

Shingles

What is Shingles?

Herpes zoster or shingles is a localised, painful rash caused by reactivation of the varicella zoster virus (VZV) which is the same virus that causes chickenpox. You can only develop shingles if you have already had chickenpox or the vaccination against chickenpox.

Shingles occurs in 1 in 3 Australians in their lifetime, usually many years after the initial chickenpox illness and is more common in people who are over 40 years of age or who have weakened immune systems.

How is it spread?

Shingles is not directly spread from person to person, it results from a reactivation of the varicella virus; however contact with the blister fluid from the shingles rash can cause chickenpox in a person who is not immune. Shingles is less contagious than chickenpox and the risk of a person with shingles spreading the varicella virus is low if the rash is covered with an occlusive dressing (sealed to air and moisture) or the rash is dried and crusted over.

Who is most at risk to varicella infection if exposed to shingles?

It is important that non-immune pregnant women and newborns in the first 4 weeks of life are identified and managed if they have been in contact with a person with shingles. Post-exposure prophylaxis may be offered to reduce the risk of complications of varicella zoster virus infection in the unborn baby or newborn. Contacts at greater risk of complications such as those on immunosuppressive therapy should also be identified for management.

Signs and symptoms

Shingles usually presents as a blistering (vesicular) rash which is often painful and lasts for up to 2 weeks. The rash occurs in skin supplied by the affected nerve, is usually on one side of the body and is often on the trunk or neck and sometimes affects the eyes. Often in the 48 to 72 hours before the rash appears people complain of itching or tingling or severe pain in the area of the affected nerve. Headache, lethargy and photophobia (intolerance of light) may also occur.

What are the complications?

The most common complication of shingles is chronic nerve pain known as post-herpetic neuralgia (PHN). About 10% of all shingles cases develop PHN. PHN is more common in older people and the risk continues to increase with age. The pain may last for several months, to several years in the affected area.

Other complications include:

- infection throughout the body

- scarring after the shingles rash
- eye damage where the ophthalmic nerve has been affected.
- secondary bacterial skin infection
- complications such as nerve palsies
- lung infection

People who have weakened immune systems are more likely to develop shingles and may develop more widespread lesions.

Infectious period

Infection from blister fluid is possible until the lesions are dry and crusted over (5 to 7 days from when the rash appears).

Prevention

There are vaccines available that can reduce the risk of developing shingles and the long-term pain caused by complications such as post-herpetic neuralgia (PHN).

There are 2 vaccines available in Australia for the prevention of shingles.

Zostavax® is a live vaccine currently funded under the National Immunisation Program for immunocompetent adults aged 70 – 79 years and is a one dose course. This vaccine is not recommended for people who are immunocompromised.

Shingrix® is a non-live vaccine and available by private prescription from your doctor. It is a 2 dose course separated by at least 2 months. This vaccine can be given to people with weakened immune systems.

Shingrix will be added to the National Immunisation Program for Aboriginal and Torres Strait Islander people 50 years and over and non-Aboriginal and Torres Strait Islander people at 65 years of age and older from 1 November 2023.

Shingles vaccine is recommended for:

- people aged ≥ 50 years
- people aged ≥ 18 years who are at increased risk of herpes zoster who have weakened immune systems (Shingrix only)
- people aged ≥ 50 years who are household contacts of a person who has a weakened immune system (Shingrix is preferred but Zostavax can be given)

Please discuss the vaccination with your immunisation provider.

Treatment

Anti-viral treatment can be used for shingles to reduce the severity and duration of pain and promote early healing.

People who are vaccinated and develop shingles should still present to their health practitioner for diagnosis and timely prescription of treatment, such as antiviral medication. Anti-viral treatment is most effective if started within 3 days of the onset of rash.

Discuss the use of antiviral treatment and pain management with your doctor as required.

Related information

- [Vaccine information | Zoster \(herpes zoster\) | The Australian Immunisation Handbook \(health.gov.au\)](#)
- [Shingles \(herpes zoster\) vaccine | Australian Government Department of Health and Aged Care](#)
- [Statement on the Clinical use of Zoster vaccine in older adults in Australia \(health.gov.au\)](#)
- [Recommendations for Shingrix use in immunocompromised adults May 2022 final.pdf \(ncirs.org.au\)](#)
- [Shingrix vs Zostavax immunocompetent older adults ATAGI recommendation Final.pdf \(ncirs.org.au\)](#)

Contact

For more information contact the Public Health Unit's Centre for Disease Control in your region. The full list of contacts of contacts can be found at [NT Health](#).

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