



Call to Action: Influencing Action on Shingles Vaccination Policy in the European Union

1 March 2023 – Herpes zoster, otherwise known as shingles, is caused by the reactivation of the varicella zoster virus.⁽¹⁾ Originating from the same virus that causes chickenpox, shingles typically develops later in life, due to waning immune response found in older adults.⁽²⁾ Shingles affects 1 in 3 people during their lifetime⁽³⁾, resulting in a debilitatingly painful infection characterized by rashes that can occur over any part of the body.^(4,5) Adults over 50 years of age and adults with a weakened immune system are most at risk of shingles, with approximately 1 in 5 patients suffering complications including long-lasting nerve pain that can last for months and even years impairing quality of life. Other complications while rare can include cardiovascular and cerebrovascular events⁽⁶⁾, hearing loss⁽⁷⁾, cranial involvement⁽⁸⁾ and scarring.⁽⁹⁾ While shingles is not particularly a life-threatening disease, and as such is often over-looked when formulating policies and programs, its complications are associated with significant medical costs, as well as indirect costs such as increased burdens on the healthcare system, and lost productivity.^(10–12)

Despite proven efficacy of the shingles vaccination, the inclusion and funding of shingles vaccination within national immunization programs (NIPs) varies broadly across the European Union. The International Federation on Ageing's (IFA) recent study entitled Influencing Action on Shingles Vaccination Policy reviewed the policies and perceptions on shingles vaccination across 14 European countries. This project found that only 50% of countries studied included shingles within the NIP and only 28% provided comprehensive funding. No countries studied are currently providing publicly available shingles vaccine coverage rates, which limits the ability of evidence-informed policy changes to occur regarding the full value, use, and accessibility of shingles vaccines. There remain barriers to those who do seek out vaccination, the largest of which was found to be the out-of-pocket cost to patients. Sustained investment in population-wide immunisation programs is an effective way to improve vaccination access and uptake rates.⁽¹³⁾

Therefore, the IFA is calling on policymakers, healthcare authorities, healthcare professionals and civil society organizations, to act on the following:

- Advocate for and prioritize the **inclusion of Shingles vaccination within national immunization programs**, including the **provision of funding to reduce barriers to access**.
- Promote **new surveillance methods that collect robust, age-disaggregated data** on rates of shingles vaccination. Mobilizing this data to better understand the cost/benefits of largescale vaccine campaigns and **setting clear coverage targets**.
- **Develop and disseminate information that can help to increase the awareness of shingles**, including the severity of shingles infection, and the increased risk it poses to adults aged 50 years and older as well as individuals who are immunocompromised.
- **Improve and expand pathways to vaccination** through non-traditional vaccinators such as pharmacists and nurses.

Given the substantial socioeconomic burden of shingles among older adults, and its grave impact on their overall well-being, there is an urgent and crucial need to prioritize shingles vaccination policy to ensure healthy ageing for current and future generations of older people.

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