

SHINGLES IN PEOPLE WITH BLOOD CANCER

A fact sheet for patients, families and whānau



WHAT IS SHINGLES?

Shingles (sometimes called herpes zoster) is a painful rash that usually develops on one side of the face, body or head. It is a skin infection caused by the same virus that causes chickenpox (varicella zoster virus, or VZV).

You can only get shingles if you have already had chickenpox (usually as a child). After you recover from chickenpox the varicella zoster virus stays in your body. It lies dormant (inactive) in the roots of your nerve cells and can become active again when your immune system is weakened – causing the rash and nerve pain that is called shingles.

Up to 20% of people (1 in 5) will develop shingles at some point in their lives. It is more common in people over the age of 50 and people who are immunocompromised (have a weakened immune system), for example due to a blood cancer or its treatment.

What are the symptoms?

Usually, the first symptom of shingles is pain or itching. This is normally described as a sharp, burning or tingling pain, or an itch in the area where the rash will develop. Some people may develop fevers or headache with this.

The rash usually starts a few days later with small reddish pimples that typically turn into small blisters. The rash usually occurs in a cluster or line on either the left or right side of the body. This is because it follows the path of your nerves. After a few days the blisters turn yellow, dry up and crust. Over the next few weeks the blisters continue to dry out (crust) and fall off as your skin underneath heals.

Although shingles can occur anywhere on your body, it most commonly occurs on one side (the left or the right) of the back, upper abdomen or on the face. It is uncommon for the rash to be all over your body.

If you get shingles on your scalp or face you may experience headaches or facial muscle weakness, sometimes causing one side of your face to appear droopy. This will go away but can take some time to strengthen the facial muscles again.

The pain or irritation from shingles will usually go away in 3 to 5 weeks. However, some people experience pain, numbness or tingling for months or even years after the rash has healed.

Other symptoms of shingles can include:

- Fever
- Headache
- Chills
- Fatigue
- Upset stomach.

Immunocompromised people, pregnant women and newborn babies are at increased risk of developing severe symptoms from chickenpox or shingles.

How is shingles diagnosed?

See a doctor as soon as you think you may have shingles. The earlier treatment is given the more effective it is. Your doctor will ask you about your symptoms and examine any rash. A diagnosis of shingles can usually be made after this assessment, however they may also swab or drain one of the blisters and send it to the laboratory for a test to confirm it is shingles.



What treatment do I need?

The treatment of shingles is most effective when started early. We recommend that you visit your doctor as soon as possible. Your doctor may prescribe an antiviral medication (acyclovir or valaciclovir). This medication may help you recover faster and can decrease the length of time you might experience pain. Your doctor may also prescribe pain relief medications to help manage the pain.

It is particularly important to see a doctor urgently if you develop shingles that involves your eyes, or generalised shingles affecting more than one area of the body.

It is recommended that you see your doctor again if your symptoms get worse, you develop neck stiffness, hearing loss or your blisters start to show signs of infection (i.e. pus from the blister or increased pain, redness or swelling). If the pain is unmanageable then see your doctor again and ask if there are any other pain relief medications you can take.

Other tips to manage shingles:

- Stay on top of pain medications prescribed by your doctor. For example, if you're taking regular paracetamol make note of the time you have your first dose and set an alarm when your next dose is due. This will prevent the medication from wearing off and the pain becoming worse. Do not take more than the recommended amount of the medication.
- Keep the affected area clean and dry. A cool, moist cloth on the rash may help to relieve itchiness and pain.
- Limit clothing or bedding from rubbing on the rash as this can irritate it.
- Get plenty of rest.
- Do not scratch the blisters as this can spread the virus and cause scarring.

Is shingles contagious?

You can't catch shingles directly from someone else. However, if you've never had chickenpox or received the chickenpox vaccine, you may get chickenpox from close contact with someone who has shingles. This is because the shingles blisters contain the chickenpox virus.



People who are actively receiving, or have recently received, chemotherapies, stem cell transplants or other immune suppressing treatments for a blood cancer may have reduced immunity to the chickenpox virus even if they had chickenpox in the past. They will be at higher risk of developing chickenpox from someone who has shingles.

If you have shingles, avoid direct contact with other people, particularly immunocompromised people, infants and pregnant women. The fluid inside the blisters contains the varicella zoster virus so once these blisters have fully dried-up there should no longer be a risk of passing it on to others who might not be immune.

Vaccination

Shingrix® is an approved vaccine for the prevention of shingles, and currently the only shingles vaccination available in New Zealand (Zostavax used to be available prior to 2022). Shingrix® protects 70-90% of people from getting shingles if they are fully vaccinated. The Shingrix® vaccine is not a live vaccine, and it can be safely used for people who have been told to avoid live vaccines. The schedule is two doses, with a second dose 2-6 months after your first dose.

It is important to discuss with your haematologist or family doctor if the shingles vaccination is

recommended for you. The Shingrix® vaccination is not funded for everyone in New Zealand. If your doctor has recommended you get the Shingrix® vaccination check with them if you're eligible for any funding. If not, you will need to pay for the vaccination which may cost approximately \$600-\$800 for both doses (the cost may vary over time and will depend on your GP surgery's charges).

Common side effect to the Shingrix® vaccination include:

- Infection-site pain and swelling
- Fatigue
- Headache
- Shivering
- Fever
- Nausea, vomiting and/or diarrhoea.

A rare side effect is an allergic reaction to the vaccination itself. You will be monitored at the doctor's surgery or pharmacy for 15 minutes after your injection to ensure you're feeling well.



Important information available online

For more information and to download other fact sheets, see our website www.leukaemia.org.nz

