What is shingles?
Shingles (herpes zoster) is a localised skin rash which occurs in people who have previously had chickenpox.

It is caused by the reactivation of Varicella Zoster Virus, which remains in the body after a person has chickenpox illness or the vaccine.

Shingles is more common in the elderly and those with weakened immune systems. It can occur in people under stress, or for no apparent reason. Shingles occurs in people in the community, and in healthcare settings.

What are the symptoms of shingles?
- Fluid-filled blisters and/or a rash
- Tingling, itching or stabbing pain on the skin
- Flu-like symptoms or headache

Shingles can affect any part of the body including the face. The rash usually appears on a patch of skin along a nerve pathway, on one side of the body.

For most people, shingles resolves after around two weeks and the skin returns back to normal.
Complications of shingles can include bacterial infection, scarring, or post-herpetic neuralgia (persistent pain after the shingles rash has cleared)

Some people, such as those with weakened immune systems, are at risk of disseminated shingles. This is a rash over the entire body, and it is more infectious than localised shingles.

How does shingles spread?
A person with shingles is considered infectious from the time the rash appears until the blisters are dry and scabbed over.

The virus spreads via direct contact with fluid from the blisters of an infected person.

A person with no immunity to chickenpox, who comes into direct contact with shingles, is at risk of developing chickenpox 10-21 days later.

Those who are already immune to chickenpox are not at risk, and they cannot ‘catch’ shingles from somebody else with shingles.
How can we stop the spread of shingles?

**Hand hygiene:** It’s important for staff, patients and visitors to clean their hands every time they enter or leave your room. To clean hands, use alcohol-based hand rub or soap and water.

**Cleaning:** The frequency of cleaning and disinfecting your room may increase, focussing on cleaning frequently touched surfaces.

**Isolation:** Whilst you have shingles, you will be isolated and this will usually be in a single room. Staff may put on gowns and gloves when providing you with care. This is to protect them, and to reduce the likelihood of spread to other patients that they are caring for.

**What can you do?**
- Report skin rashes to your healthcare worker.
- Cover your rash with a dressing to contain fluid from the blisters.
- Avoid touching the rash, but if you need to do this, clean your hands before and afterwards.

**Procedures and diagnostic tests:**
Whilst you have shingles, you will continue to receive timely quality medical care. There may be changes in the booking schedule to ensure that other patients are not exposed to the virus. Where possible, tests and procedures will be carried out in your room.

**What do my visitors need to do?**
All visitors should check that they have had chickenpox or shingles prior to entering your room. If you have close contacts including pregnant women that may have been exposed and are not immune or unsure about their immunity, they should see their GP.

Your visitors should clean their hands with alcohol-based hand rub or soap and water on entry and when leaving your room.

Your visitors generally do not need to wear gloves and a gown to spend time with you. However they may be asked to do so if they are directly providing nursing care to you, and will be shown how to do this by a staff member.

**What happens when I go home?**
While you have fluid-filled blisters, keep these covered with a dressing and clothing where possible. Avoid touching the rash, but if you need to then please clean your hands before and afterwards.

Household contacts are not at risk unless they have uncertain or no immunity to chickenpox, and in this case they should seek advice from their GP.