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Improving Shingles Vaccine Uptake Among Older Adults in Canada: Insights and Priorities from an NIA-Hosted Virtual Roundtable Discussion

NATIONAL INSTITUTE ON AGEING

About the National Institute on Ageing

Founded in 2016, the National Institute on Ageing (NIA) is celebrating a decade of impact in our mission to improve the lives of older adults and the systems that support them. Over the past 10 years, the NIA has become Canada's leading voice on ageing policy — convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision remains clear: a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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CanAge
Canada's National Seniors' Advocacy Organization

CARP
CANADIAN ASSOCIATION OF RETIRED PERSONS

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International Federation on Ageing

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Key Messages

- Improving shingles vaccine uptake requires public education, proactive provider recommendations, affordable access and other practical supports.
- Communication around the shingles vaccine should make vaccination personally relevant and explain how to obtain and complete it.
- Governments, health insurance benefits providers and partner organizations each have opportunities to address these barriers.

Why This Discussion Matters

Shingles can cause persistent nerve pain and negatively impact everyday life, with these risks increasing as people age. Over two-thirds of shingles cases occur in adults older than 50 years.[1] Canada's National Advisory Committee on Immunization (NACI) recommends the shingles vaccine for adults aged 50 years and older without contraindications, and immunocompromised adults aged 18 years and older.[1] Yet in 2023, only 38.8% of adults aged 50 years and older reported receiving at least one dose of the shingles vaccine.[2]

In July 2026, the National Institute on Ageing (NIA) convened a virtual roundtable with 12 participants representing older adults, health care providers and organizations involved in adult vaccination from across Canada. The discussion explored perceived barriers and facilitators, effective communication approaches and recommendations to support future education and policy outreach efforts.

Six Key Findings from the NIA's Virtual Roundtable

1. Affordability and Coverage Influence Access and Perceived Importance

Participants described out-of-pocket costs, restrictive eligibility and differences in public coverage across provinces and territories as barriers to equitable access. Coverage could also influence perceptions of the importance of vaccination.

> **"If the province is not covering it, maybe it's not that important.**
> **Older Adult Participant**

Canadian surveys also identify cost and the belief that vaccination is unnecessary as commonly reported reasons for not receiving the shingles vaccine.[3-5]

Participants emphasized budget pressures and competing health care priorities as barriers to wider public funding and coverage. Vaccine costs, procurement challenges and difficulties introducing new programs were also discussed. Participants noted that the long-term benefits of vaccination may carry less importance in funding decisions than immediate budget constraints.

> **"There's a real dissonance between the NACI-recommended vaccines and what's funded.**
> **Organizational Representative Participant**

The NIA's 2026 Shingles Report, *The Overlooked Issue of Shingles Infections in Older Canadians, and How to Address It*, identified public coverage in eight of Canada's 13 provinces and territories. Only Prince Edward Island and Newfoundland and Labrador offered age-based coverage for adults aged 50 years and older, while the other six jurisdictions had more restricted eligibility for public coverage.[6]

2. Vaccination Needs to Become a Routine Part of Providing More Coordinated Care

Primary care providers, specialists and pharmacists were seen as important contributors to improving the uptake of recommended vaccines. Yet roundtable participants noted that important discussions were often missed when vaccination was absent from typical care routines or assumed to be another provider's responsibility.

> **“It's just not embedded in my process of asking about it.**
> **Health Care Provider Participant**

Participants proposed implementing and encouraging routine vaccination reviews, provider reminders and clearer responsibilities for recommending vaccination. Clinical teams need preparation to discuss individual risks and concerns, while other health and social care professionals can provide information and practical help. One organizational representative proposed sharing vaccination histories across providers to improve continuity of care.

Additionally, it was noted that in the 2023 Adult National Immunization Coverage Survey, 75.1% of unvaccinated respondents aged 50 years and older said they would likely receive shingles vaccination if recommended by their provider.[2]

3. Accessible Services and Practical Support Help People Complete Vaccination

Willing adults can face limited vaccine availability, lack of access to regular care, confusion about eligibility or vaccination locations, and greater difficulty reaching health care services and vaccination opportunities for those living in rural and remote areas. People facing language, functional or socioeconomic barriers may further need additional help arranging vaccination. Roundtable participants cautioned against placing the responsibility for organizing vaccinations solely on older adults.

