CONDITION

Shingles

Shingles is a painful, blistering rash caused by reactivation of the chickenpox virus.

WHAT IT IS
Reactivation of the virus that causes chickenpox

BODY SYSTEM
Nervous system and skin

MAIN SYMPTOMS
Localised pain, tingling, rash, fluid-filled blisters

WHAT CAUSES IT
Reactivated varicella-zoster virus infection

HOW IT IS DIAGNOSED
Rash examination; blister PCR testing when needed

MAIN TREATMENT
Antiviral medicines and pain relief

CAN IT BE CURED?
Sometimes - rash clears; pain may persist

IS IT AN EMERGENCY?
Sometimes - eye symptoms or serious neurological signs

LONG-TERM OUTLOOK
Most recover, but some develop lasting nerve pain

Overview

Shingles is a viral condition that causes a painful, blistering rash. Its medical name is herpes zoster.

It is caused by the varicella-zoster virus, the same virus that causes chickenpox. After chickenpox clears, the virus stays inactive inside nerve tissue. Years or decades later, it can become active again and travel along a nerve to the skin.

The rash usually affects a narrow area on one side of the body or face. It often forms a band that does not cross the body's centre line. Although shingles is usually temporary, nerve pain can continue after the skin has healed.

Early medical advice matters because antiviral treatment works best when started soon after the rash appears. Prompt assessment is especially important if the rash is near an eye or ear,

you have a weakened immune system, or you are pregnant.

Symptoms

Pain, burning, itching, tingling, or unusual skin sensitivity may begin several days before the rash. The area may hurt when lightly touched. Some people also develop a headache, tiredness, fever, or sensitivity to light.

The typical rash then develops in the same painful area. It usually:

Pain can feel burning, stabbing, aching, or like an electric shock. Its intensity does not always match the size of the rash.

Shingles on the face may affect the forehead, eyelid, nose, eye, or ear. Eye involvement can threaten sight without prompt treatment. Ear involvement may cause ear pain, facial weakness, hearing changes, dizziness, or blisters in or around the ear.

Occasionally, shingles causes nerve pain without an obvious rash. This is called zoster sine herpete . It is harder to confirm because several other conditions can cause similar pain.

- Appears on one side of the chest, back, abdomen, neck, or face
- Starts as red or darker patches, although redness may be less visible on dark skin
- Develops groups of fluid-filled blisters
- Crusts over as the blisters dry
- Heals over several weeks

Causes and risk factors

Anyone who has had chickenpox can later develop shingles. The virus remains inactive near the spinal cord and brain until it reactivates. The exact reason for reactivation is not always known.

Risk increases as the immune system becomes less effective at controlling the virus. Factors linked with a higher risk include:

Stress or another illness may occur before an episode, but this does not mean stress alone caused it.

You cannot catch shingles from another person. However, someone with active shingles can pass varicella-zoster virus to a person who has never had chickenpox or its vaccine. That person would develop chickenpox, not shingles.

The virus spreads mainly through direct contact with fluid from open blisters. Covering the rash and washing your hands reduce the chance of passing it on. The risk falls greatly once every blister has dried and crusted.

- Older age
- Conditions that weaken the immune system
- Cancer treatments or medicines that suppress immunity
- Organ or stem-cell transplantation
- HIV infection

Diagnosis

Shingles is often diagnosed by examining the rash and asking about pain or sensitivity in the area. Its one-sided, band-like pattern can be distinctive.

Testing may be useful when the rash is unusual, there are few or no blisters, or another condition could explain it. It may also be considered if you have a weakened immune system.

The preferred confirmation test is polymerase chain reaction, usually called PCR. A healthcare professional takes a sample from a blister, crust, or skin lesion and checks it for varicella-zoster virus genetic material.

Blood tests are generally less useful for confirming an active shingles episode. They may show previous exposure to the virus without proving that it caused the current symptoms.

Other possible causes of a painful or blistering rash include herpes simplex, contact dermatitis, insect bites, impetigo, and some medication reactions.

Treatment and management

Antiviral medicines slow the virus from multiplying. Common examples include aciclovir, valaciclovir, and famciclovir. Treatment is most effective when started early, ideally within the first few days after the rash appears.

Treatment may still be considered later if new blisters are forming or there is a higher risk of complications. The choice of medicine and treatment length can be affected by kidney function, immune status, pregnancy, and where the rash is located.

Pain treatment depends on how severe the discomfort is. It may include:

Keep the rash clean and dry. Wear loose clothing and avoid scratching or breaking the blisters.

Covering the rash with a loose, non-stick dressing can protect it and limit contact with blister fluid.

Antibiotics like amoxicillin or doxycycline do not treat shingles because it is caused by a virus. They may be needed only if bacteria infect the damaged skin.

Treatment involving the eye requires specialist assessment. Eye drops or other medicines should not be started for suspected eye shingles without appropriate medical guidance.

- Non-prescription or prescription pain relievers
- Medicines used specifically for nerve pain
- Cool, damp compresses
- Calamine lotion or a cool oatmeal bath for itching

Complications

The most common complication is postherpetic neuralgia. This is nerve pain that continues after the rash has healed. The affected skin may burn, itch, ache, or become extremely sensitive to light touch. The risk rises with age and with more severe initial pain or rash.

