

What is Herpes Zoster and who gets it?

Herpes zoster (HZ), also known as “shingles” or “zoster”, is a viral infection caused by the same virus that causes chicken pox. Anyone who's had chicken pox can develop HZ. The virus remains dormant in certain nerve cells of the body and causes HZ when it becomes reactivated. About 20 % of people who have had chicken pox will get HZ at some time during their lives. Fortunately, most people will get HZ only once. The majority of people who develop HZ are otherwise healthy, but it is not known why the virus gets reactivated in healthy people. Although children can get HZ, it is more common in people over the age 50. Illness, trauma and stress may trigger a HZ attack. People with weakened immunity are more likely to get HZ. This includes patients with cancer or AIDS, patients receiving radiotherapy or drugs that suppress the immune system such as corticosteroids (e.g., prednisone), cyclosporine or chemotherapy.

What are the signs and symptoms of HZ?

The first symptom of HZ is usually burning pain, tingling or increased sensitivity in one area of the skin usually limited to one side of the body, most often on the trunk. This may start one to three days before a red rash appears at that site, and may be accompanied by fever or headache. The red rash soon turns into groups of blisters that look a lot like chicken pox. The blisters start out clear but pus or blood often collects in them before they scab over in two to three weeks and then begin to disappear. The pain may last longer. Rarely HZ presents as pain without blisters or blisters without pain.

How is HZ diagnosed?

The diagnosis is based on the way the blisters look and a history of pain before the rash arises on one side of the body. Dr. McCauliffe sometimes scrapes skin cells and collects fluid from blisters for laboratory testing.

What are the complications of HZ?

Constant or episodic pain that continues after the skin has healed is called “*post-herpetic neuralgia*”. It can last for months to years and is more common in older people. The use of medication in the early stages of the HZ may help prevent this complication. Bacterial infections of the blistered areas may develop and require antibiotic pills. Complications that occur more frequently in people with weakened immune systems include scarring and spread of HZ all over the body, or to internal organs. Great care is needed if the blisters involve the eye because permanent eye damage can result. Blisters on the tip of the nose signal possible eye involvement. You should see an ophthalmologist (eye specialist) immediately if signs or symptoms of eye involvement develop.

Beware - HZ is contagious!

The virus that causes HZ can be spread to others who have not had or been immunized against chicken pox. If infected they will develop chicken pox, not HZ. Although HZ is much less contagious than chicken pox, persons with HZ should avoid physical contact and sharing towels, clothing, etc., with people who have not had chicken pox, especially when most contagious - when skin blisters are present. *Newborns or those with decreased immunity are at highest risk for contracting chicken pox from a HZ patient. Patients with HZ should avoid contact with pregnant women who have never had chicken pox as this could lead to a serious if not fatal infection of the unborn baby.* It is unknown how long immunization against chicken pox protects against HZ exposure.

How is HZ treated and Prevented?

HZ, usually clears on its own in a few weeks and seldom recurs. Cool compresses are helpful in soothing any discomfort and antibiotic ointments can be helpful in preventing bacterial infections. If diagnosed early (usually within the first 72 hours), anti-viral drugs can be prescribed to decrease the duration of skin lesions. They are also routinely prescribed for severe cases of HZ with eye involvement, or for those with decreased immunity. The earlier treatment is started the better. These drugs do not seem to prevent post-herpetic neuralgia, but may shorten its duration. These drugs occasionally cause headache, stomach upset or lightheadedness. Corticosteroids, sometimes in combination with anti-viral drugs, also are used for severe infection, such as in the eyes, and to reduce severe pain. HZ-related pain can be treated with non-prescription or prescription-strength pain pills. An ointment containing capsaicin, is helpful for some people with less severe pain. It is applied to painful areas of the skin 3 to 4 times a day and the pain gradually eases over 1 to 3 weeks. More severe pain sometimes requires consultation with a pain specialist. People 60 years old and above can get the “*Shingles*” vaccine to lower the risk and lessen the symptoms of future shingles outbreaks.