

HERPES ZOSTER (SHINGLES)



ABOUT THIS DISEASE

Herpes zoster, also known as zoster or shingles, is a painful skin rash caused by the varicella zoster virus (VZV) - the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays dormant (inactive) in the body. For reasons that are not fully known, the virus may reactivate years later, causing shingles.

Almost 1 out of every 3 people in the U.S. will develop shingles in their lifetime. In the U.S., currently an estimated 1 million people get shingles every year. Although children can get shingles, the risk increases with aging. About half of all cases occur in adults aged 60 years and older.

The most common complication of shingles is a condition called post-herpetic neuralgia (PHN). People with PHN have severe pain in the areas where they had the shingles rash, even after the rash clears up. The pain from PHN may resolve in a few weeks or occasionally last for many years. As people get older, they are more likely to develop long-term pain as a complication of shingles and the pain is likely to be more severe. Other complications of shingles include:

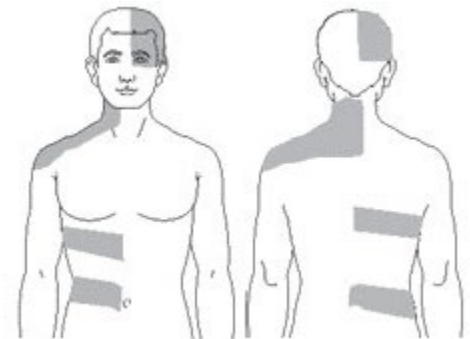
- Serious eye problems (blindness)
- Infection of the skin lesions
- Pneumonia (lung infection)
- Nervous system problems (hearing problems)
- Brain inflammation (encephalitis)
- Death (rare)

SIGNS AND SYMPTOMS

Symptoms of shingles include:

- Pain, itching, or tingling of the skin followed 1 to 5 days later by a painful rash of blister-like sores, usually on one side of the body, often on the face or torso
- Fever
- Headache
- Chills
- Upset stomach

The blisters typically scab over in 7 to 10 days and clear up within 2 to 4 weeks.



Common sites of shingles rash (Credit: CDC)

For some people, the pain (PHN) can last for months or even years after the rash goes away.

TRANSMISSION

Shingles cannot be spread from one person to another. However, the virus that causes shingles (VZV) can spread from a person with active shingles to another person who has never had chickenpox. In such cases, the person exposed to VZV may develop chickenpox, not shingles.

The virus is spread through direct contact with fluid from the rash blisters caused by shingles. A person with shingles is not infectious before the blisters appear. Once the rash has developed crusts, the person is no longer contagious.

Shingles is less contagious than chickenpox and the risk of a person with shingles spreading the virus is low if the rash is covered.

A person with shingles should:

- Keep the rash covered
- Avoid touching or scratching the rash
- Wash hands often to prevent spread of VZV
- Until the rash has developed crusts, avoid contact with:
 - Pregnant women who have never had chickenpox or the varicella vaccine
 - Premature or low birthweight infants
 - People with weakened immune systems

DIAGNOSIS

Shingles is diagnosed by a combination of symptoms, physical signs, and occasionally, laboratory tests. People with symptoms of shingles or persons who have not had chickenpox who have been exposed to someone with shingles should contact a healthcare provider immediately.

TREATMENT

Several antiviral medications are available to treat shingles. These medicines will help shorten the length and severity of the illness. To be effective, they must be started as soon as possible after the rash appears. People who have or think they might have shingles should call their healthcare provider as soon as possible to discuss treatment options.

Pain medications may help relieve the discomfort caused by shingles. Wet compresses, calamine lotion, and colloidal oatmeal baths may help relieve some of the itching.

IMMUNITY

People who develop shingles typically have only one episode in their lifetime. However, a person can have a second or even a third episode.

RISK IN HAWAII

Anyone who has recovered from chickenpox may develop shingles. Because health care providers are not required to report shingles to the Department of Health, the number of cases occurring annually in Hawaii is unknown.

PREVENTION

Shingles vaccination is the only way to protect against shingles and PHN.

Healthy adults 50 years and older should receive two doses of Shingrix[®], 2 to 6 months apart. Shingrix[®] is the **preferred** vaccine to protect against shingles and related complications. Two doses of Shingrix[®] are more than 90% effective at preventing shingles and PHN. Persons should receive Shingrix[®] even if they:

- Had shingles in the past
- Previously received either Zostavax[®] (A shingles vaccine called zoster live vaccine (Zostavax[®]) is no longer available for use in the United States, as of November 18, 2020. If you had Zostavax[®] in the past, you should still get Shingrix[®]. Talk to your healthcare provider to determine the best time to get Shingrix[®]) or varicella vaccine
- Are not sure if they had chickenpox.

There is no maximum age for getting shingles vaccine.

If you are not protected against varicella and are exposed to someone with shingles, contact your healthcare provider immediately:

- Varicella vaccine may prevent or lessen the severity of illness if given within 3 days and possibly up to 5 days after exposure in healthy persons aged 12 months or older.
- Persons at increased risk for severe disease and complications are recommended to receive VariZIG (a blood product containing antibodies to the varicella virus) as soon as possible and within 10 days of exposure.

ADDITIONAL RESOURCES

- CDC Website: <https://www.cdc.gov/shingles/index.html>

INFORMATION FOR CLINICIANS

- CDC Website: <https://www.cdc.gov/shingles/site.html#hcp>