

Dr. Jeff Alexander

Internal Medicine Physician



Shingles and Shingles Vaccine

Shingles and Shingles Vaccine

Shingles is a painful rash that occurs as you age. One in two people who live to age 85 will get shingles. It all starts with the chicken pox virus that you had as a child. You never really get rid of the virus, but it lives dormant in the nerves of the spine. Your immune system is able to keep the virus confined to the nerves and you have no idea that it is there. As you age, your immune system weakens and the virus can escape, causing a painful rash along the path of the nerve.

Shingles is usually on one side of the body and is rash characterized by blisters, pain, and itching. The rash sometimes is preceded by several days of pain without a rash or can occur just as blisters with minimal pain. The most common sites of involvement are the chest, face or arms, but it can occur anywhere on the body. The rash usually continues to erupt for three to five days and usually dries up without treatment in 10 days. The blisters contain chickenpox virus, so exposure to infants and pregnant women does risk transmission of the virus (chicken pox).

The ideal treatment is a medicine named valacyclovir which is given for one week. The medicine will shorten the duration of the rash and reduce the likelihood of chronic pain after the rash (post herpetic neuralgia). It is ideal to get the medicine within 48 hours of the initial breakout, but we still treat even further out. Sometimes we use steroids as it can help speed pain relief.

The biggest problem with shingles is post herpetic neuralgia or chronic pain in the area of the rash. This pain has been called "the Devil's Grip" in medical literature because of its severity. The rash will resolve and people are left with pain that can be debilitating in the area of the rash. This pain can last weeks to years and there is no way to know who will get it. We do treat the pain with many different formulations of pain medicines which can help.

The shingles vaccine (Zostavax) has been around since 2006, and can reduce the likelihood of shingles. It is approved for ages 50 and older and currently is a onetime vaccine. The efficacy of the vaccine is greater the younger you are when you take it with a 70% efficacy if given in the fifth decade. The efficacy declines the older you are when you get the vaccine, but the ability of the vaccine to reduce postherpetic neuralgia remains near 67% no matter how old you are when you get it. If you have had shingles we still

recommend the vaccine. If you have recently had the shingles it is felt that you can wait three years before needing the vaccine as the exposure to the virus will stimulate your immune system like the vaccine.

The vaccine is a live attenuated virus. This means that people with certain cancers, on steroids, (or other immune suppression), or certain drugs for rheumatologic disease cannot take the shot. You also should not take the shot if you are allergic to gelatin or neomycin. There is a rumor that you cannot be exposed to young children after the vaccine, but this is totally false. The chance of transmission of the virus can only occur if you develop the rash. This is highly unlikely, but if you were to develop the rash then you would need to avoid pregnant women and young children until it resolved.

As you can see shingles is common especially as you get older but we do have a vaccine that can help reduce the likelihood of a person getting it. If you think you have it, do not wait and call me right away because the key to a quick recovery is early treatment.

The Shingles rash usually starts as redness or discoloring of the skin and then develops into fluid-filled blisters which generally take 2-4 weeks to heal.



The Shingles rash usually starts as redness or discoloring of the skin and then develops into fluid-filled blisters which generally take 2-4 weeks to heal.



Over half of Shingles rash outbreaks occur on the torso and usually on only one side of the body. This is a typical example.