveillance and data collection of shingles cases and the broader ramifications of the disease on P/T healthcare systems. Investment into data collection infrastructure will help to identify gaps in prevention/care and to inform best practices.

Conclusion

As British Columbia's population continues to age, the burden of vaccine-preventable diseases like shingles is expected to rise—particularly among individuals with existing chronic conditions. Despite strong recommendations for vaccination, lack of public funding and limited surveillance hinder efforts to protect older adults from the significant pain, complications, and healthcare costs associated with shingles. The economic impact, already estimated at millions annually, underscores the need for urgent action.

Publicly funding the shingles vaccine for adults aged 50 and older would not only support healthy ageing and reduce healthcare costs but also align with broader goals of equity and preventative care. Additionally, investing in more comprehensive and up-to-date data collection is essential to inform effective policy and ensure the health system can respond to the evolving needs of BC's ageing population.

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