



Shingles

Vaccination is recommended for people 50 and older and all adults living with HIV.

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Shingles is a condition caused by varicella-zoster virus (VZV), which also causes chickenpox. It is characterized by a painful rash, sometimes accompanied by flu-like symptoms. In some cases, it can lead to long-term nerve damage. Like other viruses in the herpes family, VZV causes lifelong infection.

Most people acquire VZV during childhood. Chickenpox was once very common, but its incidence has declined dramatically in the United States since the advent of childhood immunization in 1995. After recovery, the virus establishes latent infection in nerves and can reactivate later in life to cause shingles (herpes zoster).

According to the Centers for Disease Control and Prevention (CDC), about one in three adults will develop shingles during their lifetime. This typically occurs in older individuals, but people living with HIV—especially those with a low CD4 T-cell count—and other people with weakened immunity are susceptible at any age.

VZV spreads primarily through contact with fluid from chickenpox or shingles sores. Shingles exposure doesn't directly lead to shingles, but people with an outbreak can transmit the virus to others who have never been infected or vaccinated, and they can develop chickenpox.

People having a shingles outbreak may first develop fever, fatigue, headache or other flu-like symptoms, and they may experience burning, itching or tingling—known as a prodrome—before breaking out in a rash.

While chickenpox is characterized by an itchy rash that can occur anywhere on the body, shingles typically has a more limited distribution, often appearing on one side of the body or face in a band-like pattern following the path of a nerve. The rash consists of flu-filled blisters that are itchy and painful. In some cases, shingles can also affect the eyes, inner ear, lungs and brain.

Shingles blisters typically heal within a few weeks, but the rash may last longer in people with weakened immunity. Some people develop long-lasting nerve damage known as postherpetic neuralgia, which can lead to chronic pain or numbness.

Vaccination and Treatment

A vaccine called Varivax prevents initial VZV infection and chickenpox. It is recommended for children under 13 as well as adolescents and adults who have never had chickenpox. A different vaccine, Shingrix, prevents shingles outbreaks in people who already carry the virus. It reduces the risk for shingles outbreaks and postherpetic neuralgia by more than 90%.

The CDC recommends Shingrix for all adults ages 50 and older, including those who have already had shingles or previously received Varivax or an older shingles vaccine called Zostavax. It is also recommended for younger adults with compromised immunity, including those living with HIV. Shingrix is a two-shot series spaced two to six months apart. The vaccine can cause injection site soreness and flu-like symptoms, but serious side effects are rare.

VZV cannot be cured, but antiviral medications can reduce pain, speed healing and lower the likelihood of recurrent outbreaks and postherpetic neuralgia. Three related nucleoside analog medications—acyclovir (Zovirax), valacyclovir (Valtrex) and famciclovir (Famvir)—are used to treat shingles. Treatment works best when started as soon as possible after the first symptoms or prodromal signs. These antivirals are generally well tolerated with few side effects.

Beyond antivirals, over-the-counter medications and topical preparations can be used to relieve pain. Some people, especially those with postherpetic neuralgia, may need stronger prescription pain medications. During an outbreak, keep sores clean and dry, as this helps speed up healing and prevent bacterial infection.

Researchers are studying new therapies that might be more effective for shingles and postherpetic neuralgia. Ask your doctor whether a clinical trial might be a good option for you.

