

## Shingles (Herpes Zoster)

### What is shingles?

Shingles is a painful rash that develops on one side of the face or body. The rash consists of blisters that typically scab over in 7 to 10 days and fully clears up in 2 to 4 weeks.

### How common is shingles?

About 1 out of every 3 people in the United States will develop shingles in their lifetime.

### What are the symptoms of shingles?

Before the rash appears, people often have pain, itching, or tingling in the area where it will develop. This may happen several days before the rash appears.

Most commonly, the rash occurs in a single stripe around either the left or the right side of the body. In other cases, the rash occurs on one side of the face. Shingles on the face can affect the eye and cause vision loss. In rare cases (usually in people with weakened immune systems), the rash may be more widespread on the body and look similar to a chickenpox rash.

Symptoms of shingles include:

- Fever
- Headache
- Chills
- Upset stomach

### How do you get shingles?

Shingles is caused by varicella zoster virus (VZV), the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays dormant (inactive) in their body. The virus can reactivate later, causing shingles. Most people who develop shingles have only one episode during their lifetime. However, you can have shingles more than once.

If you have shingles, direct contact with the fluid from your rash blisters can spread VZV to people who have never had chickenpox or never received the chickenpox vaccine. If they get infected, they will develop chickenpox, not shingles. They could then develop shingles later in life. The risk of spreading VZV to others is low if you cover the shingles rash. People with shingles cannot spread the virus before their rash blisters appear or after the rash crusts. People with chickenpox are more likely to spread VZV than people with shingles.

You cannot get shingles from someone who has shingles

## How is shingles diagnosed?

The signs and symptoms of herpes zoster are usually distinctive enough to make an accurate clinical diagnosis once the rash has appeared. However, diagnosis of herpes zoster might not be possible in the absence of a rash (i.e., before rash or in cases of zoster without rash). Herpes zoster is sometimes confused with herpes simplex, and, occasionally, with impetigo, contact dermatitis, folliculitis, scabies, insect bites, papular urticaria, candidal infection, dermatitis herpetiformis, and drug eruptions. Herpes zoster can be more difficult to diagnose in children, younger adults, and people with compromised immune systems who are more likely to have atypical presentations.

Laboratory testing may be useful in cases with less typical clinical presentations, such as in people with suppressed immune systems who may have disseminated herpes zoster (defined as appearance of lesions outside the primary or adjacent dermatomes). Polymerase chain reaction (PCR) is the most useful test for confirming cases of suspected zoster sine herpette (herpes zoster-type pain that occurs without a rash). PCR can be used to detect VZV DNA rapidly and sensitively and is now widely available. The ideal samples are swabs of unroofed vesicular lesions and scabs from crusted lesions; you may also detect viral DNA in saliva during acute disease, but saliva samples are less reliable for herpes zoster than they are for varicella. Biopsy samples are also useful test samples in cases of disseminated disease. It is also possible to use PCR to distinguish between wild-type and vaccine strains of VZV.

## What is the treatment for shingles?

Several antiviral medicines—acyclovir, valacyclovir, and famciclovir—are available to treat shingles and shorten the length and severity of the illness. These medicines are most effective if you start taking them as soon as possible after the rash appears. If you think you have shingles, contact your healthcare provider as soon as possible to discuss treatment. Pain medicine, either over-the-counter or a prescription from your doctor, may help relieve the pain caused by shingles. Wet compresses, calamine lotion, and colloidal oatmeal baths (a lukewarm bath mixed with ground up oatmeal) may help relieve itching.

## When should you see a healthcare provider?

If you think you have shingles, contact your healthcare provider as soon as possible to discuss treatment because the antiviral medicines used to treat shingles are most effective if you start taking them as soon as possible after the rash appears.

## How can you prevent spreading varicella zoster virus (VZV) to others?

- Covering your rash
- Avoid touching or scratching the rash
- Wash your hands often
- Avoid contact with the following people until your rash crusts:
  - Pregnant women who have never had chickenpox or the chickenpox vaccine
  - Premature or low birth weight infants
  - People with weakened immune systems, such as people receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with human immunodeficiency virus (HIV) infection

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## **Is there a vaccine for shingles?**

Yes. The CDC recommends that adults 50 years and older get two doses of the shingles vaccine called Shingrix (recombinant zoster vaccine) to prevent shingles and the complications from the disease. Adults 19 years and older who have weakened immune systems because of disease or therapy should also get two doses of Shingrix, as they have a higher risk of getting shingles and related complications.

Shingrix provides strong protection against shingles and postherpetic neuralgia (PHN). In adults 50 years and older who have healthy immune systems, Shingrix is more than 90% effective at preventing shingles and PHN. Immunity stays strong for at least the first 7 years after vaccination. In adults with weakened immune systems, studies show that Shingrix is 68%-91% effective in preventing shingles, depending on the condition that affects the immune system.

## **For more information:**

Visit the Centers for Disease Control and Prevention website at <https://www.cdc.gov/shingles/index> or call Huron County Public Health at 419-668-1652 ext. 269.