

Shingles – busting the myths

Myth - Shingles is just a mild illness

Fact – Shingles can be a painful condition that can cause a blistering rash, excruciating pain¹ and for some people, long term nerve pain that can last an average of 3.5 years after the initial rash appears.² Ophthalmic zoster, which occurs in up to 25% of shingles cases, can lead to facial scarring and in rare cases, loss of vision.¹ Shingles can also lead to a range of other complications such as secondary bacterial skin infection, neurological complications and may also increase the risk of stroke in the following six months.^{3,4} Shingles pain can disrupt sleep, mood, work and daily activities and impact quality of life.¹

Myth - Shingles is just a rash

Fact – Shingles can be more than just a rash. The initial symptoms of shingles can be a painful blistering rash affecting one side of the body,⁴ usually on the upper body² and for some can go on to cause complications after the rash has disappeared.¹ In 1 in 5 people, shingles may lead to PHN,¹ long term nerve pain that can last for months, even years.²

Myth - Only older people are at risk of shingles

Fact – Shingles can affect people at any age, however it does get more common the older you get.⁵ The risk and severity of complications of shingles also increase with age.⁵

Myth - Shingles is an adult version of chicken pox

Fact – Shingles is caused by the same virus (varicella zoster virus or VZV) that causes chicken pox but they are two distinct illnesses and affect people very differently.¹ Once you have had chicken pox, most commonly in childhood, the virus lays dormant within your body and can re-activate at any time, usually decades, later to cause shingles.³ 97% of adult Australians have had chicken pox which means most Australians are at risk of shingles.⁵ The virus is unpredictable so we don't know when it will strike or how severe it will be.^{1,5}

Myth - Shingles is contagious

Fact – Shingles is not contagious. Shingles is caused by the reactivation of the varicella zoster virus (VZV)³ which lays dormant within your body and can reactivate at any time.^{1,5}

Myth – You can only get shingles once

Fact – The risk of getting shingles again is uncommon. However, it can occur as having an episode of shingles does not ensure protection against a future episode. The recurrence rate of a second episode of shingles is estimated to be 5%.⁴

Myth – Shingles is very rare

Fact – There are an estimated 120,000 cases of shingles reported annually in Australia and the burden of shingles in Australia is continuing to increase over time, most prominently in the older population.⁶

97% of adult Australians are at risk of shingles⁵ and approximately 1 in 3 adults will develop shingles in their lifetime.¹ The risk of shingles increases with age, particularly after 70.⁷ There is no way to predict who will develop shingles, when, or how severe it will be.^{1,5}

Myth – The first sign of shingles is a rash

Fact – For many the initial symptom of shingles is nerve pain, which can begin 48-72 hours before the rash is visible and can be excruciating, described as stabbing and burning.^{4,8}

Myth – You can only get shingles on your trunk/torso

Fact – Shingles is characterised by a distinctive blistering rash⁷ that generally presents on just one side of the body commonly across the trunk/torso but can also appear on other parts of the body. Ophthalmic zoster (shingles affecting the eye area) occurs in 10-25% of shingles cases and complications may include facial scarring and in rare cases loss of vision.¹

Myth – Shingles goes away in a couple of weeks

Fact – The shingles rash often clears within 10-15 days⁴ however management of shingles and shingles related pain can be complex and long term.⁹ Up to 1 in 5 affected by shingles may go on to develop postherpetic neuralgia (PHN)¹ which may last months or even years.⁸

PHN is difficult to treat and can disrupt sleep, mood, work, daily activities and impact quality of life.¹ Shingles can also lead to a range of other complications such as secondary bacterial skin infection, neurological complications and may also increase the risk of stroke in the following six months.^{3,4}

For more information about shingles please talk to your doctor.

References

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