SHINGLES (HERPES ZOSTER)

WHAT IS IT?
Shingles, or “herpes zoster”, is a viral infection that results in a painful blistering rash. It is caused by the varicella-zoster virus, which is the same virus that causes chickenpox. You can develop shingles only if you have had chickenpox in the past. One in five people who have had chickenpox will develop shingles at some time in their life.

After a chickenpox infection, the virus retreats to the nerve roots. Most of the time, the immune system keeps the virus under control, inside the nerve cells. Under certain circumstances (usually with illness, trauma, or stress), the virus can become active again, escape the nerve cells, and travel along the nerve path to the skin, where symptoms develop.

Most people recover easily and fully from shingles. About 4% of people with shingles will have a recurrence.

WHAT ARE THE SYMPTOMS?
- Pain at the skin site before the rash appears is a hallmark of shingles, occurring in 75% of individuals with the infection.
  - This pain may be experienced as a burning sensation, intense sensitivity to touch, or tingling in a well-defined area of skin, known as a dermatome.
  - A dermatome is the band of skin innervated by the nerve root where the virus was hiding. It is typically only on one side of the body and usually on the chest or back. Sometimes the dermatome may be on the face or scalp.
- A rash of red blisters or bumps develops in the affected dermatome over 3-5 days.
- These blisters usually scab over by 7-10 days, although they can be present for up to 2-4 weeks.
- About 20% of people with shingles also have flu-like symptoms, such as fever, headache, and body aches.
- Secondary bacterial skin infections can occur if the blisters are scratched.

■ Herpes Zoster Ophthalmicus (HZO)
- Shingles of the eye, or herpes zoster ophthalmicus, requires urgent evaluation by an eye specialist because the infection can lead to scarring and permanent vision impairment.
- HZO can also lead to glaucoma later in life.
- Acute symptoms include headache and fever which may precede the appearance of blisters around the eye and significant eye pain.
- Blisters on the nose are also associated with a high risk of HZO.

■ Postherpetic Neuralgia (PHN)
- Postherpetic neuralgia is a condition in which pain persists long after the blisters from shingles have healed. It is typically defined as pain lasting for more than 4 months after the rash appears.
- PHN is more common in older adults, occurring in 20% of those over 60 years of age (versus 5% in the young adult population).
- Individuals who experience a recurrence of shingles also have a higher risk of developing PHN.

HOW IS IT SPREAD?
The varicella-zoster virus lives in the fluid from the blisters of shingles.
- The virus can be spread until the blisters are crusted over, which usually occurs 7-10 days into the illness.
- Exposure to the fluid (usually through direct contact with an open sore) does not cause shingles but can lead to chickenpox in someone who has never had chickenpox or the chickenpox vaccine.
- If you have shingles, it is important to stay away from babies younger than 12 months and pregnant women because a chickenpox infection can be dangerous for a developing infant.

HOW IS IT DIAGNOSED?
Shingles is usually diagnosed solely by the classic presentation of painful blisters in a well-defined area of skin on one side of the body. If the diagnosis is unclear, lab tests may be ordered.
HOW IS IT TREATED?

Medications
- Antiviral medications used in the treatment of shingles include Zovirax (acyclovir), Famvir (famcyclovir), and Valtrex (valcyclovir).
  - These medications should be started within 72 hours of symptom onset to reduce the severity of the illness and improve the healing time of blisters. If it has been more than 72 hours, treatment can be considered if new lesions are still developing.
  - The recommended course of treatment is 7 days.
- Over-the-counter pain medications can be used to treat discomfort, muscle aches, and fever. Examples include acetaminophen (Tylenol), ibuprofen (Advil or Motrin), and naproxen (Aleve). Sometimes, stronger prescription pain medication may be required.
- A steroid medication (like prednisone) may be prescribed in patients whose pain is not controlled with prescription pain medications.

Referrals
- Involvement of the eye can be dangerous and requires urgent evaluation by an ophthalmologist.
- Do not delay seeking care if you develop blisters near your eyes, in your nose or mouth, or in the genital area!

Other treatment tips
- Cool compresses can help dry out blisters and provide temporary relief of itching and discomfort.
- Bathe with Aveeno oatmeal soap.
- Soak in a tub of water mixed with Aveeno oatmeal powder or Burrow’s (or Domeboro) powder. Burrow’s powder is available over-the-counter or by prescription.
- Apply Calamine lotion or other drying lotions to the blisters.
- An oral antihistamine can be helpful with itching. Non-sedating antihistamines available over-the-counter include Zyrtec (cetirizine), Claritin (loratadine), and Allegra (fexofenadine). Benadryl (diphenhydramine) works well but is sedating and requires dosing every 6 hours.
- AVOID TOUCHING OR SCRATCHING THE LESIONS! Scratching can lead to secondary infection with bacteria. Wash your hands often.
- KEEP THE BLISTERS COVERED until they have crusted over to prevent spread of the virus to others.

Returning to class or work
- If the blisters are on your face, you may return after the area has crusted over, which usually takes 7-10 days.
- If the blisters are in an area that you can cover (with a bandage or clothing), you may return when you are feeling better.

HOW CAN I PREVENT IT?
The varicella vaccine routinely given during childhood is the most effective way to prevent chickenpox and shingles. Vaccination has been shown to prevent 70-90% of all varicella infections.
- In people 13 years of age and older who have never had chickenpox or the chickenpox vaccine, 2 doses of the vaccine (Varivax) given at least 28 days apart is recommended.
- The varicella vaccine is available at University Student Health Services to students who are not pregnant or planning a pregnancy in the near future.

The varicella zoster vaccine (Zostavax) is a different vaccine available to adults age 50 or over to prevent shingles. It can also decrease symptom severity and the incidence of postherpetic neuralgia.

SEE YOUR HEALTHCARE PROVIDER IMMEDIATELY IF YOU HAVE:
- Worsening symptoms, including fever, headache, and extension of the blisters.
- Any involvement of the skin near the eye or on the nose.
- Confusion or disorientation.
- Loss of muscle coordination.
- Signs and symptoms of a bacterial skin infection, such as increased tenderness, warmth, redness, swelling, and pus.

RECOMMENDED WEBSITES: