



## PATIENT INFORMATION LEAFLET

# SHINGLES

### WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about shingles. It explains what it is, what causes it, how it can be treated and where you can find more information about it.

### WHAT IS SHINGLES?

Shingles is a painful rash with blisters. It is caused by the chickenpox virus reappearing on your skin.

Both chickenpox and shingles are caused by the same virus. This is called varicella zoster virus:

- Shingles is the everyday name for the condition herpes zoster.
- Chickenpox is the everyday name for the condition varicella zoster.

### WHAT CAUSES SHINGLES?

After a person has had chickenpox, the virus stays in their body, hiding in the nerves. If the virus becomes active later, it can move along the nerves to the skin they supply. This causes the shingles rash. The rash can appear anywhere on the body, depending on which nerves are affected by the virus.

Most people have had chickenpox during childhood because it spreads very easily in family and school situations. Like the flu, it is spread through the air. Chickenpox can be caught by being near an infected person for just a short time. Not everyone notices, however, when they have chickenpox as it can be very mild.

About 1 in 5 people will develop shingles at some time. Most episodes of shingles occur for no obvious reason, but it is more likely to develop in people who are:

- aged 65 and over,
- experiencing physical or emotional stress,

- living with conditions that weaken the immune system. This could be something common such as the flu, or it could be leukaemia, lymphoma, other cancers or HIV infection,
- taking treatments that suppress the immune system, including:
  - radiotherapy for cancer,
  - chemotherapy,
  - steroid drugs,
  - drugs taken to prevent organ rejection, and
  - immunosuppressant drugs or biologics used to treat other conditions such as psoriasis, rheumatoid arthritis or Crohn disease.

### IS SHINGLES CONTAGIOUS?

Shingles is not caught from someone who has shingles or chickenpox. It develops when your own body's inactive chickenpox virus re-activates. This could be when your immune defences are weaker than normal. However:

- A person who has never had chickenpox can catch chickenpox from someone with shingles.
- Shingles is transmitted by direct contact with the fluid from the blister. This could happen from the time when the first blister appears until all the blisters crust over (approximately 7 days).

### IS SHINGLES HEREDITARY?

No.

### WHAT DOES SHINGLES FEEL AND LOOK LIKE?

The first sign of shingles is usually pain in the area where the virus is becoming active. This can happen before any blisters show up. However, not all people affected by shingles will experience pain. For example, some people



only experience an itching or mild burning sensation.

If pain does occur, it usually affects just one part of the body. The pain can range from mild to severe. It could be a constant dull ache, tingling, stabbing or burning sensation, or a patch of extra sensitive skin (this is called allodynia). The rash usually appears a day or two after the start of the pain. Many people also experience fever, headache and/or feel unwell.

Shingles appears as a group of raised, inflamed spots within a painful area of skin, which may vary in appearance depending on skin tone. These spots quickly turn into small blisters with fluid inside. Some of the blisters burst, others may fill with blood or pus. The area then slowly dries, forms crusts and scabs. These will fall off over two to three weeks.

The rash usually appears in a patch of area on just one side of the body, either on the right or on the left: it does not cross to the other side of the body. Shingles can affect any area, but the most common areas are the torso or one side of the face. Occasionally, it can affect one eye and surrounding skin.

### HOW IS SHINGLES DIAGNOSED?

Shingles can usually be diagnosed by looking at the symptoms. It often starts with pain, tingling, or itching, followed by a rash with blisters. The rash usually appears in one area of the body, along a line of nerves - this is called a dermatomal pattern.

If there is doubt about the diagnosis, your healthcare professional may take a sample from a blister and send it to the lab for examination under a microscope, or a swab can be rubbed on the blisters and tested.

### CAN SHINGLES BE CURED?

The shingles rash usually heals on its own within a few weeks. Antiviral pills may help clear the rash sooner and can reduce its unpleasant after-effects. See below for more details on treatment.

### CAN SHINGLES CAUSE COMPLICATIONS?

Yes, sometimes shingles can cause other problems. If shingles appears on the face, it can affect the eye. This may cause swelling, ulcers

and even scarring. If left untreated, it could lead to vision problems or blindness.

If you have blisters near your eye or on the side of your nose, this will alert your doctor to this risk. You may need to see an eye specialist (ophthalmologist) for further advice.

