



What is Herpes zoster? Herpes zoster is a viral infection of the skin caused by the varicella-zoster virus (VZV), which is the same virus that causes chicken pox. After causing chicken pox, the virus remains dormant in the nerves and can reactivate later in life as zoster, also known as shingles.

It is unclear what causes the virus to reactivate. Suppression of the immune system as in times of stress or illness may allow the virus to travel down the nerve and appear on the skin. People who are immuno-suppressed such as those with cancer, following organ transplant or AIDS, may be particularly prone to zoster although any one may develop it. In general, persons over the age of 50 are more susceptible than younger people.

How does H. zoster present? Zoster often first presents with a sensation in the skin 1-2 days prior to any visible outbreak. This sensation may be a burning, tingling, itching or pain. The skin rash then develops as a grouping of red-pink based bumps that develop quickly into small painful blisters. The blisters may then progress to an irregularly shaped ulcer or sore or it may progress to crusted scabs. Once it reaches scab phase, it is no longer contagious. People with zoster should avoid pregnant women, very young children and anyone with decreased immunity. Zoster takes approximately 3-4 weeks to resolve. Most people get zoster only once.

The skin outbreak follows the innervation of a particular nerve(s) and therefore is isolated to one side of the body. It may occur anywhere on the body including the scalp, face, trunk, buttocks, arms and legs. If zoster occurs on the face, there may be eye involvement and therefore may need special care.

What are the complications of zoster? After the skin outbreak resolves and heals, people may be left with a sensation in the skin of pain, numbness, tingling or itch. This sensation is known as post-herpetic neuralgia and may last for months to years. Post-herpetic neuralgia is more common in elderly persons and may be alleviated by early use of anti-viral medication at the onset of zoster.

Zoster can also develop a secondary infection with bacteria and your provider may advise use of an antibiotic for this.

Involvement of the eye with zoster may cause scarring, glaucoma and blindness.

How is zoster treated? Most people with zoster do not require treatment and it will likely heal in a few weeks. Pain relievers and cool compresses may help to relieve the symptoms associated with zoster until it heals. On occasion, your provider may prescribe an anti-viral medication if zoster is severe, if caught early or in an immuno-suppressed person.

Can zoster be prevented? A vaccine for zoster was developed and may be used to reduce the risk of developing zoster and its complication post-herpetic neuralgia. It is available for use in people above 60 years of age. The zoster vaccine (Zostavax) is a live, weakened version of the chicken pox virus and should not be used in any person with active zoster and may have limited use in people who are immuno-suppressed.