

Shingles

This leaflet provides information about Shingles. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is Shingles and why have I got it?

Shingles is a painful blistering rash occurring in a band or patch affecting only one side of the body. It is caused by the virus Varicella-Zoster, the same virus that causes chickenpox.

Most people have had chickenpox, usually in childhood, and the virus continues to remain inactive in the body. It can be reactivated and then cause Shingles.

Older patients are at risk and those on immune suppressing therapies including disease modifying anti-rheumatic drugs (DMARDs, e.g. methotrexate) and biologic therapies (e.g. Adalimumab) or any other medication that reduces the immune system. **JAK-inhibitors**, e.g. Baricitinib, Filgotinib, Tofacitinib and Upadacitinib are associated with a higher risk of developing Shingles than other immune suppressing therapies.

What are the signs and symptoms?

Symptoms start with burning, itching or tingling in the affected area, on one side of the body, followed by the appearance of fluid filled spots or blisters which crust over when they heal. There may also be general viral symptoms including headache, muscle aches, tiredness, enlarged glands and mild fever. These symptoms can begin up to a week before the distinctive rash appears.

Once the rash appears, it can become more painful. The fluid in the blisters contains the virus and is very infectious. Each blister takes a few days to crust over and heal but once dry is no longer infectious.

Immune compromised patients may have a longer, more painful duration of symptoms. Some patients continue to have stinging or burning pain in the affected area for weeks after the blisters have healed. This is called 'post herpetic neuralgia'.

Do I need any tests to confirm the diagnosis?

Usually no tests are necessary as a spot diagnosis can be made based on the presence of the characteristic rash, as seen below.



What treatments are available?

If you think you have the symptoms or early signs of Shingles, contact your GP immediately.

Anti-viral treatment with Aciclovir is very effective in reducing the intensity of pain and duration of Shingles and at reducing the chance of getting post herpetic neuralgia. Aciclovir works best if started very quickly.

If you think you might be getting shingles go straight to your GP for assessment and a prescription for Aciclovir **to commence immediately**, ideally the same day. Simple analgesia like paracetamol can be used for pain management, while cool compresses and loose clothing are helpful to avoid irritation.

Keep the rash clean and dry and always wash your hands after touching the blisters, as they are very infectious.

Whilst infectious you should avoid meeting pregnant women who have not had chickenpox, babies and other immune compromised people, e.g. those receiving chemotherapy, because they could catch chickenpox from you.

What happens if I do not get treatment?

Symptoms will persist for longer and there is a greater risk of post-herpetic neuralgia afterwards. The risk of complications is larger, such as blindness if the infection is affecting the face / eyes.

Is there anything I can do to prevent Shingles?

Yes, with vaccination. Immune compromised patients are eligible for a non-live version of the Shingles vaccine called **Shingrix**. It is given in two doses, two months apart.

After vaccination, you may still get Shingles but it will be milder and you will be less likely to get post-herpetic neuralgia.

If you are already taking or about to start an immune suppressing medication, we recommend you contact your GP to arrange a Shingrix vaccine.

Useful sources of information

NHS.uk [Shingles - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Versus Arthritis [Versus Arthritis | All of us pushing to defy arthritis](#)

Patient UK [Shingles \(Herpes Zoster\) | Causes, Symptoms, and Treatment | Patient](#)

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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