

Shingles & PHN

YOUR QUESTIONS ANSWERED

A public service of the VZV Research Foundation

The world's only nonprofit organization dedicated to fighting the varicella-zoster virus (VZV) and the diseases it causes: chickenpox, shingles and post-herpetic neuralgia (PHN)

Shingles & PHN

*Have you had chickenpox?
Are you over the age of 50?*

For more information on VZV infections,
visit the VZV Research Foundation's website

at

www.vzvfoundation.org

The VZV Research Foundation does not practice medicine and no information contained in this booklet is medical advice or a substitute for the advice of a physician. If you have any of the conditions or symptoms described in this booklet, you should consult a physician immediately.

If you answered “yes” to both questions, then you may be among the nearly one million Americans who will develop shingles over the next twelve months.

Why worry about it? *Herpes zoster* or *shingles*, an outbreak of rash or blisters on the skin, can be very painful. The rash and pain usually occur in a band on one side of the body, or clustered on one side of the face.

How do you get it? Shingles is caused by the *varicella-zoster virus* (VZV), the same virus that causes varicella or chickenpox in 95 percent of Americans by age 18. Following a bout of chickenpox, the virus lies dormant, or *asleep* in nerve tissues. However, in an estimated one out of seven people over the course of an 85-year lifetime, the virus can reappear as shingles.

Why not let shingles run its course? In otherwise healthy individuals, shingles may disappear without major consequence in two to four weeks. But the risk of complications from shingles increases with age, weakened immunity (the body's ability to

ward off disease) and delay or lack of treatment.

Complications resulting from shingles include *post-herpetic neuralgia* (PHN), which can cause debilitating pain lasting months or even years. Many PHN sufferers are also prone to depression.

In addition to PHN, shingles can lead to other serious, acute or chronic complications, including those affecting *vision, muscle function and the central nervous system*.

The urgent need for increased research and education on chickenpox, shingles and PHN led to the formation of the *VZV Research Foundation* (VZVRF) in 1991. This publicly-supported charity serves as an important information resource to thousands of VZV sufferers, their families and their physicians. The Foundation also sponsors international scientific conferences on VZV and awards research grants to study the virus, and to develop both new vaccines to prevent chickenpox and shingles and new treatments for PHN pain.

Herpes zoster or shingles has been plaguing man since ancient times. In his book, SHINGLES AND PHN, Thomas Carl Thomsen references an essay in the History of Medicine, which stated that “*Job was afflicted with a general eruption of sores, causing great itching, severe pain, and discoloration of skin, and tending to cause swelling of the eyelids and closure of the eyes.*” A pretty good description of...shingles affecting the (eye).”



According to the book, HERPES DISEASES AND YOUR HEALTH, by Dr. Henry H. Balfour, Jr. and Ralph C. Heussner, the word shingles is derived from the Latin word *cingulum*, meaning belt or girdle, and referring to its girdle-like distribution on the body. *Zoster* is the Greek word for belt.

1 Who can get shingles?

Everyone who has had chickenpox is at risk for shingles. It is most common among people over the age of 50, but can develop at any age. The risk of developing shingles is greater among individuals who have conditions or are undergoing medical treatments that weaken their immune systems. These include: HIV infection; chemotherapy or radiation therapy; corticosteroids; transplant operations and possibly stress. Typically, the older the person, the more severe and long lasting a shingles attack is likely to be.

The VZV Research Foundation estimates that in the United States alone, nearly one million people are afflicted with shingles yearly.

2 What causes the varicella-zoster virus to reactivate?

Scientists do not know exactly what triggers a reemergence of the varicella-zoster virus (VZV). Research is underway to determine this. However, scientists do know that it more commonly occurs in people over age 50, and in those who have a weakened immune system brought on by aging or an illness such as cancer or HIV infection, and certain medical treatments such as chemotherapy, radiation and steroids. Some theorize that stress may also cause a shingles outbreak.



Shingles rash on the trunk.

3 What are the signs and symptoms of shingles?

The early signs of a shingles outbreak are so vague, they can easily be mistaken for another illness. They include: burning or shooting pain, numbness, tingling or itching in an isolated region on one side of the body or face. Mild flu-like symptoms, such as headache, fever, chills and nausea, may also be present.

