

SHINGLES FACT SHEET

Overview

Shingles, also known as zoster or herpes zoster, is a painful skin rash caused by the varicella zoster virus, the same virus that causes chickenpox.

Signs and Symptoms

Shingles is a painful rash that develops on one side of the face or body. The rash forms blisters that typically scab over in seven to 10 days and clears up within two to four weeks.

Before the rash develops, people often have 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; and
- Upset stomach.

Causes and Transmission

Shingles is caused by the varicella zoster virus, the same virus that causes chickenpox. After a person recovers from chickenpox, the virus stays dormant (inactive) in the body. For reasons that are not fully known, the virus can reactivate years later, causing shingles. Shingles is not caused by the same virus that causes genital herpes, a sexually transmitted disease.

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 another person who has never had chickenpox. In such cases, the person exposed to the virus might develop chickenpox, but they would not develop shingles.

The virus is spread through direct contact with fluid from the rash blisters caused by shingles.

A person with active shingles can spread the virus when the rash is in the blister phase. A person is not infectious before the blisters appear. Once the rash has developed crusts, the person is no longer contagious. 2

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 you have shingles:

- Keep the rash covered.
- Avoid touching or scratching 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 chickenpox vaccine;
 - Premature or low birth weight infants; and
 - People with weakened immune systems, such as people receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with human immunodeficiency virus (HIV) infection.

Risk Factors

Anyone who has recovered from chickenpox may develop shingles; even children can get shingles. However, the risk of shingles increases as you get older. About half of all cases occur in men and women 60 years old or older.

Some people have a greater risk of getting shingles. This includes people who:

- Have medical conditions that keep their immune systems from working properly, such as certain cancers like leukemia and lymphoma and human immunodeficiency virus (HIV); and
- Receive immunosuppressive drugs, such as steroids and drugs that are given after organ transplantation.

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

Complications

The most common complication of shingles is a condition called post-herpetic 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. Some people can have pain from PHN for many years.

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 a third 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 (encephalitis) or death.

Tests and Diagnosis

There are a number of laboratory tests that healthcare providers can use to diagnose shingles. However, the diagnosis can usually be made based on the appearance of the rash and other signs and symptoms, with no laboratory testing done.

Treatments

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. Thus, people who have or think they might have shingles should call their healthcare provider as soon as possible to discuss treatment options.

Analgesics (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.

Prevention

The only way to reduce the risk of developing shingles and the long-term pain from post-herpetic neuralgia is to get vaccinated. CDC recommends that people aged 60 years and older get one dose of shingles vaccine. Shingles vaccine is available in pharmacies and doctor's offices. Talk with your healthcare professional if you have questions about shingles vaccine.

For more information about preventing shingles, see CDC's Shingles Vaccination page.

Disease Patterns

Almost one out of every three people in the United States will develop shingles, also known as zoster or herpes zoster, in their lifetime. There are an estimated 1 million cases of shingles each year in this country. About half of all cases occur in men and women 60 years old or older, but people can develop shingles at any age.

Additional Information

Centers for Disease Control and Prevention: <http://www.cdc.gov/shingles/about/>
This fact sheet provides general information. Please contact your physician for specific clinical information.

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