



SHINGLES; VACCINE and POST SHINGLES PAIN

The following information is primarily extracted from an article in Mayo Clinic Proceedings, March 2009; 84(3) 274-280; Sampathkamar, Priya, et al.

Herpes Zoster (HZ) is usually called shingles, which comes from the Latin cingulum, meaning belt. It results from reactivation of chicken pox virus that is present in almost all adults. The risk of HZ increases with age; half of all cases occur after age 60. The most common and debilitating symptom complex that results from infection by HZ is named postherpetic neuralgia (PHN). This is defined as pain persisting more than three months after the rash has healed. Please reflect on this definition...pain persisting **more** than three months **after** the rash from shingles has healed. And this post-shingles pain is horrible and unlike any type of pain you have ever experienced. About one in three of us will develop HZ in the USA. There are approximately one million new cases each year.

Prior to the eruption of the rash, patients often notice itching of the skin, abnormal skin sensations and pain along the distribution of one nerve - see pictures at the end of this paper. The area of involvement follows the distribution of a single nerve and the area is called a dermatome - see illustration at end of paper. This pre-eruptive phase may last several days. Then the classic skin findings of grouped blisters on a red base occurring on one side of the body and conforming to the distribution of a dermatome confirm the diagnosis. Over the next seven to ten days the blisters evolve into pustules and later form scabs. Complete healing may take more than one month. HZ is contagious after the rash appears and until all of the affected areas are crusted over. The virus may be spread by direct contact and also by an airborne route (cough, etc.).

Treatment should be initiated immediately with an antiviral drug. Famciclovir or valacyclovir are preferred for patient convenience (only three doses a day), although acyclovir is also effective (but requires five doses each day). Dr. Bob prefers whenever possible to give the first dose intravenously, although this is opinion, not fact. Initiating treatment as soon as possible is extremely important since delay of as little as 72 hours may result in a higher risk for developing

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PHN. Prednisone in combination with antivirals reduces the severity and duration of acute symptoms, and Dr. Bob favors using both drugs unless there is a medical condition that would prevent the use of prednisone. Anti-inflammatory drugs are usually **not** effective at relieving pain and many patients require opioid (narcotic) pain medication for relief. Unfortunately, even opioids may not be entirely effective for controlling pain.

The risk of postherpetic neuralgia (PHN) increases with age. It is not uncommon for the pain of PHN to interfere with sleep and/or daily activities and may even result in depression. Unfortunately, there is no intervention that reliably relieves the pain of PHN, although experts in treating PHN report varying degrees of success. Clearly the best treatment is to prevent the disease.

In 2006, the FDA approved the vaccine, Zostavax, to help prevent shingles and PHN. In a double-blind, randomized, placebo-controlled study involving 38,000 healthy adults 60 and older, the vaccine reduced the incidence of shingles by over 50%; reduced the burden of illness by 61%, and the risk of PHN by 66%!!

The USA Advisory Committee on Immunization Practices recommends routine vaccination of **ALL ADULTS** 60 years or older whether or not they have a history of shingles and/or chicken pox. The side effects are mild and are mostly limited to the injection site. Rarely headache and/or fever may occur.

The antivirals active against shingles or chicken pox viruses should not be taken 24 hours before the vaccine and for 14 days after receiving the vaccine. The shingles vaccine can be given simultaneously with inactivated vaccines such as pneumonia and/or flu vaccines. It can also be given at the same time as a tetanus shot. There has been a shortage of vaccine supply because of the demand for it, but hopefully by now, we will have additional doses.

Medicare covers the vaccine only under Part D as a prescription drug. Your co-pay will vary depending on your Part D carrier. Medicare does not pay the administration fee. Private insurers vary in their coverage. Please check with Mary to help determine your coverage.

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All persons 60 or older should receive this vaccine, and patients with chronic diseases such as cancer should consider getting vaccinated at an even younger age.

And, yes, Dr. Bob received his shingles vaccine, the pneumonia vaccine, and also receives yearly flu shots.

The two pictures included in this paper by Dr. Bob appeared in the Mayo Clinic article that is referenced above. I am aware that they are not pleasant to see but, unfortunately, all oncologists have seen patients with shingles who have significantly worse appearances.

As always -

Be happy,

Be well,

Live long and prosper.

DR. BOB

P.S. In March, my daughter gave birth to her third child, Maya Hazel. Thank G-d everyone is doing great. In case you are keeping score, this is my tenth grandchild (and another one is due in about three months).

April 3, 2009

****** None of the above should be construed as medical advice or consultation, and anything discussed in this paper is meant for information only. All medical treatments, consultations, decisions and recommendations can only be made by the patient and his/her treating physician. There are side effects associated with all medicines, and the reader is reminded to discuss the risks, benefits, and alternatives of every medication with their prescribing doctor before taking any medicine.

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FIGURE 1. The classic skin findings of herpes zoster are grouped vesicles on a red base in a unilateral, dermatomal distribution.



FIGURE 2. The lesions of herpes zoster progress through stages, beginning as red macules and papules that, in the course of 7-10 days, evolve into vesicles and form papules and crusts (scabs). A common site is the distribution of the ophthalmic division of the trigeminal nerve.

Figures 1 & 2 were taken from Sampathkumar, P, Drage LA, Martin DP. Herpes zoster (shingles) and postherpetic neuralgia. *Mayo Clinic Proceedings*. 2009; 84(3): 275.