



SHINGLES (Herpes Zoster)

WHAT IS SHINGLES?

Shingles is a very painful disease caused by the same herpes virus that causes chicken pox (varicella zoster virus). Like other herpes viruses, the varicella-zoster virus has an initial infectious stage, (chicken pox) followed by a dormant stage. Then, with no warning, the virus becomes active again.

This reactivation of the virus is most likely to occur in people with a weakened immune system. This includes people with HIV disease, and anyone over 50 years old.

Herpes zoster lives in nerve tissue. Outbreaks of shingles start with itching, numbness, tingling or severe pain in a belt-like pattern on the chest, back, or around the nose and eyes. In rare cases, herpes can infect the facial or eye nerves. This can cause outbreaks around the mouth, on the face, neck, and scalp, in and around the ear, or at the tip of the nose.

Shingles outbreaks are almost always on just one side of the body. Within a few days, a rash appears on the skin area related to the inflamed nerve. Small blisters form and fill with fluid. Later they break open and develop crusty scabs.

If the blisters are scratched, someone with shingles might develop a skin infection. This could require treatment with antibiotics and might cause scars.

In most cases, the rash goes away within a few weeks, but in some cases, severe pain can last for months or even years. This condition is called "post herpetic neuralgia."

SHINGLES AND HIV

Shingles is not one of the infections that leads to a diagnosis of AIDS.

A recent study of people with HIV found the highest rates of shingles in:

- gay or bisexual men
- those younger than age 29
- people with less than 500 T-cells
- whites rather than blacks or Hispanics

Shingles can occur in people with HIV shortly after they start taking strong

antiviral medications. These cases of shingles are believed to be a sign of a recovering immune system.

HOW IS SHINGLES TRANSMITTED?

Shingles can only occur after someone has had chickenpox. If someone who has already had chickenpox comes into contact with the fluid from shingles blisters, they will not "catch" shingles. However, people who have not had chickenpox could become infected with herpes zoster and develop chickenpox. They should avoid contact with the shingles rash or with any materials that may have touched the shingles rash or blisters.

HOW IS SHINGLES TREATED?

The standard treatment for shingles is the drug acyclovir, which can be given orally (in pill form) or intravenously in more severe cases.

Recently, two new drugs have been approved for the treatment of shingles: famciclovir and valacyclovir. Both famciclovir and valacyclovir are taken three times each day, compared to five times for acyclovir. All of these drugs work best when they are started within the first three days after the shingles pain begins.

Doctors often prescribe various pain medications for people with shingles. Because the pain of shingles can be so intense, some researchers have looked for other ways to block the pain. When the herpes zoster virus inflames nerves, they pump out a chemical messenger called glutamate. Glutamate then lands on receptors on nearby cells, which transmit pain signals to the brain.

Shingles triggers such a flood of glutamate that some cells stop functioning while others become hypersensitive. This probably explains why shingles patients can feel great pain even when skin is touched only lightly.

There are drugs that can block the receptor sites where glutamate lands, and researchers are studying whether these drugs will help relieve shingles pain.

In 1999, the FDA approved a patch form of the anesthetic lidocaine. The patch, called Lidoderm, provides pain relief for some people with shingles. Because lidoderm is applied to the skin, it has less risk of side effects than pain medications taken in pill form.

CAN SHINGLES BE PREVENTED?

Currently, there is no way to predict an outbreak of shingles, and there is no medication approved to prevent it.

However, researchers have shown that giving older people a stronger form of the chicken pox vaccine used for children can boost the type of immunity believed necessary to hold the virus in check. The researchers hope to show that this increased immunity will result in a lower risk of shingles in later life.

THE BOTTOM LINE

Shingles is an unpredictable, very painful disease. It is caused by a re-activation of the virus that causes chicken pox. Although not directly linked to HIV, shingles seems to occur more frequently in people with AIDS.

Although shingles may disappear within a couple of weeks, severe pain may continue for several months.

There is no known way to prevent outbreaks of shingles.

The disease has been treated with acyclovir, taken five times daily, or given intravenously in severe cases. Two newer drugs, famciclovir and galaciclovir, seem to be more effective against the pain of shingles and need to be taken only three times each day.

It can be very difficult to deal with the pain of shingles. A newer treatment is an anesthetic patch that can be applied directly to the skin.

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