What is Herpes zoster?

Herpes zoster (also known as shingles) is an infection caused by the varicella (chicken pox) virus, which is a member of the family of herpes viruses. It is called the varicella zoster virus (VZV) or human herpes virus type 3 (HHV-3).

For a person to develop the VZV infection, he or she must previously have had varicella. After the virus has been dormant for a long period of time it can reactivate and give rise to a Herpes zoster rash.

Many people develop varicella at some time in their life, generally in childhood although it also can occur at any other age. Even though the damage it causes to the skin heals up, the virus remains latent or inactive in the nerve roots of infected people, very near the spinal cord. When it activates, it spreads along the nerve pathway, initially causing pain or a burning sensation.

VZV is not transmitted to another person who has previously had varicella or who has been vaccinated against the illness. However, someone who has not had it or who has not been vaccinated may develop varicella if he or she comes into contact with a herpes rash.

Causes

Although the specific cause of reactivation is unknown, Herpes zoster may become manifest after deterioration of the immune system. Ageing, situations of stress or any other that may alter the organism's defences are also associated.

VZV in people with HIV

Among the general population, 3% to 5% of people with VZV may develop Herpes zoster at some time of their lives. Some calculations, however, place the chances of its development in people with HIV somewhere between 15 and 25 times greater, and this may occur even if CD4 levels are not very low.

Furthermore, in people with HIV and a very weakened immune system or, in other words, with CD4 levels below 50, there is an increased risk that infection with Herpes zoster, once developed, may jeopardise other parts of the body such as the retina. This can rapidly cause blindness, which may be permanent if not treated in time.

Symptoms

Herpes zoster generally appears with no prior warning and starts with a burning sensation, sharp pain, tingling or numbness in the affected zone. Some people feel intense itching or discomfort rather than pain. Others may also experience fatigue, fever, chills, headache and stomach upset.

The typical VZV rash appears two or three days after the virus has left the nerve roots. It is characterised by the appearance of red marks on the skin with small vesicles (blisters), which are very similar to those in the initial phase of varicella.

The rash often reaches its maximum in the following three to five days, after which the blisters burst and form small sores that suppurate and subsequently dry to form scabs. These eventually come off in the following two or three weeks and leave the skin pink and in a process of scarring.

The sores may take longer to dry in people with HIV and weakened immune systems.

They most usually appear on the back, on the upper abdomen or on the face.

Treatment

Although it can be uncomfortable and even cause intense pain, its symptoms may be treated. Treatment is designed to stop the infection from spreading, relieve the pain and prevent infection of the zone with bacteria.

Although minor and non-extensive damage can be treated with ointment (Aciclovir), pill-based treatment (Aciclovir, Valaciclovir, or Famciclovir) is very often more advisable. Intravenous administration, which may involve hospitalization, may be necessary in some more serious cases.

For oral treatment to be more effective, it is preferable to start taking it within 72 hours of the appearance of the skin lesions. If you do suffer from any of the symptoms mentioned above, it is therefore important to contact your GP immediately so that you may start medication as soon as possible.

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