



**Louisiana Office of Public Health
Infectious Disease Epidemiology Section**
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Shingles

What is Shingles?

Shingles is an illness that is caused by the varicella zoster virus, the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays in the body in an inactive state. For reasons that are not fully known, the virus can reactivate years later, causing shingles.

Shingles is also known as zoster or herpes zoster. It is not caused by the same virus that causes genital herpes, a sexually transmitted disease.

Almost one out of every three people in the United States will develop shingles. Although children can get shingles, the risk of disease increases as a person gets older. About half of all cases occur among men and women 60 years old or older. Half of persons living until age 85 years will develop shingles.

People who have medical conditions that keep their immune systems from working properly, such as certain cancers, HIV and those who receive immunosuppressive drugs, such as steroids and drugs given after organ transplantation, are also at greater risk of getting shingles.

Symptoms of Shingles

Shingles usually starts as a painful rash on one side of the face or body. The rash forms blisters that typically scab over in seven to ten days and then clears up within two to four weeks.

Before the rash develops, there is often pain, itching, or tingling in the area where the rash will develop. This may happen anywhere from one to five 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. In rare cases (usually among people with weakened immune systems), the rash may be more widespread and look similar to a chickenpox rash. Shingles can affect the eye and cause loss of vision.

Other symptoms of shingles can include fever, headache, chills or an upset stomach.

Complications

The most common complication of shingles is a condition called postherpetic neuralgia (PHN). People with PHN have severe pain in the areas where they had the shingles rash, even after the rash clears up.

The pain from PHN may be severe and debilitating, but it usually resolves in a few weeks or months in most patients. PHN can, however, persist for many years in some persons.

As people get older, they are more likely to develop PHN, and the pain is more likely to be severe. PHN occurs rarely among people under 40 years of age but can occur in up to half of untreated people who are 60 years of age and older.

Shingles may lead to serious complications involving the eye. Very rarely, shingles can also lead to pneumonia, hearing problems, blindness, brain inflammation or death.

Laboratory Testing

The diagnostic tests used to confirm shingles are the same as those to confirm chickenpox. Skin lesions are the preferred specimen, but scabs are also useful.

Treatment of Shingles

Several antiviral medicines - acyclovir, valacyclovir and famciclovir - are available to treat shingles. These medicines will help shorten the length and severity of the illness. But to be effective, they must be started as soon as possible after the rash appears. People who have or think they might have shingles should call their healthcare provider as soon as possible to discuss treatment options.

Pain medicine may help relieve the pain caused by shingles. Wet compresses, calamine lotion, and colloidal oatmeal baths may help relieve some of the itching.

Is Shingles Infectious?

Shingles cannot be passed from one person to another. However, the virus that causes shingles, the varicella zoster virus, can be spread from a person with active shingles to a person who has never had chickenpox. In such cases, the person exposed to the virus might develop chickenpox, but they would not develop shingles.

Keep the rash covered. If the lesions are well covered the person will not transmit the infection. The virus is spread through direct contact with fluid from the rash blisters, not through sneezing, coughing or casual contact.

A person with shingles can spread the virus when the rash is in the blister-phase. A person is not infectious before blisters appear. Once the rash has developed crusts, the person is no longer contagious.

Shingles is less contagious than chickenpox and the risk of a person with shingles spreading the virus is low if the rash is covered. If the lesions are well covered the person will not transmit the infection.

If you have shingles:

- Keep the rash covered.
- Do not touch or scratch the rash.
- Wash your hands often to prevent the spread of varicella zoster virus.

Until your rash has developed crusts, avoid contact with:

- Pregnant women who have never had chickenpox or the varicella vaccine
- Premature or low birth weight infants
- Those with cancer, especially leukemia and lymphoma or undergoing chemo-therapy.
- Other immunocompromised persons (such as persons receiving immunosuppressive medications, organ transplant recipients, and people with HIV infection).

What can I do to reduce my risk of having shingles?

The only way to reduce the risk of developing shingles and the long-term pain that can follow shingles is to get vaccinated. A vaccine for shingles is licensed for persons aged 60 years and older.

People who develop shingles typically have only one episode in their lifetime. In rare cases, however, a person can have a second or even a third episode.