Health Basics

Shingles

What is shingles?

Shingles, also known as herpes zoster, is caused by a common virus. Typical symptoms include pain and a rash on one side of the face or body. While the blisters usually clear up after a few weeks, some people experience persistent pain. The Centers for Disease Control and Prevention (CDC) estimates that about a third of people in the United States will develop shingles during their lifetime, and its incidence is rising.

What causes shingles?

Shingles is caused by varicella-zoster virus (VZV), a virus in the herpes family that also causes chickenpox, or varicella. After a person recovers from chickenpox, the virus remains dormant in the nerves, but it can reactivate later in life and cause shingles. A chickenpox vaccine became available in 1995, but most people over age 30 or so have had chickenpox and therefore could develop shingles.

What are the risk factors for shingles?

The biggest risk factors for shingles are older age and compromised immunity. VZV reactivation is more likely to occur when the immune system is impaired, and immunity naturally wanes with age. Immunocompromised people include those with poorly controlled HIV, organ transplant recipients and people receiving chemotherapy for cancer or other immune-suppressing medications. Some studies suggest that stress, sun exposure and other infections can trigger shingles outbreaks. For unknown reasons, women are more likely to develop shingles than men and white people are more likely to do so than Black people.

What are the symptoms of shingles?

Shingles is characterized by a painful red rash that progresses to itchy blisters, usually occurring in a stripe on one side of the face, chest or abdomen, following the path of a nerve. Immunocompromised people may develop a more widespread rash. A shingles outbreak may be preceded by burning pain or tingling in the area where the rash will appear, sometimes accompanied by flu-like symptoms (known as the prodrome). The blisters typically scab over after a couple of weeks, but in some cases, symptoms can last longer. Most people have only one episode of shingles, but some have recurrent outbreaks. Shingles that affects the eye can cause

vision loss. Rare complications include hearing loss, facial paralysis and brain inflammation (encephalitis). About 10% of people with shingles develop long-term nerve pain, tingling or numbness known as postherpetic neuralgia.

Is shingles contagious?

The fluid in shingles blisters contains live varicella-zoster virus. People exposed to the fluid can develop chickenpox if they have not had it previously or been vaccinated against it, which puts them at risk for shingles later in life. To prevent exposure, people with active shingles should cover blisters until they heal and the scabs fall off. Avoid skin-to-skin contact and sharing clothes, towels or bed linens. In particular, avoid contact with immunocompromised people, infants and pregnant people who have not previously had chickenpox or the vaccine.

Is there a vaccine for shingles?

Shingles can be prevented with a vaccine called Shingrix, which contains a VZV protein that can't cause disease. The CDC recommends that all adults ages 50 and older should receive two doses of Shingrix, given as intramuscular injections two to six months apart. Studies showed that the two-dose Shingrix series is more than 90% effective at preventing shingles in people with a healthy immune system. The vaccine can also reduce the likelihood of recurrence in people who have had a prior shingles outbreak. Shingrix is safe and recommended for younger adults with compromised immunity, though it might not work as well. The most common vaccine side effects are temporary soreness at the injection site and mild flu-like symptoms. Shingrix replaced an older shingles vaccine called Zostavax that contained weakened live virus and was not safe for immunocompromised or pregnant people.

A different vaccine (Varivax) prevents chickenpox, thereby preventing shingles later in life. The vaccine, which contains weakened live virus, can rarely cause shingles itself, but it is much less likely to do so than having chickenpox. The CDC recommends that children receive the first dose of Varivax at 12 to 15 months, followed by a second dose at 4 to 6 years. Older children, adolescents and adults who never had chickenpox are also advised to get the vaccine, but it is not recommended for immunocompromised people or pregnant women. People who previously had chickenpox usually do not get it again.

How is shingles treated?

Shingles can be treated with antiviral medications, including acyclovir (Zovirax), valacyclovir (Valtrex), and famciclovir (Famvir). Treatment can shorten the duration and reduce the severity of shingles outbreaks, and the drugs are most effective if they are started as soon as possible after prodrome symptoms or a rash occurs. Older individuals, immunocompromised people and those with severe symptoms are more likely to benefit from treatment. Over-the-counter or prescription pain medications, antihistamines, calamine lotion, cool compresses and oatmeal baths may help relieve pain and itching. Certain antidepressants and the seizure medication gabapentin (Neurontin) may be used to manage persistent pain from postherpetic neuralgia.

Last Reviewed: September 13, 2022

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.realhealthmag.com/basics/health-basics/shingles