

Zoster (Shingles) Quicksheet

January 2025

Zoster (herpes zoster/shingles)

Herpes zoster, also known as zoster or shingles, is caused by varicella zoster virus (VZV), the same virus that causes varicella (chickenpox). Primary infection with VZV causes varicella. After a person recovers from varicella, VZV remains dormant in the dorsal root ganglia of the spinal cord and can reactivate many years later, causing zoster. Although zoster most often develops in persons with a history of varicella disease, the attenuated virus in the varicella vaccine can also establish latency and reactivate as zoster.

Almost 1 out of 3 people in the U.S. will develop zoster in their lifetime. Adults ≥ 50 years of age and immunocompromised persons (due to illness or medications, such as HIV/AIDS, cancer, recent organ transplant, chemotherapy, immunosuppressive medications, or long-term use of steroids) are at increased risk of developing zoster. Risk increases with increasing age, most likely due to a decline in VZV-specific cell-mediated immunity. Most people will only have zoster once in their lifetime, but it is possible to have additional episodes.

Vaccination

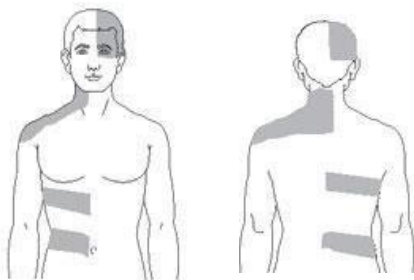
Zoster vaccine (SHINGRIX™) is recommended for all immunocompetent adults ≥ 50 years of age and for immunocompromised adults ≥ 19 years of age, including those with prior history of zoster and/or Zostavax receipt.

Signs and symptoms

The first visible symptom of zoster is a painful vesicular rash. Vesicles typically dry and crust in 7- 10 days, clearing completely within 2-4 weeks. In the 2-4 days prior to developing the rash, people often have pain, itching, or tingling in the location where the rash will appear. People with zoster most commonly have vesicles in one or two adjacent dermatomes (localized zoster). The rash most commonly appears on the trunk along a thoracic dermatome. The rash typically doesn't cross the body's midline and develops on only one side of the face or body in a single stripe or belt, possibly spanning 1-2 adjacent dermatomes.

Dermatomes

A dermatome is an area of skin that is mainly supplied by a single spinal nerve.



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Zoster complications

- Postherpetic neuralgia (PHN)
 - Pain that persists after resolution of zoster. The most common complication of zoster, PHN typically resolves after a few weeks or months, but can occasionally last for years. The risk of PHN increases with increasing age.
- Ophthalmic involvement with acute or chronic ocular sequelae (herpes zoster ophthalmicus).
- Bacterial superinfection of the lesions.
- Cranial and peripheral nerve palsies.
- Rare complications, such as meningoencephalitis, pneumonia, hepatitis, acute retinal necrosis.

Disseminated zoster

In disseminated zoster, the rash can include generalized skin eruptions where the lesions occur outside of the primary or adjacent dermatomes. Those affected are typically immunocompromised. Disseminated zoster can be difficult to distinguish from varicella.

Laboratory diagnosis of VZV

Laboratory testing cannot distinguish between zoster and varicella since the same virus causes both; however, laboratory testing can determine whether VZV is present by:

- Isolation of VZV from a clinical specimen; or
- VZV antigen detected by direct fluorescent antibody test; or
- VZV-specific nucleic acid detected by polymerase chain reaction (PCR).

State reporting requirements

- Zoster cases are not reportable, including disseminated herpes zoster cases.
- Note: Zoster cases may come to public health attention because of concerns related to the setting (for example congregate, school, or healthcare setting).

Infectious period and transmission

Persons with zoster do not transmit zoster to others. However, they can transmit VZV, which can cause varicella in susceptible people. The infectious period begins when vesicles appear and ends when the vesicles have dried and developed crusts. A person is not infectious before vesicles appear. Transmission of VZV from persons with zoster can occur via direct contact with fluid from zoster lesions or aerosolization of lesion material. There is also some evidence that VZV can be shed in the respiratory aerosols of persons with zoster. Persons with disseminated zoster are more infectious than persons with localized zoster.

Definition of zoster/VZV exposure

- Exposure to immunocompetent person with localized zoster
 - Contact with not-yet-crusted lesions; e.g., via close patient care, touching, or hugging.
 - If contact precautions were being implemented (i.e., if lesions were completely covered), it is not considered an exposure.
- Exposure to immunocompetent or immunocompromised person with disseminated zoster or an immunocompromised person with localized zoster (see infection control precautions section)
 - Contact with lesions, e.g., via close patient care, touching, or hugging; or
 - Sharing indoor airspace with the infectious person (for example, occupying the same room).
 - If contact and airborne precautions were being implemented, it is not an exposure.

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Preventing the spread of VZV from zoster cases

- Keep rash covered.
- Avoid touching or scratching the rash.
- Wash hands often, particularly after contact with the rash.
- Until crusting, avoid contact with high-risk persons who are not immune to varicella, infants <1 year of age, immunocompromised persons (such as persons receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with HIV infection).

Infection control precautions for patients with zoster

- Immunocompetent patients with:
 - Localized zoster: Use standard precautions and completely cover lesions.
 - Disseminated zoster: Use standard precautions plus airborne and contact precautions until lesions are dry and crusted.
- Immunocompromised patients with:
 - Localized zoster: Use standard precautions plus airborne and contact precautions until disseminated infection is ruled out, then use standard precautions until lesions are dry and crusted.
 - Disseminated zoster: Use standard precautions plus airborne and contact precautions until lesions are dry and crusted.

Management of healthcare personnel (HCP) with zoster

Immunocompetent HCP with:

- Localized zoster
 - Cover lesions; consider restriction from care of high-risk patients until all lesions are dry and crusted.
- Disseminated zoster
 - Restrict from patient contact until all lesions are dry and crusted.

Immunocompromised HCP with:

- Localized or disseminated zoster
 - Restrict from patient contact until all lesions are dry and crusted.

Management of infant care providers with zoster

Persons with localized zoster working with infants <1 year of age should cover lesions and may be excluded from care of infants <1 year of age until lesions are dry and crusted, out of an abundance of caution.

Postexposure prophylaxis for varicella susceptible persons exposed to person with zoster

The recommendations are the same as those for susceptible persons exposed to varicella patients. Please consult the [CDPH Varicella Quicksheet](#) for information on assessing varicella immunity and recommendations for postexposure prophylaxis.

Resources

- [Local health department contacts](#)
- [CDC manual for disease surveillance](#)
- [AAP Redbook varicella chapter](#)
- [CDPH Varicella Quicksheet](#)