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PHARMAC

By email: enquiry@pharmac.govt.nz

Tēnā koe

Clinical advice and expanding funded access to shingles vaccine

The Faculty of Pain Medicine (FPM) is part of Te Whare Tonu o Te Hau Whakaora | Australian and New Zealand College of Anaesthetists (ANZCA) the professional organisation responsible for training programmes and setting the standards of clinical practice for anaesthetists and specialist pain medicine physicians (SPMP) throughout both countries.

We are writing:

- To indicate our **support** of all seven current funding proposals (as listed above and below) to expand access to the Shingrix vaccine, which is currently restricted to the year people turn 65, and for some immunocompromised people.
  - people aged 66-74 years and a catch up for those over 74(external link)
  - people aged 50 and a catch up for those aged 51 to 64 (external link)
  - a catch-up programme due to COVID-19 pandemic disruption(external link)
  - people over 65 who received Zostavax more than 5 years ago(external link)
  - Māori and Pacific people aged 60 or over(external link)
- To provide information from SPMPs on the clinical burden of post-herpetic neuralgia (PHN) in Aotearoa and the increasing challenges of meeting treatment needs as the population ages.

Current funding proposals

There is clear evidence that the risk of contracting shingles increases with age, as does the risk of developing serious complications. Similarly, there is clear evidence of inequitable access to health care and inequitable outcomes for Māori and Pacific peoples, those experiencing deprivation and/or disability. This is challenging for Aotearoa that has aging population and increasing proportion of Māori and Pacific peoples. Having an effective vaccine, Shingrix, only partly meets the need, because its cost is insurmountable for these groups.

Lack of access to the vaccine during the Covid-19 pandemic is only one of many reasons why eligible people may be missing out on a shingles vaccination. (It would be useful if PHARMAC had information on uptake.) Feedback following an interview with FPM Chair Dr Hill on Morning Report earlier this month[i] indicated that many people, even those in regular contact with their GPs, are still unaware that the vaccine is available or that it is available to them only for a limited period. The one-year vaccination window is not well understood by the community it is intended for and highlights the need for better, culturally safe communication of the risks of shingles and value of vaccination for all older people regardless of funding.

Determining the economic value of any vaccine programme is complex, but Flanagan and Woods describe several studies that support Shingrix vaccination as a cost-effective means of preventing shingles and PHN in the elderly[ii]. Similarly, Mbinta's et al's meta-analysis reported in the Lancet concludes: "Given the substantial impact of herpes zoster on health and quality of life, and its

considerable economic burden, prevention through vaccination is a priority"[iii]. And Australia has had a funded Shingrix programme since 2023. The Australian National Immunisation Program (NIP) recommends Shingrix for people aged 65 years and over, Aboriginal and Torres Strait Islander people ≥50 years and those ≥18 years that are severely immunocompromised. Accordingly, we have no hesitation in supporting all the current proposals for funding Shingrix and take this opportunity to recommend targeted strategies to optimise uptake and reduce disparities and a systematic evaluation plan.

Further we recommend funding the second dose of varicella for all children under 13 so that they are optimally protected, against the varicella-zoster virus and not in danger of contracting shingles in later life. Note higher birthrates for Maori and Pacific so this would also contribute to reducing endemic disparities.

SPMP feedback

SPMP who have worked in Australia and Aotearoa note the significantly greater number of people they treat with PND in Aotearoa because, by comparison, fewer people have been vaccinated, more get shingles and up to 30% go on to experience severe consequences like PND.

Although 27 % of people report living with chronic pain, there is no national pain strategy or clinical reference group, and access to oversubscribed pain services is grossly inconsistent. In these circumstances prevention is imperative. FPM NZ urges you to expand funding of Shingrix.





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[i] Morning Report. Calls for free shingles vaccinations for Kiwis over 65. RNZ 2026. 2026 Oct 6. Accessed 2026 Oct 13 https://www.rnz.co.nz/national/programmes/morningreport/audio/2019054726/calls-for-free-shingles-vaccinations-for-kiwis-over-65

[ii] Flanagan K and Wood J. Unlocking the value of Shingrix: how vaccination empowers older people. Microbiology Australia. 2024 Nov 5. https://doi.org/10.1071/MA24051 https://immunisationcoalition.org.au/unlocking-the-value-of-shingrix-how-vaccination-empowers-older-adults/

[iii] Mbinta J, Nguyen B, Awuni P et al.
Post-licensure zoster vaccine effectiveness against herpes zoster and postherpetic neuralgia in older adults: a systematic review and meta-analysis
The Lancet Healthy Longevity, 3, e263-e275