> **“There are people that want to get vaccinated, but they're also being failed by the system and just don't know how to get vaccinated, and don't know if they're eligible.**
> **Organizational Representative Participant**

Proposed actions included providing more convenient community and pharmacy access, clearer vaccine information and fewer separate appointments. Incorporating vaccination into existing care routines could further reduce appointment burden. Vaccination cards, reminders and follow-up mechanisms could help individuals track their doses and return for their second dose of the shingles vaccine.

A Canadian study found that about 1 in 4 people who started the shingles vaccination process had no second dose recorded within one year, highlighting a gap in completing the necessary two-dose series to achieve maximal protection.[7]

4. Personal Relevance and Interest in Healthy Ageing Can Motivate Vaccination Behaviours

Participants described underestimated susceptibility and severity, alongside competing priorities acting as barriers for shingles vaccine uptake. However, seeing others experience shingles and receiving family encouragement could motivate personal actions. Participants connected vaccination with enabling healthy ageing and independence, recommending that conversations about adult vaccination begin in midlife and form part of their routine ongoing care.

> **“You know, if we took the Shingles vaccine as a lens into aging, you would start these conversations with people in their 50s.**
> **Older Adult Participant**

In the 2019/2020 Canadian Health Survey on Seniors, 39.7% of unvaccinated community-dwelling older adults reported that shingles vaccination was unnecessary, highlighting the importance of addressing its perceived need.[3]

5. Communication Efforts Should be Relatable and Actionable

Roundtable participants favoured personal stories and messengers who reflected the intended audience, alongside relevant professional voices when communicating about the shingles vaccine. Participants further noted that messages should be concise, positive and repeated through channels older adults use, including community organizations and pharmacies. It was noted that communications should explain why vaccination matters and the practical steps to receive it.

> **“If you want to target different populations, then you need to have a face that represents those populations.**
> **Health Care Provider Participant**

Roundtable participants identified vaccine fatigue, concerns about side effects, distrust of receiving multiple vaccines and misinformation as barriers. They, however, proposed providing consistent information and respectful conversations to address these concerns.

Potential positive brain health-related messaging attracted interest and caution during the discussion. Observational research cited in the NIA Shingles Report associates shingles vaccination with a lower risk of dementia, but the current evidence does not establish causality.[6]

6. Coordinated Action Needs a Practical Implementation Plan

Roundtable participants encouraged collaboration across governments, provider organizations and older-adult organizations to share best practices. The discussion included a call for the NIA and other organizations to explain how they would advance recommendations through a coordinated action plan. Future policy outreach and advocacy should emphasize how prevention could reduce avoidable illness and pressure on health services, while addressing budget and implementation realities.

Future Priorities for Decision-Makers and Partner Organizations

Informed by the NIA’s virtual roundtable discussion and supporting research, the NIA presents directions for key stakeholders to take to improve shingles vaccine uptake among older adults in Canada.

- **Provincial and Territorial Governments:** Review gaps between NACI recommendations and funded access. Pair efforts to improve affordability with convenient delivery sites and practical assistance. Support more routine vaccination discussions and the sharing of vaccination histories across providers.
- **Health Insurance Benefits Providers:** Review whether benefits support affordable completion of the recommended series, particularly for eligible

beneficiaries without public coverage. Provide clear information about eligibility, costs and how to best obtain vaccination.

- **Partner Organizations:** Develop relatable materials with older adults, explain clear next steps and disseminate resources through community and professional networks. Address language and accessibility needs and support care professionals and providers with information on shingles vaccination.

Across these efforts, an implementation plan should identify responsibilities and feasible timelines, with progress assessed through access and completion measures, including monitoring Canada's overall reported shingles vaccination uptake among adults aged 50 years and older. These proposed steps respond directly to the roundtable discussion's emphasis on the need to develop a coordinated practical implementation plan.

Interpretation and Conclusion

This single roundtable discussion hosted by the NIA reflects the perspectives of 12 participants from three stakeholder groups but does not represent the views of all Canadians or establish intervention effectiveness. Nevertheless, several of the findings from this discussion are consistent with Canadian research studies, national surveys and the NIA's own recommendations in its recently published 2026 Shingles Report.

Overall, this discussion highlighted that education and personal motivation need to be supported by affordable vaccination, more proactive care and accessible services.

Governments, health insurance benefits providers, health care providers and partner organizations can use these findings to address the barriers between recommending vaccination and helping older adults receive it.

Further evidence and policy recommendations that can support future efforts are available in the NIA's 2026 Shingles Report, *The Overlooked Issue of Shingles Infections in Older Canadians, and How to Address It*.

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