

Shingles (*Herpes zoster*) Fact sheet for staff in Long-term Care, Mental Health Substance Use and Hospice settings

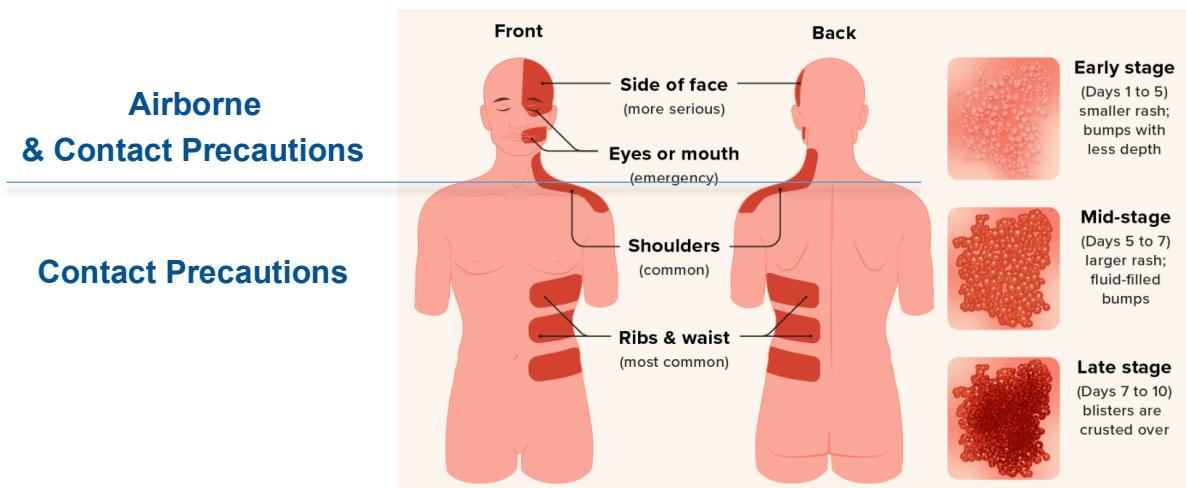
What is Shingles?

Shingles is a painful skin rash caused by reactivation of Varicella zoster virus. Shingles occurs when the virus that causes chickenpox becomes reactivated in your body. After having chickenpox, the virus "sleeps" (dormant) in one's nerve roots. In some people it stays dormant forever, while in others the virus "wakes up", causing shingles. It is possible to get shingles more than once.

- Shingles usually appears in a band or a small area on one side of the body
- Shingles is most common in older adults and people who have weak immune systems.

What are the symptoms?

Affected persons may initially have a mild fever, tiredness, flu-like symptoms, a severe burning/itchy pain or a tingling sensation over the affected area, headache, and sensitivity to light. It progresses to a band of fluid-filled vesicles in next 2-4 days, typically one-sided on 1 or more skin planes (dermatome).



Shingles Lesions: chest, neck, face & eyes, trunk & back

How is it diagnosed?

- Diagnosis is normally made by the physician based on clinical symptoms. If diagnosis is uncertain or skin rash is atypical, laboratory tests may be requested by the physician by taking a viral swab of the blister fluid.

How does it spread?

- Transfer of respiratory tract secretions or fluid from skin lesions to eyes, nose or mouth (mucous membranes) via hands
- Inhalation of tiny particles containing infectious organisms suspended in the air from someone who has lesions on their face or coughing and sneezing.
- Transfer of respiratory tract droplets directly to nose or mouth (mucous membranes) of another person via coughing, sneezing or talking

What can staff do to reduce transmission?

- Notify Infection Prevention and Control (IPC) Practitioner of all cases of localized and disseminated herpes zoster.
- Implement Appropriate Precautions:

Contact precautions:

- localized herpes zoster with drainage contained and covered

Airborne and Contact precautions:

- Drainage from the rash cannot be contained
- located on the head, neck or respiratory mucosa
- Disseminated herpes zoster- appearance of lesions outside the primary or adjacent dermatomes confirmed by MRP
- Localized herpes zoster in immunocompromised resident
- Varicella-zoster virus (VZV) is present in the cerebrospinal fluid (CSF) with skin lesions-confirmed by MRP

- Assist the resident in keeping their localized lesions covered with appropriate dressings and clothing.
- Discontinue precautions once all lesions have crusted over.
- Monitor susceptible roommates for symptoms from 6 days post exposure to 21 days post exposure.
- Stay current with recommended vaccinations.
- Consult your leadership and Health and Safety for work restrictions for pregnant or immunocompromised staff.

Please contact your Infection Prevention and Control Community practitioner at
Ask IPC Community: askIPCcommunity@fraserhealth.ca

References

[HealthLinkBC](#). Shingles. Last updated October 9, 2023.

[Fraser Health A-Z Table: Resource for selected infectious diseases, medical conditions and microorganisms](#)

[Shingles](#) BC Center for Disease Control

[Shingles](#) Fraser Health

Tim Jewell. Everything You Need to Know About Shingles Lesions. medically reviewed by Avi Varma, January 23, 2023.

UpToDate. Epidemiology, clinical manifestations, and diagnosis of herpes zoster - UpToDate. Last updated June 20, 2022