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Shingles

Infection Control



Shingles

WHAT IS SHINGLES?

Shingles is caused by the same virus that causes chickenpox. After you have had chickenpox, the virus lies dormant in the sensory nerves for many years. If the chickenpox virus reactivates in these nerves, blisters appear on the skin, usually in a band across one side of your body or face, (tracing the nerve pathways).

Only people that have suffered infection with the chickenpox virus in the past can get shingles.

HOW IS IT SPREAD?

The virus is not spread through the air like it is with chickenpox, but shed from the lesions on the skin before they have dried to form scabs. It is therefore less contagious than chickenpox.

You will not catch shingles from someone else but if you have not had chickenpox, it is possible to catch chickenpox from someone with shingles. This means that if you have shingles you should avoid close contact with:

- Babies and young children who have not had chickenpox.
- Pregnant women who have not had chickenpox.
- People with a low immune system (e.g. people who have recently had chemotherapy) who have not had chickenpox.

Further Information

We endeavor to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Clinical Nurse Lead, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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- As soon as you suspect shingles - report to the doctor.
- Tell the doctor all your symptoms.

FURTHER INFORMATION

If you require further information or advice, please ask the Sister or Senior Nurse in charge of the ward.

Information can also be obtained from the Infection Control Team on **01932 722128 / 723052**.

Additional advice can be obtained by logging onto:
www.hpa.org.uk.

WHO IS AT RISK FROM SHINGLES?

There is often no obvious reason why the chickenpox virus becomes active again and causes shingles. However, it is more likely to happen if your immune system has become weaker.

This may be for a number of reasons:

- Infection by other germs, or through injury or surgery.
- Radiation, chemotherapy and steroid treatments within the last 3 months.
- Certain types of cancer, leukaemia, lymphoma.
- Organ or bone marrow transplants.
- AIDS/HIV.
- Natural weakening of the immune system due to age, physical or emotional stress.

SYMPTOMS

Most cases of shingles occur in people over the age of 50. Early symptoms are often vague and can easily be mistaken for other illnesses. The first sign is often an unexplained pain or numbness. This pain can take many different forms - aching, stabbing or shooting pains but, early on, is often described as a burning sensation. Mild flu-like symptoms, fever and an upset stomach may also occur.

The rash will appear sometime within the first few days. It will present with blisters containing fluid. It appears in groups or bands on one side of the face or body in the area of skin supplied by the affected nerve.

Once the rash has appeared, the blisters will form scabs and then heal over during the next couple of weeks. The rash may sting and, as it heals, will begin to itch. Cool water compresses, calamine, menthol lotions, and common painkillers can help. In some people, the pain can last for weeks or even months after the blisters have healed. This pain can be difficult to treat, but the doctor will advise you.

It is also possible that your skin will be slightly discoloured or scarred.

TREATMENT

Treatments are available, the choice of which depends on how severe the infection is and the age of the patient. Certain antiviral therapies can shorten the attack, as well as reducing the chance of developing long-term pain after the shingles has gone. However, for these treatments to be fully effective, they should be started within 3 days of the initial appearance of the rash. Other treatments include painkillers to ease the symptoms of the attack and antibiotics to treat a bacterial infection that has gained access through the damaged skin.

IF YOU ARE IN HOSPITAL

All patients with clinically suspected chickenpox or shingles should be nursed in a side-room until they are deemed non-infectious by the medical staff. This is done to protect other patients in the ward who might have a weakened immune system and who are susceptible to chickenpox.

COMPLICATIONS

Long-term pain is the most common complication, this is known as post herpetic neuralgia.

People who have long-term pain can be susceptible to depression, weight loss or have difficulty sleeping. Problems with sight or hearing are not common but may happen if shingles affects your face.

Your doctor will advise on all matters regarding the treatment of shingles.

PREVENTION

It is not possible to be vaccinated against shingles because it is re-activation of the chickenpox virus already in the body.

However, there are steps you can take which may reduce the severity of the attack:

- Look out for early warning signs of shingles, i.e.: pain on or just under the skin on one side of the body or face, together with, or followed by, a rash and possibly a mild fever.