Sometimes, shingles on the face can affect the muscles. This may cause part of the face feel weak or become difficult to move. This condition is called temporary facial paralysis – it means you might not be able to move one side of your face for a short while.

The pain caused by shingles may continue long after the rash has healed. This is called *post-herpetic neuralgia*. This condition needs different treatment; your GP will be able to advise on this.

In rare cases, shingles can lead to serious complications such as inflammation of the brain (encephalitis), lung infection, or secondary bacterial infections.

### HOW CAN SHINGLES BE TREATED?

- *To shorten a shingles episode.* Antiviral medication, such as aciclovir tablets may shorten the first illness. They *work best* if they are started *within the first three days* (72 hours) of the beginning of the pain symptoms. Therefore, it is very important to get medical advice as soon as you suspect you have shingles.
- *To reduce pain.* Rest and painkillers may help. Paracetamol and non-steroidal anti-inflammatories (NSAIDs) such as ibuprofen can be taken regularly. Applying a cool compress and/or use of a cooling menthol cream can soothe the discomfort. *You can buy the local anaesthetic lidocaine 5% ointment from the chemist without a prescription.*
- *To deal with complications.* Your healthcare professional may prescribe antibiotic cream or tablets if they suspect bacterial infection within the shingles rash. This could present like tender and/or hot golden or yellow ooze, pus or crust overlying the shingles rash.
- If shingles affects the eye, a specialist eye doctor (ophthalmologist) may prescribe eye drops.



- *To help prevent post-herpetic neuralgia.* Starting antiviral drugs as early as possible may reduce the risk of postherpetic neuralgia and can shorten its duration if it does occur.
- *To treat the pain of post-herpetic neuralgia.* Treatments include low doses of antidepressant or anticonvulsant tablets.

### Can shingles be prevented?

Yes, the shingles vaccines can either prevent shingles or reduce the severity of the condition. *In the UK the vaccine is provided by the GP for:*

- *People aged 70-79*
- *People who become 65 (but if they are already 65, they will have to wait until they turn 70)*
- *People aged 18 years and above, who have a very weakened immune system*

Please talk to your healthcare professional for more information on when to get the vaccines and eligibility.

In some cases, a different vaccine may be used to protect children and adults who are more at risk from getting chickenpox. This is because their immune system is weaker due to illness or a medicine they are taking. There is no routine chickenpox vaccination programme in the UK, although this is being considered.

Please note that the shingles vaccine does not help a person who already has shingles or postherpetic neuralgia.

### SELF-HELP (WHAT CAN I DO?)

- Contact your healthcare professional as early as possible if you think you have shingles, particularly if the rash is on the face, as antiviral treatment works best if taken early.
- Rest will help you to recover more quickly. The decision to work from home or your place of work should be discussed with your employer and/or occupational health provider
- While you have the shingles rash, avoid direct skin contact with any high-risk people. These include:
  - newborn babies
  - elderly people,

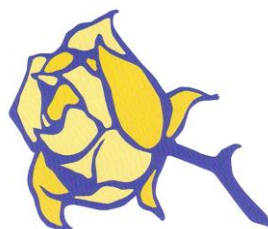
- people with reduced immunity, and
- those who have not previously had chickenpox (especially pregnant women).

- You are no longer contagious once all the blisters have dried and crusted over.

### WHERE CAN I GET MORE INFORMATION ABOUT SHINGLES?

#### *Patient support groups providing information:*

Shingles Support Society  
 Web: [www.shinglessupport.org.uk/](http://www.shinglessupport.org.uk/)  
 Email: [info@shinglessupport.org.uk](mailto:info@shinglessupport.org.uk)



**Shingles  
Support  
Society**

#### *Weblinks to other relevant sources:*

NHS:  
[www.nhs.uk/conditions/shingles/](http://www.nhs.uk/conditions/shingles/)

AAD:  
[www.aad.org/public/diseases/contagious-skin-diseases/shingles](http://www.aad.org/public/diseases/contagious-skin-diseases/shingles)

DermNetNZ:  
[www.dermnetnz.org/viral/herpes-zoster.html](http://www.dermnetnz.org/viral/herpes-zoster.html)

Jargon Buster:  
[www.skinhealthinfo.org.uk/support-resources/jargon-buster/](http://www.skinhealthinfo.org.uk/support-resources/jargon-buster/)

*Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.*

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

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*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

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**BRITISH ASSOCIATION OF  
DERMATOLOGISTS**

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