

Shingles

(also called herpes zoster or zoster)

Shingles is an infection caused by the same virus that causes chickenpox. It affects specific nerve fibres and causes a painful, blistering skin rash in the area of the affected nerves. Prompt treatment with antiviral medicines can reduce pain, speed healing and reduce complications.

Shingles only occurs in people who have already had chickenpox. After an episode of chickenpox, some of the chickenpox virus (called the varicella-zoster virus) remains in the body and lies inactive in nerve cells. In some people the virus reactivates years later and spreads along a nerve path to the skin, where it causes the pain and rash of shingles.

Shingles may develop at any age, but is more common in people over 50 years of age. Most people have shingles only once.

Symptoms

Shingles usually starts with a burning, tingling, itching or sensitive feeling on an area of skin, followed a few days



Close-up of red bumps or blisters - image by Dr T Evans

later by a very painful red rash with fluid-filled blisters. The blisters then gradually dry up, crust over and heal.

The shingles rash may look like chickenpox, but it is usually more painful and less itchy. It generally occurs in a narrow band across one side of the body, neck or face, but it may involve an eye, the inside of the mouth or ears

or the genital area. The rash can be so sensitive that even a light touch causes severe pain. Sometimes, especially in children, the shingles rash is painless. Occasionally there is pain with no rash.

Other symptoms of shingles may include fever, headache and nausea.

If untreated, most cases of shingles last two to four weeks.

Who is at risk?

It is not known what triggers the virus to reactivate, but factors that contribute to the development of shingles include:

- Increasing age, especially after 50 years
- Conditions or medicines that weaken the immune system
- Stress or illness.

Post herpetic neuralgia and other complications

Shingles can lead to a condition called post herpetic neuralgia, in which the affected area of skin continues to be extremely painful or sensitive for weeks or months after the blisters have cleared. Post-herpetic neuralgia is caused by nerve damage.

Shingles can also lead to other complications. For example, shingles on the face or in an eye can damage eyesight.

Medicines

Treatment for shingles includes antiviral medicines, pain relieving medicines and

soothing and protective creams, gels and dressings.

- **Antiviral medicines** (e.g., famciclovir, valaciclovir, aciclovir) – if started within 72 hours of the first sign of the rash, anti-viral medicines can reduce the pain, speed healing and reduce complications. They are most effective if started within 48 hours of the start of the rash. Antiviral medicines must be prescribed by a doctor.
- **Pain relieving medicines** – simple pain relievers, available from a pharmacist, may help to relieve the pain of shingles. Stronger pain relievers and pain relievers specifically for nerve pain must be prescribed by a doctor. Prescription pain relievers may be needed to relieve post-herpetic neuralgia.
- **Topical treatments** – creams, gels and wound dressings that can help relieve the pain of shingles and protect the affected area are available from a pharmacist. Once the rash has healed, capsaicin cream or lignocaine gel may help relieve post herpetic neuralgia.

Vaccine protection

Chickenpox vaccine – Shingles only occurs in people who have had chickenpox, so the chickenpox vaccine protects against both chickenpox and shingles. In Australia, chickenpox vaccine is offered to all children at 18 months of age, through the National Immunisation Program.

A doctor can advise on vaccination for older children and adults.

Zoster vaccine – A vaccine that protects against shingles is available for people over 50 years of age.

Ask a doctor for advice.

Self care

- Consult a doctor as soon as possible (within 72 hours) after the appearance of symptoms of shingles.
- Keep the affected area clean. Bathe regularly with saline and cover with a non-adherent dressing.
- Apply a cool wet compress (bandage) or an ice pack to the blisters to help relieve the pain and itch.
- Avoid scratching the rash, to reduce the chances of bacterial infection and scarring.
- Keep fingernails clean and well trimmed to avoid scratching the rash.
- Get plenty of sleep and rest.
- Learn and use relaxation techniques to help cope with stress. Stress can make the pain worse.
- Eat regular, healthy meals, including plenty of fruit, vegetables and grain foods. Limit foods high in fat, sugar or salt.
- Share your feelings about the pain with family and friends. Ask for help if you need it.

Important

People cannot catch shingles from someone who has shingles, but people who have never had chickenpox or the chickenpox vaccine can catch chickenpox from someone who has shingles. The virus spreads from person to person in the fluid from the shingles blisters. The infectious period is over when all the blisters have dried and become scabs.

A person with shingles should avoid physical contact with:

- Anyone who has never had chickenpox or the chickenpox vaccine
- Anyone who has a weak immune system
- Babies under 12 months
- Pregnant women – chickenpox can be dangerous to a developing baby.

For more information

New Zealand Dermatological Society Inc

Website: www.dermnetnz.org

Australian Herpes Management Forum

Website: www.ahmf.com.au

Healthdirect Australia

Phone: 1800 022 222

Website: www.healthinsite.gov.au

Consumer Medicine Information (CMI)

Your pharmacist can advise on CMI leaflets.

National Prescribing Service (NPS) Medicines Information

Phone: 1300 MEDICINE (1300 633 424)

Website: www.nps.org.au

The Poisons Information Centre

In case of poisoning phone 13 11 26 from anywhere in Australia.

*Pharmacists are medicines experts.
Ask a pharmacist for advice when
choosing a medicine.*

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