Shingles Matters- Driving Provincial Policy in Canada

Ontario 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, a phenomenon known as immunosenescence (2). Additionally, there is a higher likelihood of developing chronic comorbid conditions. 1 in 3 Canadians over the age of 65 live with at least two common chronic conditions, a figure that rises to 1 in 2 Canadians aged 85 and older (3). Being vaccinated helps prevent disease and reduces the risk of serious complications, improving overall quality of life and wellbeing. Immunization plays a critical role in safeguarding the health of older adults by promoting healthy ageing, preserving functional ability into later life, and alleviating pressure on health and social care systems.

The lifetime risk of herpes zoster (shingles) in the general population is approximately 1 in 3, increasing sharply after the age of 50 to an approximate lifetime risk of 1 in 2 by age 85 (4). Additionally, many common chronic conditions can increase an individual's susceptibility to herpes zoster, and an episode of herpes zoster can further complicate underlying health issues (5,6).

In Canada, the responsibility for immunization practice and policy is shared between federal, provincial, and territorial (F/P/T) governments. As such, immunization policy is tailored to the specific needs and economies of each jurisdiction (7), resulting in variable coverage of vaccines such as shingles across the country. 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, 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 4 of the 13 P/Ts currently provide full or partial funding for older adults to receive immunization against shingles (8).

Ontario Demographics

Older adults (65+) account for 18.3% of Ontario’s population (9). Within Ontario’s older adult population, 37.7% of women reside in nursing homes, while 24.4% live in senior residences. In addition, 40.4% of men reside in nursing homes, while 20.9% live in senior residences (10).

Non-communicable diseases (NCDs) continue to pose a serious health challenge for older adults in Ontario, with prevalence rates increasing significantly with age. Among individuals aged 65 to 79, the prevalence of high blood pressure (hypertension) is 4,589 per 100,000, rising to 6,796 per 100,000 among those aged 80 and older. Diabetes affects 1,798 per 100,000 individuals in the 65–79 age group, with a slightly lower prevalence of 1,418 per 100,000 among those aged 80 and over. In contrast, the burden of chronic obstructive pulmonary disease (COPD) increases with age, affecting 863 per 100,000 in the 65–79 cohort and 1,152 per 100,000 in those aged 80 and above (11). 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 Ontario.

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(s) of the skin. Intense or sharp pain, along with tingling or itching, are common symptoms of the infection (12,13). 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 (14).

While most cases of shingles only 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, infections of the rash or lungs, and in rare cases, death (15). 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 (16). Reflecting on this reality, Dr. Olive Bryanton—a postdoctoral researcher in ageing studies—shares 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 Ontario, 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 Ontario

Approximately one-third of Canadians will develop shingles in their lifetime (17). 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 (13).

Given the lack of infrastructure dedicated to preventing and monitoring shingles in Ontario, available data is limited and largely outdated. A 2021 population-based retrospective cohort study (using data collected from 2002-2016) reported the following age-segregated incidence rates of shingles in Ontario(18):

Age	**Incidence**
60-69	40,324 (24.8%)
70-79	71,835 (44.2%)
80+	50,348 (31.0%)

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 (17). 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.

A study from British Columbia 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 (19).

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 (20).

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(21). 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 (22).

Ontario's Shingles Vaccination Guidelines

The Ontario Ministry of Health recommends shingles vaccination for adults 50+ (23–25).

The Ministry recognizes several groups 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) (26).

It is important to note that despite the province's public funding for shingles vaccination among adults aged 65 to 70, gaps remain in equitable access. An estimated 1 in 10 Ontarians currently lacks a primary care physician, creating challenges for individuals navigating the vaccination system. Although the Ontario government committed in 2024 to expand shingles vaccine access through pharmacies—where many Ontarians already receive other adult immunizations—implementation timelines remain uncertain(27). Accelerating this shift could eliminate barriers, particularly for those without a family doctor, and ease the burden on the primary care system.

There is currently a 32.9% coverage rate of shingles vaccination in Ontario amongst adults aged 18 to 64 years with at least 1 chronic health condition and all adults aged 65 and older.

Shingles Funding in Ontario

The shingles vaccine is funded for adults between the ages of 65 and 70 years old, and those who have not received any publicly funded shingles vaccine or have previously paid for a dose of the Zostavax® II vaccine(26).

While some individuals may have insurance plans that cover the cost of the shingles vaccine outside the recommended age range, which is approximately $150 per dose, the price of the vaccine has been identified as a potential barrier to immunization for some adults (28).

The cost of receiving the two recommended shingles vaccines presents a significant barrier for many older adults, many of whom live on fixed incomes. Grace Price and her husband, residents of BC, wanted to protect themselves against shingles but were ultimately unable to get vaccinated because of the high cost. Price shared her experience: "Seniors like us are on tight budgets and we just can't afford that kind of money to get vaccinated against shingles." She added "We're encouraged to get shingle shots, but they're too expensive for us to buy them(29)."

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 supports work in the prevention of infectious diseases and efforts to support vaccination for all, 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. Ontario 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 Ontario'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 long-term 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 Ontario's ageing population.

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