

# ZOSTER (SHINGLES) QUICKSHEET

## NOT REPORTABLE SYMPTOMS

- The first visible symptom of zoster is a painful vesicular rash. Vesicles typically dry and crust in 7- 10 days, clearing completely within 2-4 weeks. In the 2-4 days prior to developing the rash, people often have pain, itching, or tingling in the location where the rash will appear.
- People with zoster most commonly have vesicles in one or two adjacent dermatomes (localized zoster). The rash most commonly appears on the trunk along a thoracic dermatome. The rash typically doesn't cross the body's midline and develops on only one side of the face or body in a single stripe or belt, possibly spanning 1-2 adjacent dermatomes.

## ZOSTER (HERPES ZOSTER/SHINGLES)

Primary infection with VZV causes varicella. After a person recovers from varicella, VZV remains dormant in the dorsal root ganglia and can reactivate many years later causing zoster. Although zoster most often develops in persons with a history of varicella disease, the attenuated virus in the varicella vaccine can also establish latency and reactivate as zoster.

## DISSEMINATED ZOSTER

In disseminated zoster, the rash is more widespread and affects 3 or more dermatomes. Those affected are typically immunocompromised. Disseminated zoster can be difficult to distinguish from varicella.

## DERMATOMES

A dermatome is an area of skin that is mainly supplied by a single spinal nerve.

## ZOSTER COMPLICATIONS

- Postherpetic neuralgia (PHN)
  - Pain that persists after resolution of zoster. The most common complication of zoster, PHN typically resolves after a few weeks or months, but can occasionally last for years. The risk of PHN increases with increasing age.
- Ophthalmic involvement with acute or chronic ocular sequelae (herpes zoster ophthalmicus).
- Bacterial superinfection of the lesions.
- Cranial and peripheral nerve palsies.
- Rare complications, such as meningoencephalitis, pneumonitis, hepatitis, acute retinal necrosis.



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Prevent. Promote. Protect.

### ETIOLOGIC AGENT

*Human (alpha) herpesvirus 3 (varicella-zoster virus, VZV) a member of the Herpesvirus group*

### TRANSMISSION

*Active herpes zoster lesions are infectious through direct contact with vesicular fluid or through breathing in virus particles from the blisters until they dry and scab over.*

### INFECTIOUS PERIOD

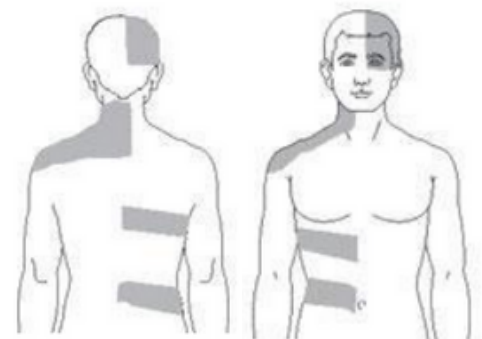
*Begins when vesicles appear and ends when the vesicles have dried and developed crusts. A person is not infectious before vesicles appear.*

### LABORATORY TESTING

*Cannot distinguish between zoster and varicella; however, laboratory testing can determine whether VZV is present by: Isolation of VZV from a clinical specimen; OR VZV antigen detected by direct fluorescent antibody test; OR VZV-specific nucleic acid detected by polymerase chain reaction (PCR).*

### ZOSTER VACCINES

**SHINGRIX**



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## EXPOSURE & CONTROL & MANAGEMENT

### DEFINITION OF ZOSTER EXPOSURE

- Exposure to immunocompetent person with localized zoster
  - Contact with not-yet-crusted lesions; e.g., via close patient care, touching, or hugging.
  - If contact precautions were being implemented (i.e., if lesions were completely covered), it is not considered an exposure.
- Exposure to immunocompetent or immunocompromised person with disseminated zoster or an immunocompromised person with localized zoster (see infection control precautions section)
  - Contact with lesions, e.g., via close patient care, touching, or hugging; or
  - Sharing indoor airspace with the infectious person (for example, occupying the same room).
  - If contact and airborne precautions were being implemented, it is not an exposure.

### PREVENTING THE SPREAD OF VZV FROM ZOSTER CASES

- Keep rash covered.
- Avoid touching or scratching the rash.
- Wash hands often, particularly after contact with the rash.
- Until crusting, avoid contact with high-risk persons who are not immune to varicella, infants <1 year of age, immunocompromised persons (such as persons receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with HIV infection).

### INFECTION CONTROL PRECAUTIONS FOR PATIENTS WITH ZOSTER

- Immunocompetent patients with:
  - Localized zoster: Use standard precautions and completely cover lesions.
  - Disseminated zoster: Use standard precautions plus airborne and contact precautions until lesions are dry and crusted.
- Immunocompromised patients with:
  - Localized zoster: Use standard precautions plus airborne and contact precautions until disseminated infection is ruled out, then use standard precautions until lesions are dry and crusted.
  - Disseminated zoster: Use standard precautions plus airborne and contact precautions until lesions are dry and crusted.

### MANAGEMENT OF HEALTHCARE PERSONNEL WITH ZOSTER

Immunocompetent Healthcare Personnel with:

- Localized zoster
  - Cover lesions; consider restriction from care of high-risk patients until all lesions are dry and crusted.
- Disseminated zoster
  - Restrict from patient contact until all lesions are dry and crusted.

Immunocompromised Healthcare Personnel with:

- Localized or disseminated zoster
  - Restrict from patient contact until all lesions are dry and crusted.

Those who are susceptible to varicella and at increased risk of varicella complications, such as immunocompromised persons of any age, pregnant women, and certain hospitalized preterm or low birth weight infants see KDPH VARICELLA QUICKSHEET