Shingles (Zoster): Questions and Answers

INFORMATION ABOUT THE DISEASE AND VACCINES

What causes shingles?
Both chickenpox and shingles are caused by the same virus, the varicella zoster virus (VZV). After a person has had chickenpox, the virus rests in the body’s nerves permanently. Approximately 30% of all people who have been infected with chickenpox will later develop herpes zoster, commonly known as zoster or shingles.

Why do some people develop shingles and others don’t?
Shingles occurs when VZV reactivates and causes recurrent disease. It is not well understood why this happens in some people and not others. The risk of getting shingles increases as a person gets older. People who have medical conditions that keep the immune system from working properly, or people who receive immunosuppressive drugs are also at greater risk to get shingles.

What are the symptoms of shingles?
Shingles usually starts as a rash with blisters that scab after 3 to 5 days. The most frequently mentioned symptom is pain. The rash and pain usually occur in a band on one side of the body, or clustered on one side of the face. The rash usually clears within 2 to 4 weeks.
Before the rash develops, there is often pain, itching, or tingling in the area where the rash will develop. Other symptoms of shingles can include fever, headache, chills, and upset stomach.

What are possible complications from shingles?
Very rarely, shingles can lead to pneumonia, hearing problems, blindness, scarring, brain inflammation (encephalitis), or death.
For about one person in five, severe pain can continue even after the rash clears up, a situation called post-herpetic neuralgia (PHN). As people get older, they are more likely to develop PHN, and it is more likely to be severe and long lasting. The pain may be sharp or throbbing, and it may extend beyond the area of the original rash. The skin may be unusually sensitive to touch and to changes in temperature. PHN can last for months, or even years.

Is there a treatment for shingles?
Several antiviral medicines can be used to treat shingles. These medications should be started as soon as possible after the rash appears. They can help shorten the length and severity of the episode. Antiviral treatment is most effective if administered within 24 to 72 hours of the appearance of the rash.
Pain medicine may also help with pain caused by shingles.

Is there a test for shingles?
Yes. Shingles is usually diagnosed based on symptoms and the appearance of the rash. A definite diagnosis is made by growing the varicella virus from a skin lesion.

Can you catch shingles from an infected person?
No, shingles cannot be passed from one person to another such as through sneezing, coughing, or casual contact. While it is possible for the VZV virus to be spread from a person with active shingles to a person who has never had chickenpox or never been vaccinated against chickenpox (if they have direct contact with the rash), the person exposed would develop chickenpox, not shingles.

How common is shingles in the United States?
Before vaccines became available, it was estimated that 1 million cases of shingles occurred in the U.S each year.

Can you get shingles more than once?
Yes, but rarely. Most people will have only one occurrence of shingles in their lifetime, but second and third occurrences have been reported.

What kind of vaccine is available?
Recombinant zoster vaccine (RZV; Shingrix, Glaxo-SmithKline) contains a single genetically-engineered protein from the zoster virus. RZV is not alive and cannot replicate in the body.
Between 2006 and 2020, a live zoster vaccine (ZVL; Zostavax, Merck), was distributed in the U.S. ZVL contained a weakened form of the virus that produced immunity in the body without causing illness.

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How is this vaccine given?
Shingrix is given by an injection into the deltoid muscle of the upper arm.

Who should get this vaccine?
The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommends that all adults age 50 years and older receive a 2-dose series of RZV (Shingrix). The doses should be given 2 to 6 months apart. People 50 years and older should receive RZV even if they previously received the live zoster vaccine or have had shingles.

How effective is the Shingrix vaccine?
In clinical trials Shingrix reduced the occurrence of shingles by 97% among people 50 years and older. A second study found that Shingrix reduced the occurrence of shingles by 90% among people 70 years and older. In this study Shingrix reduced the occurrence of shingles by 85% four years after vaccination.

Do zoster vaccines prevent post-herpetic neuralgia?
Both Zostavax and Shingrix were shown to reduce the risk of post-herpetic neuralgia (PHN). Zostavax reduced the overall occurrence of PHN by 66%, whereas Shingrix reduced the overall occurrence of PHN by 89%.

Who recommends zoster vaccine?
Zoster vaccine is recommended by CDC’s Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Nurse-Midwives.

What side effects have been reported with zoster vaccination?
The most commonly reported side effects following Shingrix with study participants included pain at the injection site (69%–88% depending on age group), redness (38%), and swelling (30%). People who received Shingrix also reported symptoms such as muscle pain, tiredness, and headache more frequently than those who received a placebo. About 9% of people who received Shingrix experienced pain at the injection site severe enough to prevent normal activities. About 11% of people who received Shingrix experience systemic events (myalgia, fatigue, headache, fever, shivering, and gastrointestinal symptoms) severe enough to prevent normal activities.

If I have a strong reaction after my first dose of Shingrix should I still take the second dose?
Not everyone who has a strong local reaction after the first dose of Shingrix will have the same reaction after the second dose. CDC encourages people to get the second dose even if a strong local reaction occurs with the first dose.

Who should NOT receive zoster vaccine?
People who are allergic to a component of the vaccine or who had an allergic reaction following a previous dose should not receive that vaccine again. If the person has a severe acute illness, vaccination should be deferred until the illness has improved.

Is the cost of zoster vaccine covered by Medicare?
All Medicare Part D plans cover zoster vaccination, meaning that a pharmacy can bill Medicare for the cost of the vaccine. Your share of payment varies by plan. Medicare Part B does not cover the zoster vaccine. If you have private insurance, your plan may or may not cover the vaccine; contact your insurer to find out.

Does the zoster vaccine cause shingles?
No.