Postherpetic neuralgia may improve gradually, but it can last for months or longer. Treatment focuses on reducing nerve pain and supporting sleep and daily activity.

Shingles affecting the eye, called herpes zoster ophthalmicus, can inflame the cornea and other eye structures. This may cause ongoing pain, light sensitivity, raised pressure inside the eye, or sight loss.

Other possible complications include:

Most people do not develop these serious complications. Early assessment and treatment can reduce some risks.

- Bacterial infection of the blisters
- Scarring or changes in skin colour
- Facial weakness, hearing loss, or dizziness with ear involvement
- Widespread rash in people with severely weakened immunity
- Rare inflammation involving the brain, spinal cord, or blood vessels

Prevention

Shingles cannot always be prevented. The virus remains in the body after chickenpox, and there is no reliable way to predict when it may reactivate.

Vaccination lowers the chance of developing shingles and reduces the risk of severe illness and lasting nerve pain. Eligibility depends on your age, immune health, previous vaccination, and the recommendations where you live. Vaccination may still be recommended after a previous episode because shingles can happen more than once.

The shingles vaccine does not treat an active episode. If you currently have shingles, vaccination is considered after the acute illness has settled, at a time advised by a healthcare professional.

While the rash is blistering, cover it and avoid direct contact with people at higher risk from chickenpox. This includes newborn babies, pregnant people without chickenpox immunity, and people with weakened immune systems. Wash your hands after touching the rash or changing a dressing, and do not share towels.

Living with it and what to expect

New blisters may appear for several days. They then dry, crust, and gradually clear. The skin often heals within two to four weeks, although colour changes or mild sensitivity may remain longer.

Pain commonly improves as the rash heals. Some people continue to have nerve pain, itching, numbness, or sensitivity. This is more likely in older adults and after a severe episode, but an individual course cannot be predicted from the rash alone.

During recovery, sleep and concentration may be affected. Soft clothing, cool compresses, planned rest, and taking pain treatment as directed may make daily activities easier. If clothing or bedding feels painful, protecting the area with a loose, non-stick dressing may help.

Routine follow-up is appropriate if pain is not controlled, the rash is slow to heal, or nerve pain continues after the skin has cleared. Ongoing pain can often be treated, although finding a helpful approach may take time.

Most people have shingles only once, but repeat episodes can occur. Having shingles does not mean that your immune system is necessarily seriously impaired. Recurrent, widespread, or unusually severe episodes may lead to further assessment of immune health.

When to get medical help

Seek prompt medical advice when you first suspect shingles, especially within the first few days of the rash. Early treatment may shorten the episode and reduce complications.

Arrange urgent, same-day assessment if:

Call emergency services for new confusion, fainting, severe weakness, difficulty walking, a seizure, a very severe headache with neck stiffness, or trouble breathing. These symptoms are uncommon but may suggest a complication requiring immediate care.

For routine follow-up, seek advice if the rash is not healing, symptoms are worsening, or pain continues after the blisters have cleared.

- The rash is on your forehead, eyelid, nose, or around an eye
- You have eye pain, a red eye, blurred vision, or light sensitivity
- Blisters or pain affect an ear, or you develop facial weakness
- You are pregnant
- Your immune system is weakened by a condition or treatment
- The rash is widespread or affects more than one area
- Pain is severe or difficult to control
- The skin becomes increasingly red, swollen, warm, or produces pus

Common questions

Is shingles contagious?

You cannot directly catch shingles. Contact with fluid from shingles blisters can give chickenpox to someone who has never had chickenpox or its vaccine. The person would not develop shingles from that contact. The risk continues until all blisters have crusted.

How long does shingles last?

The rash usually crusts over within about a week to 10 days and clears within two to four weeks. Pain or sensitivity may last longer. Some people develop persistent nerve pain after the rash heals.

Can I get shingles more than once?

Yes. Most people have one episode, but the virus can reactivate again. A previous episode does not guarantee lifelong protection.

Can shingles spread to both sides of my body?

Typical shingles affects one nerve area on one side. A widespread or two-sided rash is less

typical and needs prompt assessment, particularly if your immune system is weakened.

Can I go to work with shingles?

This depends on where the rash is, whether it can be fully covered, and the people you work with. Avoid work or close contact if the rash is weeping and cannot be covered, especially around people at high risk from chickenpox. Follow workplace or public health advice for healthcare, childcare, or similar settings.

Should I still get vaccinated after having shingles?

Vaccination may still be recommended because shingles can return. The timing and eligibility depend on your age, immune health, and local vaccination programme. The vaccine is not given to treat an active episode.

Sources

- Centers for Disease Control and Prevention: Clinical Overview of Shingles
- Centers for Disease Control and Prevention: Clinical Features of Shingles
- Centers for Disease Control and Prevention: Laboratory Testing for Varicella-Zoster Virus
- Centers for Disease Control and Prevention: Shingles Vaccination
- NHS: Shingles
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