

Medical guidance notes and information

Shingles guidance

What is it?

Shingles is an infection caused by the Varicella Zoster virus, which is the virus which causes chicken pox. Shingles can occur in people who have had chicken pox, and represents a reactivation of the dormant virus.

Signs and Symptoms

The first sign is usually a tingling feeling, itchiness, or stabbing pain on the skin. After a few days, a rash appears as a band or patch of raised dots on the side of the trunk or face. The rash develops into small fluid-filled blisters which begin to dry out and crust over in several days. When the rash is at its peak, symptoms can range from mild itching to intense pain.

If you have not had chickenpox, you can catch chickenpox from contact with the blister fluid of a person with shingles. You cannot catch shingles from someone with shingles.

Women who acquire chickenpox during **pregnancy** are at risk for congenital infection of the foetus. Exposure to chickenpox of previously not infected/non immunised pregnant women should be avoided, and if it occurs should be immediately reported to their GP.

Treatment

The severity and duration of an attack of shingles can be significantly reduced by immediate treatment with antiviral drugs. These drugs may also help stave off the painful after effects of shingles known as post herpetic neuralgia. In some cases post herpetic neuralgia may continue for several months.

Prognosis

Although shingles can be very painful and itchy, it is not generally dangerous to healthy individuals, and usually resolves without complications. The rash and pain usually go away within 3-5 weeks. Sometime serious effects including partial facial paralysis (usually temporary), ear damage or encephalitis (inflammation of the brain) can occur. Persons with shingles on the upper half of the face should seek medical attention immediately as the virus can cause serious damage to the eyes. Most people who have shingles only have one bout of the disease in their lifetime. However, some individuals may suffer repeated episodes.

If an individual has shingles on their body and this can be covered, it is very unlikely they will be infectious to work colleagues. Other people would need to have direct contact with the blister fluid to catch chickenpox, and they will only be at risk if they have never had chickenpox before. Once the blisters have scabbed over there is no risk of infection.

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If an operational member of staff has shingles affecting the upper half of their face, they may need to be seen to assess their vision. Please seek further advice from LUOH in such cases.

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