Shingles (Herpes Zoster)

**What is shingles?**
Shingles, also known as herpes zoster, is caused by the same virus responsible for chickenpox, known as Varicella Zoster Virus.

**What are the symptoms?**
Shingles causes a blistering skin rash on one side of the face or body. Symptoms such as headache, lethargy, itchiness, tingling or severe pain may be experienced two to three days before the skin turns red and tiny fluid-filled blisters appear.

The rash can occur anywhere on the body, including the face, but most commonly affects the chest and lower back. The rash usually takes the shape of a belt on one side of the body. In people with a weakened immune system, the rash may appear more widespread.

In most people, shingles is an uncomplicated illness lasting 10 to 15 days.

Complications are more likely in older individuals. The most common complication is severe pain at the rash site long after the blisters have healed. This is called post-herpetic neuralgia and occurs in just over one in 10 people who develop shingles.

Less common complications include secondary bacterial infection of the blisters, scarring of the skin, nerve damage and pneumonia.

If the rash involves the forehead and eye region, blindness and hearing loss are rare complications.

In individuals with weakened immune systems, shingles may cause widespread disease and cause inflammation of other organs such as the brain (encephalitis) or liver (hepatitis).

**How is it spread?**
The virus that causes shingles can be spread to a person who has not had chickenpox or vaccination against chickenpox.

The main way the virus is spread is through contact with the fluid contained in the blisters.

This can happen by directly touching the blisters or by touching any dressings, sheets or clothes covered with fluid from the blisters.

Uncovered blisters can lead to the presence of virus particles in the air, meaning airborne spread of the virus is also possible but less common.

People with shingles are considered infectious for one week after blisters appear and while the blisters are moist.

Once all the blisters have scabbed over, they are no longer infectious.

**Who is at risk?**
About one in five people will develop shingles in their lifetime.

Shingles is typically an illness seen in older age and among people with weakened immune systems.

The following people are at greater risk of severe disease or complications:
- pregnant women who have not had chickenpox or the chickenpox (varicella) vaccine
- infants less than one month old
- individuals with a weakened immune system
- elderly people.
How is it diagnosed?
A doctor can make the diagnosis of shingles by talking to you and looking at the rash.
A swab of the blisters or blood test are sometimes used to confirm the diagnosis but is usually only needed if the presentation is atypical or a complicated case.

How is it treated?
If you think you have shingles, seek urgent medical attention.
Treatment includes:
- rest
- pain relief
- antiviral medications: these treatments work best if given within the first 72 hours of illness and can reduce the time a person is sick and their likelihood of developing complications.

If the rash involves the region around the eye and forehead, monitoring for important complications such as blindness or hearing impairment is needed.

How is it prevented?
Both shingles and chickenpox are vaccine-preventable diseases.
People with shingles should take care to cover the blisters well with a dressing. Used dressings should be disposed of carefully and any clothing or sheets that may have come in contact with the blisters should be washed regularly.

Who should get immunised?
The shingles vaccine (Zostavax) is available for free on the National Immunisation Program for people aged 70 years (from November 2016). A catch-up program of free vaccine is also available for people aged 71-79 years until the end of 2021.
Zostavax is also recommended, but not yet funded, for people aged 60 years and over to reduce the likelihood and complications of shingles.

What should I do if I have had contact with someone who has shingles?
Fortunately, shingles is not as contagious as chickenpox.
If you have had chickenpox previously or have been vaccinated adequately against varicella, it is very unlikely you will catch shingles from another person with shingles.
If you or your child fall into one of the following groups of people and have been exposed to someone with shingles, see your doctor as soon as possible as Zoster Immunoglobulin may be needed:
- pregnant women
- infants less than one month old
- individuals with a weakened immune system.

What should I do if I have shingles?
Seek medical review as soon as possible because early treatment may reduce the severity of illness and likelihood of complications.
Medical review is particularly important if the rash involves the forehead or around your eye.
Avoid contact with those who are likely to experience more severe disease until all the blisters have scabbed over and you are no longer infectious. (See ‘Who is at risk’ above).

For more information
Call the Public Health Hotline – Tasmania on 1800 671 738 to speak to a clinical nurse consultant.

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