

What is shingles?

Shingles is a skin infection caused by the chickenpox virus (varicella-zoster virus). Only people who have had chickenpox or received the chickenpox vaccine can get shingles (those who have been immunized for chickenpox are four to twelve times less likely to get shingles). The chickenpox virus 'sleeps' in the body and can cause shingles later in life. Shingles is most common in individuals over 50 years of age, and those with weakened immune systems. The severity of shingles can increase with age and a weakened immune system.

What are the symptoms of shingles?

Shingles is a painful rash that develops on one side of the face or body. The rash forms blisters that typically scab over in seven to ten days and clear up within two to four weeks. Before the rash develops, people often have pain, itching, or tingling in the area where the rash will develop. This may happen anywhere from one to five days before the rash appears. Often, the rash occurs in a single stripe around one side of the body or on one side of the face. Among those with weakened immune systems, the rash may be more widespread and look similar to the chickenpox rash. In addition to the rash, some people experience other symptoms including fever, headache, chills and upset stomach. Some individuals experience nerve pain for weeks to months after the rash disappears.

How did I get shingles?

If you have had chickenpox earlier in life, the virus remains in the body and hides or 'sleeps' in nerve cells. Shingles occur when the chickenpox virus reactivates in the nerve cells. You can not get shingles from someone who has shingles.

However, you can get chickenpox disease if you are exposed to shingles and if you've never had chickenpox.

Is shingles contagious/infectious?

Shingles is infectious from the onset of the rash until all the scabs have crusted (about seven to ten days). Unlike chickenpox, shingles is not spread by coughing. The virus is spread through contact with the skin lesions (rash). Shingles is less contagious than chicken pox. You are not likely to catch chickenpox from someone with shingles if their rash is covered. Shingles on exposed skin, such as on the face, is more infectious than a covered rash.

Those who are immune compromised (e.g. a person receiving chemotherapy) are more infectious as they shed more virus. Even if covered, the skin lesions of an immune compromised individual should be considered as infectious as uncovered lesions.

What are the possible complications associated with shingles?

Pain is the primary complication. Pain varies from person to person in severity and duration, lasting from 24 hours to weeks or months. It can be severe enough to interfere with daily activities. Sometimes the pain does not go away when the rash disappears. Pain after the rash has ended is called post herpetic neuralgia (burning or stinging pain from shingles that lasts more than 30 days after the rash has healed, usually in people older than 60 years).

Shingles can also cause secondary infection if harmful bacteria get into the sores. Scarring can result. Shingles on the face can involve the forehead, scalp, upper eyelid and nose. Vision/eyesight can be affected. Seek immediate medical attention if this occurs.

How is shingles treated?

Antiviral medicine can help shorten the length and severity of the illness. To be effective, it should be started as soon as possible after the rash appears. Medication to relieve pain and itching, reduce swelling and cool the rash can be prescribed by your doctor or obtained over-the-counter from a pharmacist.

How can I prevent shingles?

The zoster vaccine (Zostavax™) is a live attenuated varicella zoster vaccine. It reduces the occurrence of shingles and its complications by about sixty per cent in adults aged 60–69 years of age. Zostavax™ is recommended for the prevention of shingles and its complications. The vaccine is available for individuals 50 years of age or older with the greatest benefit seen in individuals 60 years and older. Interested individuals should speak with their health care provider.

If you have shingles:

- Keep the rash covered
- Do not touch or scratch the rash
- Wash your hands often to prevent the spread of varicella zoster virus (chickenpox)
- Until the rash is crusted over avoid contact with:
 - Pregnant women who have never had chickenpox or who have not received varicella vaccine
 - Premature or low birth weight infants
 - Immunocompromised persons, such as:
 - Persons with certain cancers or other diseases that interfere with a normal immune response
 - Persons taking immune-suppressing medications used to treat certain conditions such as rheumatoid arthritis or to prevent rejection after organ transplant
 - Persons receiving chemotherapy
 - Persons infected with HIV

References

Center for Disease Control and Prevention (2011) Shingles Herpes Zoster Homepage. From www.cdc.gov/shingles/about/index.html

Public Health Agency of Canada (2013) factsheet-Shingles. From www.phac-aspc.gc.ca/id-mi/shingles-zona-fs-eng.php

Am Fam Physician 2005 Sep 15;72(6):1082. From www.aafp.org/afp/2005/0915/p1082.html

Egton Medical Information Systems Limited. Dr. Tim Kenny. Patient UK handout. From

www.patient.co.uk/health/chickenpox-contact-and-pregnancy

National Advisory Committee on Immunization (NACI) statement on recommended use of herpes zoster vaccine can be found at CCDR Jan. 2014 PDF

Merck Sharp and Dohme Corp. 2000-2013. Zostavax Page. From www.merckvaccines.com/Products/Zostavax/Pages/dosageandadministration

This document is available in accessible formats upon request.

Region of Waterloo Public Health

Infectious Diseases Program

www.regionofwaterloo.ca/ph • 519-575-4400 • TTY 519-575-4608 • Fax 519-883-2241