

HERPES ZOSTER (SHINGLES)

TO YOUR HEALTH - PATIENT EDUCATION HANDOUT

5.2

DESCRIPTION

A viral infection of the central nervous system. Herpes zoster is contagious to persons who have not had chickenpox and frequently to patients requiring immunosuppressant drugs for an illness. It can affect all ages, but is more common in adults over age 50.

FREQUENT SIGNS AND SYMPTOMS

Painful red blisters anywhere on the body. Blisters appear 4 to 5 days after early symptoms begin. The blisters appear on a broad streak of reddened skin along sensory-nerve routes to a particular area of skin. They occur more often on the trunk, and spread only on one side of the body. Mild chills and fever. General ill feeling. Mild nausea, abdominal cramps or diarrhea. Chest pain, face pain, or burning pain in the skin of the abdomen, depending on the affected area.

CAUSES

Herpes zoster is caused by the varicella-zoster virus, the same virus that causes chickenpox. It may lie dormant in the spinal cord until triggered by risk factors.

RISK INCREASES WITH

- Adults over 50.
- Stress.
- Hodgkin's disease.
- Illness that has lowered resistance.
- Use of immunosuppressive or anticancer drugs.
- Spinal surgery or radiation.
- Leukemia or lymphoma.

PREVENTIVE MEASURES

Cannot be prevented at present. Varicella vaccines may greatly decrease the attaching of chicken pox and subsequent shingles, but it is not always 100% effective. With rare exceptions, one attack of zoster confers lifelong immunity.

EXPECTED OUTCOME

The rash usually clears in 14 to 21 days. The nerve pain may last for another month or longer. One attack usually provides immunity against herpes zoster, but a few persons have had more than one attack.

POSSIBLE COMPLICATIONS

Secondary infection in the herpes zoster blisters. Chronic pain, especially in the elderly, that persists for months or years in the sensory nerves where the blisters have been. Corneal ulceration. Central nervous system infection. Transmission of the virus to pregnant women who have not had chicken pox can be dangerous to unborn child.

GENERAL MEASURES

Diagnosis is usually not possible until rash appears. Before then, the symptoms may mimic appendicitis, pleurisy or other conditions. Diagnostic tests may include laboratory blood tests and culture of fluid from blister, and skin biopsy (rare). Primary goal of treatment is to relieve the itching and pain as much as possible, usually with topical and oral medications. The nerve pain that lingers after the skin clears is the most difficult to treat, and unfortunately, there are no therapies to prevent it. When bathing, wash blisters gently. Don't bandage the sores. Apply cool, moist compresses if this decreases the pain. Soak in a tub of water to which cornstarch or colloidal oatmeal (Aveeno) has been added. Other pain remedies have been advocated, but none has been shown to be consistently effective.

MEDICATION

- Calamine lotion for the blisters
- For minor discomfort, you may use non-prescription drugs such as acetaminophen
- Stronger pain relievers if needed
- Tranquilizers for a short time
- Cortisone drugs to relieve pain in severe cases
- Antiviral drugs may be prescribed
- Injections of nerve block may be recommended in severe cases

DIET

Maintain a nutritious diet. Use supplemental vitamins if recommended.

NOTIFY OUR OFFICE IF...

- Pain is intolerable, despite treatment.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.
- Secondary infection

Student Health Center



WWW.SIU.EDU/~SHC

This information is for educational purposes only. Consult your doctor for specific medical advice, diagnosis and treatment.

618-453-3311

Dial-A-Nurse is available after-hours until 10:30 p.m. during fall and spring semesters. In case of emergency dial 911.