Lesions (the rash) appear on the skin from one to 14 days later, usually in a band on one side of the body, or clustered



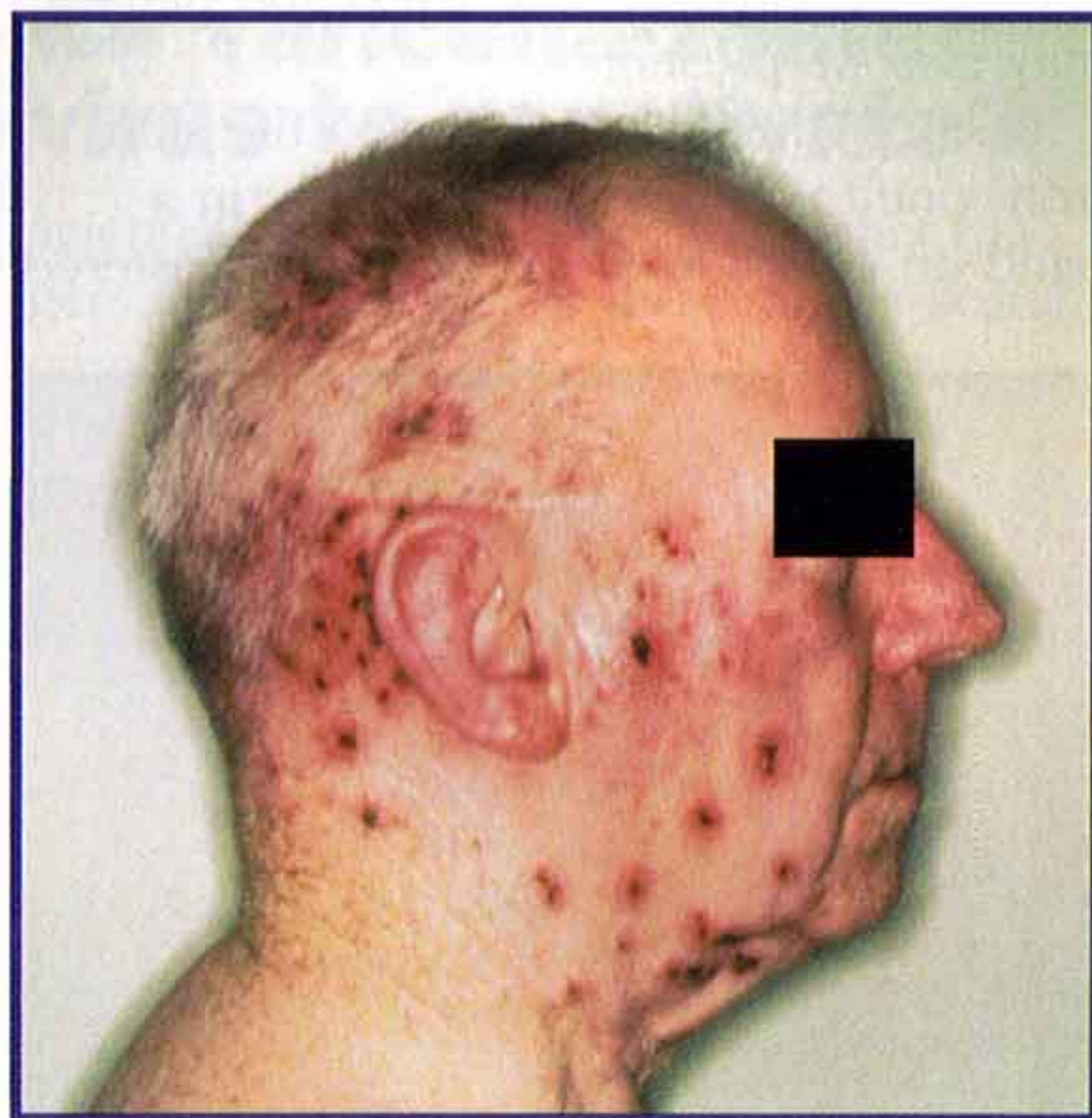
Shingles rash on the chest.

on one side of the face (where there previously was pain). In two to four days, these lesions become fluid-filled blisters. In two to four weeks, they slowly crust, scab and heal. Once the blisters heal, one may continue to have pain for a month or longer. The skin may also become discolored where the rash once was.

It is important that you see your doctor if you suspect shingles; treatment works best if begun within 24 to 72 hours of the appearance of the rash.

4 Where do the rash and pain usually appear?

The rash and pain of shingles usually occur on either the trunk, back, chest, head, face, lower part of the spine or neck.



Shingles rash on the face.

5 Can shingles occur without a rash?

Yes, but this is rare. It is called *zoster sine herpette*. The shingles rash may also go unnoticed. Shingles typically starts out without the rash. The patient may experience burning or shooting pain, numbness, tingling, itching, headache, fever, chills or nausea. While the rash almost always follows, it may be disregarded or mistaken for something else.

6 Can shingles be prevented?

Currently, shingles itself cannot be prevented. However, the chickenpox vaccine, which was approved by the FDA in 1995, prevents chickenpox and, therefore, decreases the likelihood that a vaccinated individual will later develop shingles. A similar vaccine is being studied as a possible prevention for shingles in adults who have had chickenpox.

7 How can the immune system be strengthened to decrease the chances of developing shingles?

Although shingles cannot be prevented at this time, common sense suggests that staying healthy, eating a nutritious diet, exercising regularly, resting adequately and

controlling stress may help keep the immune system healthy. In turn, the chances of avoiding or recovering from shingles may be increased.

