



## **SHINGLES (Herpes zoster infection)**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about shingles. It will tell you what it is, what causes it, what can be done about it, and where you can find out more about it.

### **What is shingles?**

Shingles is a painful blistering rash caused by the same virus that causes chickenpox, known as the varicella (chickenpox) zoster (shingles) virus.

### **What causes shingles?**

After a person has had chickenpox, the virus remains dormant in some of the nerves linked to either the spinal cord or nerves of the head and neck region. If the virus becomes active again, it multiplies and moves along the nerve fibres to the area of skin supplied by those nerves; shingles then appears in this area.

You can only get infected with shingles if you have had chicken pox. About 1 in 5 people who have had chickenpox will have an attack of shingles later in life.

Most attacks of shingles occur for no obvious reason, but an attack is more likely if:

- You are elderly. Likelihood increases with age.
- You are experiencing physical or emotional stress.
- You have an illness that weakens the immune system, such as leukaemia, lymphoma (e.g. Hodgkin's disease) or HIV infection.
- You are taking treatments that suppress the immune system, including radiotherapy for cancer, chemotherapy, steroid drugs, and drugs taken to prevent organ rejection.

## **Is shingles contagious?**

Shingles itself is not caught from someone who has shingles. It develops when the dormant herpes zoster virus becomes active, for example when a person's immune defences are weaker than normal. However, a person with shingles can pass on chickenpox to someone who has never had chickenpox. A person with shingles is infectious from the point of blister development up until the blisters crust over (approximately 7 days).

## **Is shingles hereditary?**

No.

## **What are the symptoms of shingles?**

Pain is usually the first and most predominant symptom of shingles. However, it is important to note that not all people with shingles will experience pain; for example, many young people will not experience any pain, but rather just an itching or mild burning sensation of the affected area.

For those who do experience pain, this pain is usually localised and can range from mild to severe; a constant dull, tingling, aching or burning pain/sensation may be experienced. The rash usually appears a day or two after these symptoms, and a fever and/or a headache may develop.

## **What does shingles look like?**

The first sign is the appearance of groups of red spots on a pink-red background, which quickly turn into small fluid-filled blisters. Some of the blisters burst, others fill up with blood or pus. The area then slowly dries out, and crusts and scabs form. The scabs will drop off over the next 2-3 weeks.

The rash usually covers a well-defined area of skin on one side of the body only, without crossing the midline to the other side. Its position and shape will depend on which nerves are involved. Shingles can affect any area, but common patterns include a band running round one side of the chest, or down an arm or leg. Sometimes temporary dark scabs follow shingles, particularly after a severe attack. Less commonly shingles can affect the face, around one of the eyes and can cause complications affecting the eyes.

A chickenpox-like rash occasionally comes up at the same time as shingles. This may indicate a more serious and widespread attack of shingles or that there is an underlying reason for the shingles.

### **How is shingles diagnosed?**

Early in the course of shingles, before the rash is present, it may be difficult to make the diagnosis. Later on the diagnosis is usually straightforward, based on the story of pain appearing before the rash, and on the typical appearance of the rash.

If there is doubt about the diagnosis, scrapings may be taken from a blister, by your doctor or dermatologist, and examined under a microscope or a viral swab test will be taken.

### **Can shingles be cured?**

Shingles usually resolves on its own within a few weeks. Oral antiviral treatment can make the rash of shingles clear sooner and can reduce its unpleasant effects.

These effects depend largely on which nerve is involved:

- Shingles of the area served by the nerve that carries sensation from the front of the eye can lead to inflammation and ulceration of the eye structures, and later to scarring, glaucoma and/or blindness. Blisters coming up on the side of the nose will alert your doctor to this risk, and you should also get urgent advice from an eye specialist (ophthalmologist).
- Muscles supplied by the nerves taking part in the shingles occasionally become weak, for example, temporary facial paralysis of the affected side.

The pain of shingles may persist long after the rash has cleared (this is called *postherpetic neuralgia*), particularly in the elderly. Usually this goes away within 6 months, but a few people can experience pain for a year or more.

### **How can shingles be treated?**

- *To shorten the attack.* Antiviral drugs, such as acyclovir tablets and/or cream, are safe and can do this, but *only* if they are given *within the first few days* of an attack. Therefore it is very important to get an early diagnosis.

- *To make it less painful.* Rest and taking pain-killers may help, i.e. non-steroidal, anti-inflammatories, applying a cool compress.
- *To deal with complications.* A bacterial infection complicating shingles may require an antibiotic cream or tablets. Eye involvement will need a specialist ophthalmic review, and eye drops may be prescribed.
- *To prevent postherpetic neuralgia.* Taking antiviral drugs during an attack of shingles may reduce the risk of getting postherpetic neuralgia, and can shorten its duration if it does occur.
- *To treat the pain of postherpetic neuralgia.* Using an anaesthetic ointment (lidocaine 5%) before applying a topical analgesic cream (capsaicin cream) may help. The lidocaine can be bought over the counter, but the capsaicin needs to be prescribed by your doctor. Treatments that are sometimes also used include antidepressants, and anticonvulsants, as well as pain killers, such as non-steroidal anti-inflammatory drugs; all of these treatments should be prescribed by your doctor, and will depend on each individual case.
- The live varicella–zoster vaccines are licensed for immunisation against chickenpox in high risk people. They are not recommended for routine use in children. Rarely, the varicella–zoster vaccine virus has been transmitted from the vaccinated individual to close contacts.

### **Self help (What can I do?)**

- High risk people such as newborn babies, elderly people, people with reduced immunity, and those who have not previously had chickenpox (especially pregnant women) should avoid contact with shingles until the blisters crust over.
- See your doctor as early as possible if you think you have shingles, particularly of the face, as antiviral treatment works best if taken early in an attack.
- You may need to take time off work initially; however, you can return to work once the rash has dried out and crusted over.
- Rest if not working; if you have a temperature, you may need bed rest for a few days.

### **Where can I get more information about shingles?**

*Web links to detailed leaflets:*

[www.medinfo.co.uk/conditions/shingles.html](http://www.medinfo.co.uk/conditions/shingles.html)

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

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

*Links to patient support groups:*

*Shingles Support Society*

Tel: 0845 1232305

Email: [info@shinglessupport.org.uk](mailto:info@shinglessupport.org.uk)

Web: [www.shinglessupport.org](http://www.shinglessupport.org)

For details of source materials used please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**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.**

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

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