

SHINGLES (HERPES ZOSTER)

Shingles, also known as Herpes zoster, is the common name given to a painful, blistering rash caused by the same virus that causes chicken pox (Varicella). You can only get zoster/shingles if you have had chicken pox at some time in your life. Despite the confusing names, Herpes zoster is not the same illness as Herpes simplex, which causes oral Herpes (aka “fever blisters” or “cold sores”) and genital Herpes.



Like all Herpes viruses, the Varicella/zoster virus lives in the body after the initial chicken pox infection, “setting up shop” in the nerve root cells (ganglia) that are present along the spinal cord. Generally, our immune system keeps this virus in check, and we live happily without ever knowing that we still harbor the virus. However, when we get older (generally over 50), or when our resistance is low (due to other illnesses, stress, fatigue, or more serious illnesses like cancer or HIV), the zoster virus can become active. The virus causes a blistering, chicken pox-like rash in a single nerve root distribution (dermatome) on one side of the body, often beginning at the spine (where the nerve root ganglion is located) and extending around the trunk to the midline/front, in a swath down a leg or arm, or across the face or head. There may be only a few blisters in a group, or the rash may be very extensive. Often the arrival of the rash is preceded by burning, itching or pain in the area, just like the Herpes simplex virus (cold sores). Just like chicken pox, the blisters usually crust over and fall off in 7-10 days. Unfortunately, the pain may last longer, and in severe cases can last for months or years (post-herpetic neuralgia), especially in the elderly or seriously ill.

The fluid from the blisters in zoster/shingles can be contagious to people who have never had chicken pox. However, shingles is much less contagious overall than chicken pox itself, which spreads primarily by droplets/cough. If a patient with zoster/shingles infects a susceptible person, they get chicken pox and not shingles.

The good news is that there is treatment for zoster/shingles. Although there is no cure for zoster (it is a virus, after all!), there are prescription medications that can make the outbreak less severe, less painful and shorter in duration. Medications include acyclovir (Zovirax), famcyclovir (Famvir) and valacyclovir (Valtrex). In order to be effective, the medication must be started within 3 days of the onset of the rash, so it is important to see your healthcare provider as soon as symptoms appear. The pain of shingles is often treated with anti-inflammatory medications (ibuprofen or the like) or stronger narcotic pain medications. Just like with chicken pox, aspirin should not be taken for shingles, because it can possibly

lead to a severe liver inflammation with coma known as Reye's Syndrome, which can be fatal.

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Helpful Links:

American Academy of Family Physicians patient information web site (familydoctor.org), at <http://familydoctor.org/x2124.xml>

Centers for Disease Control's patient information web site at <http://www.cdc.gov/nip/diseases/varicella/faqs-gen-shingles.htm>.

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