LIVING WELL

Do You Need the Shingles Vaccine?

Age matters, but so does your immune system-and the reason to act is bigger than avoiding a rash.

The virus can wait decades

You may barely remember having chickenpox. The virus does. It can remain in your body for years, then reactivate as shingles: a painful, blistering rash that usually appears in a stripe on one side of the body or face. Burning, shooting pain, tingling or itching may arrive several days before the rash, so the first clue does not always look like a skin problem.

That long delay explains why shingles can feel so unexpected. You do not catch it as shingles from somebody else; it comes from varicella-zoster virus (VZV) already in your body after chickenpox. You can, however, have shingles more than once. In the United States, about one person in three is expected to develop it during their lifetime, and an estimated one million people develop it each year.

Age changes the odds. A 2021 systematic review of 69 publications found that shingles incidence rose with increasing age. The illness is most common after 50, but age is not the only dividing line. Certain cancers, human immunodeficiency virus (HIV), steroids, medicines taken after an organ transplant and other conditions or therapies that weaken the immune system can raise the risk.

That is why the vaccination decision cannot be reduced to whether you feel old. A healthy 45-year-old and a 45-year-old whose treatment weakens the immune system are not in the same position. The important questions are your age, whether your immune system is weakened by disease or therapy, and whether you have already completed the two-dose shingles vaccination.

The rash is not the whole story

A typical shingles rash forms blisters that scab over in seven to 10 days. That visible stage is only part of what vaccination is intended to prevent. Shingles can affect the eye and cause temporary or permanent vision loss. Disease in or near the ear can lead to hearing or balance problems and weakness of the facial muscles on that side.

The most common complication is postherpetic neuralgia (PHN), severe nerve pain in the area

where the rash was. It often improves over weeks or months, but it can last for years and interfere with daily life. Very rarely, shingles can lead to pneumonia, inflammation of the brain or death.

The rash also creates a small but important risk for other people. Somebody cannot catch shingles from you, but a person who has never had chickenpox or its vaccine can acquire VZV from shingles blisters and develop chickenpox. Transmission can occur through direct contact with blister fluid or by breathing virus particles coming from the blisters.

Until the rash has scabbed over, covering it, avoiding touching or scratching it and washing your hands lowers the chance of spread. Avoid contact with people who have weakened immune systems, premature or low-birth-weight infants, and pregnant people who have never had chickenpox or its vaccine. The virus is not spread before the blisters appear or after the rash has crusted.

The right comparison, then, is not "vaccine versus nothing."

Two groups are clearly in line

The recommendation is straightforward for healthy adults aged 50 and older: receive two doses of the recombinant zoster vaccine (RZV), called Shingrix, to help prevent shingles and its complications. You do not need to remember whether you had childhood chickenpox to understand why this applies. More than 99% of Americans born before 1980 had chickenpox, including many who do not recall it.

There is a second group for whom the age threshold is lower. Adults aged 19 and older should receive the two-dose vaccine if disease or therapy has weakened their immune system. That includes the broad risk categories behind shingles itself, such as HIV, certain cancers and medicines that suppress immune function. Your clinician can determine whether your particular condition or treatment places you in this group.

For a healthy adult under 50, the provided recommendations do not call for routine shingles vaccination. Children can develop shingles, but it is uncommon. The point is not that younger people are immune; it is that the routine recommendation begins at 50 unless immune suppression changes the calculation.

Vaccination is described as the best protection against shingles and related complications, not as a guarantee that shingles can never happen. It also serves a different purpose from treatment. If burning or tingling is followed by a one-sided blistering rash, contact your clinician as soon as possible. Antiviral medicines can shorten the illness and reduce its severity, and they work best when started promptly after the rash appears.

Safety is not a slogan

A vaccine decision deserves more than a breezy assurance. A 2021 systematic review examined 338 vaccine-safety studies reported across 518 publications. For the recombinant, adjuvanted shingles vaccine, the reviewers found either no evidence of increased risk for the serious adverse events they examined or insufficient evidence to decide, depending on the event and strength of the available evidence.

That wording matters. "No evidence of increased risk" is not the same as proving that every rare event is impossible. The reviewers noted that rare events are difficult to study, even across a large research base. Their wider conclusion was that serious safety associations were uncommon and that possible adverse events need to be weighed against the protection vaccines provide.

The other side of that balance is not an abstract infection. It is a painful rash with the possibility of prolonged nerve pain, vision loss, and hearing or balance problems. Both the chance of shingles and the risk of serious complications rise with age, while immune suppression raises risk even in younger adults.

The right comparison, then, is not "vaccine versus nothing." It is vaccination versus remaining vulnerable to a virus already carried by anyone who has had chickenpox. The available recommendation comes down firmly on the side of vaccination for healthy adults from 50 onward and immunocompromised adults from 19 onward.

Do not make dementia the reason

You may have seen another claim: that shingles vaccination could lower dementia risk. The research is interesting, but it is not settled enough to carry your decision. The recommendation supplied here is to prevent shingles and its complications. That is already a concrete reason to act.

A 2024 systematic review combined studies including 103,615 vaccinated people. Its pooled estimate did not show a statistically clear reduction in dementia risk: the confidence interval was wide and crossed the point of no difference, while results varied greatly among studies. The review's authors called for more epidemiological research.

A larger 2025 review of observational studies found that shingles vaccination was associated with lower rates of dementia and Alzheimer's disease. But an association cannot, by itself, establish that vaccination caused the difference. People who are vaccinated and people who are not may differ in ways that observational results cannot fully settle.

Dementia headlines should not obscure the decision in front of you. On Monday, check whether you are at least 50 or whether a disease or therapy weakens your immune system. Then ask your clinician whether the two-dose shingles vaccine applies to you and record both doses on a paper calendar. This step takes one conversation and a calendar-not certainty about every future benefit.

Where this comes from

- Shingles

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/shingles.html
- Shingles (Herpes Zoster) | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/shingles/index.html
- About Shingles (Herpes Zoster) | Shingles (Herpes Zoster) | CDC

  Centers for Disease Control and Prevention · https://www.cdc.gov/shingles/about/index.html
- Safety of vaccines used for routine immunization in the United States: An updated systematic review and meta-analysis.

  Vaccine, 2021 · https://pubmed.ncbi.nlm.nih.gov/34049735/
- Herpes zoster vaccination and the risk of dementia: A systematic review and meta-analysis.

  Brain and behavior, 2024 · https://pubmed.ncbi.nlm.nih.gov/38687552/
- Association between vaccinations and risk of dementia: a systematic review and meta-analysis.

  Age and ageing, 2025 · https://pubmed.ncbi.nlm.nih.gov/41269248/
- A systematic literature review of herpes zoster incidence worldwide.

  Human vaccines & immunotherapeutics, 2021 · https://pubmed.ncbi.nlm.nih.gov/33651654/
- Population-level impact and herd effects following the introduction of human papillomavirus vaccination programmes: updated systematic review and meta-analysis.

  Lancet (London, England), 2019 · https://pubmed.ncbi.nlm.nih.gov/31255301/