



Herpes Zoster (“Shingles”)

What is herpes zoster?

Herpes zoster is a localized, blistering and painful rash caused by reactivation of the chickenpox virus (the varicella-zoster virus). Herpes zoster is characterized by a dermatomal distribution, that is the blisters are confined to the cutaneous distribution of one or two adjacent sensory nerves, giving a unilateral, somewhat linear eruption.

Who gets herpes zoster?

Anyone that has previously had varicella (chickenpox) may subsequently develop zoster. Zoster can occur in childhood but is much more common in adults, especially older people. People with various kinds of cancer have a 40% increased risk of developing zoster. People who have had zoster rarely get it again; the chance of getting a second episode is about 1%. Although most people with herpes zoster are healthy, herpes zoster often affects people with weak immunity. Note that herpes zoster is infectious to people who have not previously had chickenpox (but would give them chickenpox).

What causes herpes zoster?

After primary infection—varicella—VZV remains dormant in dorsal root ganglia nerve cells in the spine for years before it is reactivated and migrates down sensory nerves to the skin to cause herpes zoster.

The first sign of herpes zoster is usually pain, which may be severe, relating to one or more sensory nerves. The pain may be just in one spot, or it may spread out. The patient usually feels quite unwell with fever and headache. The lymph nodes draining the affected area are often enlarged and tender.

Within one to three days of the onset of pain, a blistering rash appears in the painful area of skin. It starts as a crop of red papules. New lesions continue to erupt for several days within the distribution of the affected nerve, each blistering or becoming pustular then crusting over.

What are the complications of herpes zoster?

Eye complications when the ophthalmic division of the first cranial nerve is involved

Deep blisters that destroy the skin, taking weeks to heal followed by scarring

Muscle weakness in about one in 20 patients. Facial nerve palsy is the most common result (see Ramsay Hunt syndrome).

Herpes zoster in the early months of pregnancy can harm the fetus, but luckily this is rare.

Post-herpetic neuralgia

Post-herpetic neuralgia is defined as persistence or recurrence of pain in the same area, more than a month after the onset of herpes zoster. It becomes increasingly common with age, affecting about a third of patients over 40.

What is the treatment of herpes zoster?

Oral antiviral treatment can reduce pain and the duration of symptoms if started within one to three days after the onset of herpes zoster.

Prevention of herpes zoster

Because the risk of severe complications from herpes zoster is more likely in older people, those aged over 60 years might consider the zoster vaccine, which can reduce the incidence of herpes zoster. In people who do get herpes zoster despite being vaccinated, the symptoms are usually less severe, and post-herpetic neuralgia may be less likely to develop.