

## Shingles – what are the symptoms?

The most common symptom is:

- a blistering rash
- on one side of a small area of the face or body.

These blisters can be:

1. Filled with fluid
2. Itchy
3. Painful

Sometimes people continue to experience pain after the rash has healed.

This is called “post herpetic neuralgia”.

**Shingles that happen on or near the eye need to be treated urgently.**

Other symptoms include fever, headache, tiredness, nausea.



## Shingles – know the facts

- Shingles is caused by reactivated chicken pox virus.
- You can't catch shingles from someone with shingles.
- But you might catch chickenpox from a person with shingles, if you're not immune, because the blisters contain the chickenpox virus.
- If the rash cannot be covered (with clothing or a dressing) other people can become infected until the rash dries out.

Older people with shingles are more at risk of complications like post-herpetic neuralgia.

To reduce this risk it is important that anti-viral medicines are started as soon as possible, ideally within 24 hours.

## Public health management of a case of shingles (herpes zoster)

### In all situations:

- Strict hand hygiene practices by:
  - ✓ staff and
  - ✓ visitors.
- Completely cover lesions if possible.
- Follow standard precautions until lesions are dry and crusted.

### Protecting staff:

- Only staff immune to chickenpox, by infection or vaccination, should care for the resident.
- If lesions are in an exposed area such as the face, or if a staff member is exposed to lesions during personal care, staff caring for the resident should use:
  - ✓ gloves
  - ✓ gown
  - ✓ mask

### Protecting residents:

- If lesions are in an exposed area the affected resident should be cared for in a single room and avoid group activities until lesions are dry and crusted.
- There is a vaccine against Herpes Zoster & residents can get it from their GP.
- But it is not available through medical card or drug payment schemes at present.