

# Shingles (Herpes zoster)

## What is shingles?

Herpes zoster or shingles is a localised, painful rash caused by reactivation of the varicella zoster virus (VZV), the virus which also causes chickenpox. You can only develop shingles if you have already had chickenpox. Shingles occurs in 10-20% of people, usually many years after the initial chickenpox illness and is more common in people who are over 50 years of age or who have poor immune systems.

## How is it spread?

Shingles is not spread from person to person. However, the blister fluid from the shingles rash is infectious with the VZV and contact with the blister fluid can cause chickenpox in a person who has not previously had chickenpox. Shingles is much less contagious than chickenpox as there is much less virus shedding. The risk of a person with shingles spreading the virus is very low if the rash is covered.

## What are the symptoms?

Shingles usually presents as a blistering (vesicular) rash which is often painful and lasts for up to 2 weeks. The rash occurs in skin supplied by the affected nerve, is usually on 1 side of the body and is often on the trunk or neck and sometimes affects the eyes. Often in the 48-72 hours before the rash appears people complain of itching or tingling or severe pain in the area of the affected nerve. Headache, tiredness and photophobia (intolerance of light) may also occur.

## How serious is shingles?

The most common complication of shingles is chronic nerve pain (post-herpetic neuralgia or PHN) that may last for several months to several years in the affected area. This occurs

in 25-50% of shingles cases and is more common in people over 50 years of age. The pain is often difficult to control.

Other complications include:

- scarring after the rash
- secondary bacterial skin infection
- nerve complications such as nerve palsies
- pneumonia
- eye damage where the ophthalmic nerve has been affected.

People who are immune-compromised are more likely to develop shingles and may develop more widespread lesions.

## What is the infectious period?

Infection from blister fluid is possible until the lesions are dry and crusted over (5-7 days from when the rash appears).

## What is the treatment?

Anti-viral treatment can be used for shingles to reduce the severity and duration of pain and promote early healing. Anti-viral treatment is most effective if started within 3 days of the onset of rash. Early use of antiviral treatment and pain management should be discussed with your doctor.

## Shingles vaccine

There is now a shingles vaccine available that can reduce the risk of developing shingles and its complications such as PHN.

The shingles vaccine is 14 times the strength of the chickenpox vaccine.

The vaccine is registered for use in people 50 years or older.

### **Who should have the shingles vaccine?**

People aged 50 years and over who are not immunocompromised can discuss having the vaccine with their GP and a prescription is required.

A booster dose of shingles vaccine in the future may be required as it is not known how long the vaccine will last.

People 70 years of age can have a FREE vaccine available from their GP or vaccine provider. A single catch-up dose will also be funded for those aged 71–79 years for a 5-year period until October 2021.

It is not necessary to have a blood test to check for previous chickenpox disease prior to vaccination.

### **Who should NOT have the shingles vaccine**

- anyone with an anaphylactic reaction to any of the vaccine components
- people who are severely immunocompromised e.g. those:
  - on cancer treatment,
  - have had an organ/bone marrow transplant,
  - have HIV
  - are on high dose steroids).(as the vaccine is an attenuated live virus vaccine).

If you have previously received a chickenpox vaccine you do not need the shingles vaccine.

### **Side effects of the vaccine**

Mild reactions at the injection site, such as pain, swelling and redness, are likely to occur in approximately 50% of vaccine recipients. Other side-effects that may occur include headache and fatigue.

People who are vaccinated and develop shingles should still present to their health practitioner for diagnosis and timely treatment (e.g. antiviral medication which is best commenced within 3 days of rash onset).

Related fact sheet—Chickenpox.

<https://health.nt.gov.au/professionals/centre-for-disease-control/resources-and-publications>

### **For more information contact the Centre for Disease Control in your region**

Alice Springs 8951 7540  
Darwin 8922 8044  
Katherine 8973 9049  
Nhulunbuy 8987 0357  
Tennant Creek 8962 4259

or

<https://health.nt.gov.au/professionals/centre-for-disease-control/cdc-contacts>