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Shingles

reprinted from www.aidsmeds.com, united states

What is it?

Shingles is an infection caused by the same virus that causes chickenpox (the varicella-zoster virus, which is a type of herpes virus). You cannot develop shingles unless you have had a previous infection of chickenpox (usually as a child). Shingles can occur in people with suppressed immune systems, which include people with HIV and in people over 60 years of age (especially those with diabetes, cancer, or other diseases that can suppress immunity).

Many people are infected with the varicella-zoster virus and develop chickenpox at some point in their lives, usually when they are school-aged children. Even though the pox lesions heal, the virus does not die—it continues to live quietly in nerve roots near the spinal cord. While the immune system cannot kill the virus completely, it can prevent the virus from becoming active again, usually for the rest of an infected person's life. However, if the immune system becomes suppressed, the virus can escape the nerve roots and become active. Instead of coming back as chickenpox (varicella), it comes back as shingles (zoster).

When shingles occurs, it only affects one side of the body, usually in the form of a belt-like streak along a single line of nerves. The most common site is the back, upper abdomen, or face. It can also affect the eyes. Shingles can be very painful, but it can be treated.

You cannot transmit shingles to someone who has had chickenpox in the past or has been vaccinated against the varicella-zoster virus. However, the rash that occurs with shingles can “shed” the varicella-zoster virus. Someone who has not had chickenpox or has not been vaccinated against this virus can develop chickenpox if they come into contact with a shingles rash.



What are the symptoms of shingles?

Symptoms of shingles usually occur without warning. The first sign of shingles is often burning, sharp pain, tingling, or numbness in or under the skin on one side of the body or face. Some people experience severe itching or aching rather than pain. Many people also feel tired and ill with fever, chills, headache, and upset stomach.

After several days of these symptoms, a belt-like rash that extends from the midline of the body outward will develop. The rash will be made up of grape-like clusters of small, clear, fluid-filled blisters on reddened skin. Within three days after the rash appears, the fluid-

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Living With HIV/AIDS

JUNE 2002

filled blisters will turn yellow, dry up, and crust over. Shingles rash can sometimes take longer to crust over in HIV-positive people with severely suppressed immune systems. Here's what a shingles rash can look like:



After the rash crusts over, it can take two weeks for the shingles to heal completely, sometimes leaving pitted scars.

It can take up to six weeks for shingles pain to go away completely. Sometimes, shingles can do long-lasting damage to a nerve, which may result in pain, numbness, or tingling after the rash has healed completely (this is called “post-herpetic neuralgia”).



How is shingles diagnosed?

The symptoms of shingles aren't like those of many other infections. In turn, your doctor may be able to tell you what it is—and have you start treatment immediately—simply by looking at the rash. To be sure, or if your doctor has doubts, he or she can take a small sample of the rash and send it to a lab to look for the varicella-zoster virus.



How is shingles treated?

Like most herpes viruses, varicella-zoster cannot be cured. However, shingles can be treated. Treatment can speed up healing time, reduce pain, and delay or prevent shingles from recurring. Most of the time, pills taken by mouth can be used to treat shingles. Sometimes, if the infection is severe or doesn't respond effectively to the pills, it might be necessary to be admitted to the hospital to receive intravenous (IV) treatment. There are three treatments available for the treatment of shingles:

- **Acyclovir (Zovirax®):** Acyclovir has been studied and used for many years as a treatment for shingles. It has been studied specifically in people with HIV and has been shown to be safe and effective. Intravenous acyclovir is used to treat serious outbreaks of shingles. The oral dose used to treat shingles is 800mg taken five times a day for at least a week (until the rash has crusted over). Taking lower doses of the drug for a prolonged period of time can help prevent shingles from recurring. However, this is usually recommended only for patients who have a history of frequent recurrences.
- **Valacyclovir (Valtrex®):** Valacyclovir is a “pro-drug” of acyclovir. Unlike acyclovir, valacyclovir needs to be broken down by the body before its active ingredient—acyclovir—can begin controlling the disease. This allows for higher amounts of acyclovir to remain in the body, thus requiring a lower dose of the

drug to be taken by mouth. For the treatment of shingles, valacyclovir only needs to be taken three times a day. Like acyclovir, valacyclovir rarely causes side effects.

- **Famciclovir (Famvir®):** Famciclovir is one of the newest drugs to treat shingles. Famciclovir is actually the pill form of a topical cream called penciclovir (Denavir®). Like valacyclovir, famciclovir needs to be taken three times a day until the rash has completely crusted over.

Oral drugs to treat shingles work best if they are started within three days of the start of symptoms. Thus, it's always best to contact your healthcare provider immediately if you notice burning, sharp pain, tingling, or numbness in or under your skin on one side of your body or face.

In some cases, shingles does not respond to acyclovir, valacyclovir, or famciclovir, probably due to the emergence of drug-resistant forms of the virus. Fortunately, this has occurred in only a few HIV-positive people. Because acyclovir is similar to both valacyclovir and famciclovir, simply switching to these two drugs is not usually effective. At the present time, foscarnet (Foscavir®) is the most common treatment for acyclovir-resistant shingles. The drug must be administered via an intravenous (IV) line, usually three times a day, often in a hospital or under the close supervision of an in-home nurse.

Painkillers can also be used to manage the discomfort of shingles. Most of the time, mild painkillers (e.g., Tylenol® and Advil®) are helpful. Stronger painkillers, including some that can be taken by mouth or applied directly to the skin (e.g., Lidoderm® brand lidocaine patches), are also available and can be obtained with a doctor's prescription.

During an episode of shingles, it is important to keep the sores and the area around the sores as clean and dry as possible. This will help your natural healing processes. Some doctors recommend warm showers in order to cleanse the infected area. Afterwards, towel dry gently, or dry the area with a hair dryer on a low or cool setting. To prevent chaffing, some people also find it helpful to avoid tight-fitting undergarments. Most creams and lotions do no good and may even irritate the area.



Can shingles be prevented?

There is no way to prevent shingles from occurring. Even though a vaccine is now available to prevent chickenpox in children, it is not known if people who had chickenpox as children will be able to prevent shingles if they receive the chickenpox vaccine. Some research suggests that elderly adults can help boost their immune system's ability to keep the varicella-zoster virus in check, which may prevent shingles from occurring if their immune systems become suppressed. However, it is not known if this will work in HIV-positive people.

Keeping the immune system healthy is the best way to prevent shingles. This means keeping your viral load low and your T-cells high using anti-HIV drug treatment and by adopting a healthy lifestyle.



For more treatment information, call Project Inform's toll-free National HIV/AIDS Treatment Information Hotline at 1-800-822-7422.

Are there any experimental treatments in development for shingles? If you would like to find out if you are eligible for any clinical trials involving new treatments for shingles, there is an interactive web site run by amfAR, the American Foundation for AIDS

Research. Another useful service for finding clinical trials is AIDSinfo.nih.gov, a site run by the U.S. National Institutes of Health. They have “health information specialists” you can talk to at their toll-free number at 1-800-HIV-0440 (1-800-448-0440).

a note about this publication

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TEXT LAST UPDATED: APRIL 2003