8 How is shingles treated?

Antiviral drugs are prescribed to speed recovery from shingles. *However, antivirals work best when taken 24 to 72 hours after the appearance of the rash.* Oral antivirals include acyclovir, famciclovir and valaciclovir.

9 Can a person get shingles twice? If so, does it appear in the same place twice?

Yes, a person can get shingles twice – it recurs in an estimated one to five percent of patients – and it can reappear many years after the initial episode of shingles. If shingles strikes a second time, it will usually not appear in the same location.

Most people who seem to experience multiple episodes of shingles are probably having recurrent infection with a related herpes simplex virus and not true shingles.

10 Can a person who has never had chickenpox develop shingles?

No. To get shingles, one must already have had a case of chickenpox and therefore harbor the varicella-zoster virus in the nervous system. However, the case of his or her chickenpox may have been very mild and unrecognized.

11 Is shingles contagious?

Shingles cannot be caught from a shingles sufferer. Nor can a person catch shingles if exposed to someone with chickenpox. However, a person who has never had chickenpox can come down with chickenpox if he or she is exposed to the shingles rash.

Although shingles is caused by a herpes virus, it is not the same virus that causes the common oral and genital herpes infections.

12 What is post-herpetic neuralgia (PHN)?

Post-herpetic neuralgia (PHN) is the name given to the pain that persists for one to three months, or even years after the shingles rash has healed. The risk of developing PHN is directly related to the patient's age when shingles appears. Patients whose

shingles affects their forehead and eyes, a condition known as *ophthalmic shingles*, may also be at increased risk for PHN.

The pain of PHN is the result of injury to the peripheral nerves. It may be sharp, piercing, throbbing or stabbing, and it may extend beyond the area of the original shingles eruption. The skin may be unusually sensitive to even the lightest touch (as from clothing), to the smallest breeze, and to changes in temperature (either hot or cold). The severity and duration of pain appears to increase with age.

13 How is PHN treated?

PHN is treated by a variety of pain-relieving approaches: nonsteroidal anti-inflammatory drugs, narcotic analgesics and specific medications for nerve injury-related pain, including certain medications best known for treating depression. In 1999, the FDA approved a lidocaine skin patch for PHN pain.

The effectiveness of treatment for PHN varies widely among patients. If you develop PHN, you may wish to consult a physician who specializes in the treatment of pain; one option is the attending neurologist or anesthesiologist of a leading hospital in your area.

14 What other complications are associated with shingles?

In addition to PHN, complications affecting

vision and/or hearing are possible if shingles appears on the face. For instance, if shingles affects the eye (ophthalmic shingles), the cornea can become infected, resulting in *temporary or permanent blindness*. In patients with severely weakened immunity, the shingles virus can also spread to internal organs, *infecting the lungs, central nervous system and brain*.

However debilitating it may be, shingles is rarely fatal, except in patients with severely weakened immunities.

15 What should I do if I suspect I have shingles?

See a doctor immediately if you are experiencing any of the symptoms of shingles or if there is any unexplained rash or pain in any part of your body. Shingles treatment is most effective if administered by a doctor within 24 to 72 hours of the appearance of the rash.

If a doctor cannot determine the cause of a shingles-like condition, the patient can suggest that it could be shingles. If a rash is present, the doctor can conduct a test to determine whether it is shingles.

16 How can a physician test for shingles?

The test to determine whether a patient has shingles consists of the examination in the laboratory of cells recovered from a skin lesion.

17 If I suspect I have shingles, what type of physician should I see?

You can consult a general practitioner, family physician, internist, dermatologist or neurologist.

REMEMBER...

**...Be aware:
KNOW THE SIGNS AND
SYMPTOMS OF SHINGLES**

**...Be alert:
ARE YOU EXPERIENCING
ANY OF THESE SIGNS OR
SYMPTOMS?**

**...If so,
SEE YOUR DOCTOR
IMMEDIATELY, AND
TELL YOUR DOCTOR
YOU THINK YOU
MAY HAVE SHINGLES.**

VZV RESEARCH FOUNDATION

The VZV Research Foundation is the world's only nonprofit organization combating VZV infections — chickenpox, shingles and post-herpetic neuralgia (PHN) — through research and education. Founded in 1991 as a publicly-supported charity, it is guided by its Board of Directors and has a Scientific Advisory Board consisting of more than 30 internationally renowned experts on VZV.

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The VZV Research Foundation does not practice medicine and no information contained in this booklet is medical advice or a substitute for the advice of a physician. If you have any of the conditions or symptoms described in this booklet, you should consult a physician immediately.

THIS PUBLICATION WAS MADE POSSIBLE
BY AN EDUCATIONAL GRANT FROM:
SMITHKLINE BEECHAM PHARMACEUTICALS

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