Australian Government
Australian Institute of Health and Welfare

Shingles in Australia

Quick facts

One in three people will develop shingles in their lifetime.

The impact of vaccination on preventing serious disease and hospitalisations is expected to become more evident as more vulnerable people get vaccinated.

What is shingles?

Shingles (herpes zoster) is an illness caused by the varicella zoster virus. It occurs in people who have previously had chickenpox, when the virus is reactivated in the nerve tissue.

People with shingles experience a painful blistering rash. Post-herpetic neuralgia, the most common complication, causes a persistent burning pain lasting over 3 months.

People with shingles can spread the virus to people who have not had a chickenpox infection or vaccination.

One in three people will develop shingles in their lifetime. The risk of shingles increases with age, and is most common in those aged 60 and older. People who are immunocompromised are also at increased risk.

Vaccination against shingles

From 2016, the Australian National Immunisation Program has provided shingles vaccination for all people aged 70, with a five-year catch-up program for people aged 71–79 years. The vaccine provides the greatest benefit for those aged 70–79 because the incidence of shingles and the risk of developing complications is higher for those aged over 70. The vaccine is much less effective for people aged over 80.

The shingles vaccine reduces the likelihood of shingles and of post herpetic neuralgia. Shingles can still occur in vaccinated people, but the severity of symptoms is likely to be milder and symptoms will have a shorter duration.

While the vaccinations have been recorded in the Australian Immunisation Register since late 2016, data on vaccination coverage for shingles have not yet been reported.

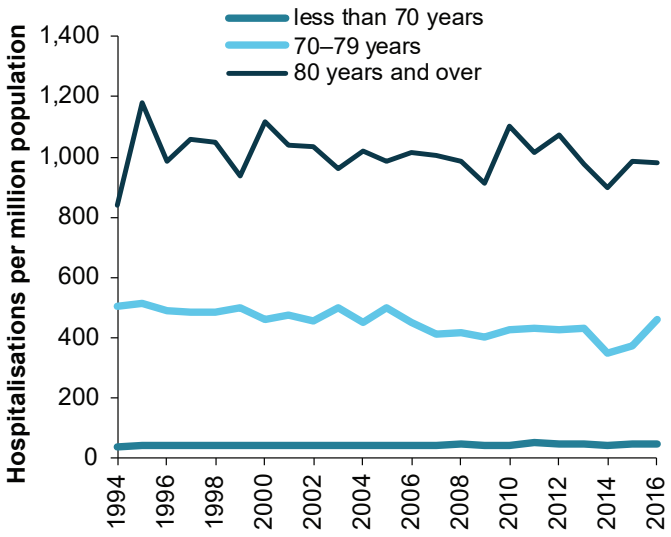
Shingles notifications

Since 2006, varicella-zoster (which causes chickenpox and shingles) has been notifiable in all Australian states and territories apart from in New South Wales. This means that diagnosed cases are reported to state or territory health departments. However, in many cases the notification does not specify whether the person has chickenpox or shingles. Furthermore, each year many shingles cases do not seek medical care or do not have formal laboratory tests done, so their illness is not reported. For these reasons, notifications are likely to be an underestimate of the true number of shingles cases occurring in Australia.

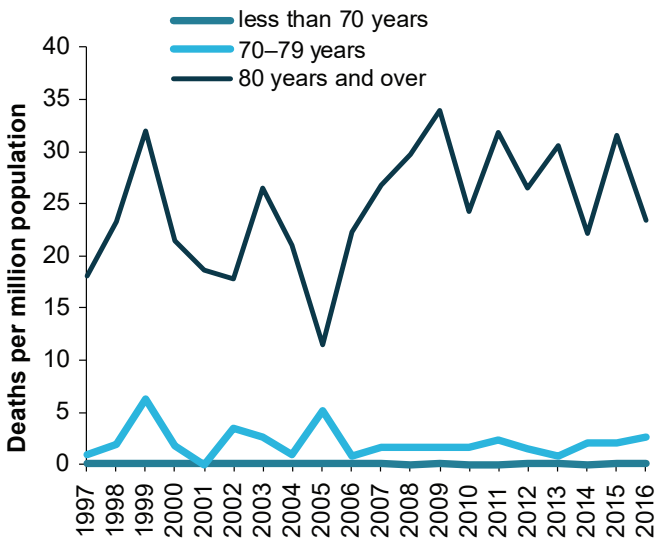
Hospitalisations and deaths due to shingles

In 2016, there were 2,677 hospital admissions for shingles in Australia. The rate of admissions increases as age increases, and is highest among people aged 80 years and over (left figure). The impact of vaccination cannot yet be seen on shingles hospital admissions.

In 2016, shingles caused 27 deaths in Australia. Between 1997 and 2016, shingles caused 438 deaths, 83% (365 deaths) of which occurred in people aged 80 years and over. Over this period, the average yearly death rate in over 80 year olds was 24.7 per million population compared to 2.1 per million in 70–79 year olds, and 0.1 per million in those aged under 70.



Source: AIHW analysis of National Hospital Morbidity Database.



Source: AIHW analysis of National Mortality Database.

This fact sheet is part of the *Vaccine-preventable diseases* release. For more information see *Immunisation* on the AIHW website.