

Shingles (Herpes Zoster)

What is shingles?

Shingles is caused by the same virus that causes chickenpox. In certain people who previously had chickenpox, the virus can become active again and cause the painful rash called shingles. Incidence of shingles increases with age and immunosuppression. The rash can be in one area (localized) or everywhere (disseminated).

Chickenpox is also caused by the varicella-zoster virus, however its symptoms and mode of transmission are slightly different. Please refer to the chickenpox information sheet.

What are the symptoms of shingles?

Early symptoms of shingles include headache, sensitivity to light and flu-like symptoms without a fever. You may experience itching, tingling, or extreme pain in the area where a blistering rash develops several days later. Blisters can appear as a narrow band on one side of the back or stomach, face, or scalp, or on part of an arm or leg. It takes two to four weeks for the blisters to heal, some scars may remain.

How is shingles spread?

The fluid inside the shingles blisters contains the chickenpox virus.

A person who has not had chickenpox disease or the varicella vaccines can get infected by touching the fluid from a shingles rash and then touching his/her own mouth, nose, or eyes. The risk of spreading the virus is greatly reduced if the rash is well covered.

The disseminated form is more communicable than the localized form and may be spread by the airborne route.

NOTE:

- Herpes Zoster (shingles) is not as contagious as chickenpox.
- You cannot get shingles from shingles; you can only get chickenpox from shingles.

When is a person infectious?

A person with active shingles can spread the virus when the rash is in the blister phase until the lesions are dried and crusted over.

Exposed non-immune persons are potentially infectious 8 to 21 days following exposure. If the exposed person received varicella immunoglobulin (VZIG), then he/she is considered infectious 8 to 28 days following exposure.

NOTE: Dried scabs from shingles rash are not infectious.

How do I know if I am immune?

An employee is considered immune if he/she has:

- a history of chickenpox disease after 12 months of age or a history of shingles disease
- have 2 documented doses of the varicella vaccine received at least one month apart (an immunized individual is considered immune 4 weeks after the second dose)
- have a documented laboratory report of immunity (positive VZV IgG titres)

If the employee has not provided Workplace Health with their immunity information, he/she will be considered non-immune.

When is an employee exposed?

An employee is considered exposed if they are susceptible to the disease (non-immune) and did not use appropriate personal protective measures.

Localized Herpes Zoster:

- The employee has direct or indirect contact through oral, nasal, or conjunctival mucous membranes and/or vesicle fluids of a confirmed, diagnosed Herpes Zoster patient without personal protective equipment.

Disseminated Herpes Zoster:

- The employee is in an enclosed airspace (i.e. the same room) or in face-to-face contact with a confirmed diagnosed, infectious disseminated Herpes Zoster patient without any personal protective equipment.

What happens if an employee is exposed?

If an employee is exposed to shingles and is immune to chickenpox, he/she does not need to alter any activities and can continue to work.

Exposed employees who are considered not immune will not be allowed to be at work from day 8 through to day 21 after exposure. Exclusion will be extended to day 28 if the employee received VZV Immunoglobulin.

Non-immune employees can be vaccinated for their own future protection within 3 to 5 days after exposure, but will not be allowed to work from day 8 thru day 28 after exposure.

Non-immune exposed employees should contact the Workplace Health Call Centre Occupational Health Nurse (WHCC OHN). Employees may be advised to have laboratory testing done and may be excluded from work as above.

What happens if an employee has shingles?

Infected employees must stay away from work and see their doctor as soon as possible for confirmation of the disease and treatment.

- If the lesions/blisters/rash is localized, can be covered with clothing or an occlusive dressing, the employee is able to wash hands regularly, is not immunocompromised and does not have contact with high risk patients (neonates, susceptible pregnant women or immunocompromised patients), the employee may return to work.
- If the lesions are everywhere (disseminated) or there is an exception to the criteria listed above, the employee cannot be at work until all lesions are dried and crusted over with no new lesions forming.

Manager/Supervisor Responsibilities:

Suspected Outbreak or staff exposure from patient: Consult with Infection Control. Infection Control will confirm diagnosis, notify and collaborate with the Workplace Health Call Centre Occupational Health Nurse (WHCC OHN). No additional action required until confirmation of disease.

Confirmed Outbreak/Staff exposure: Infection Control will inform the WHCC OHN of the confirmed disease exposure. The WHCC OHN will contact the manager and send out an exposure notification memo through the manager.

Please advise all staff members to review the information above. Infected employees or employees that meet the exposure criteria are to contact the WHCC OHN at 1-866-922-9464.

Employee Responsibilities:

Infected or exposed employee: please contact the WHCC OHN at 1-866-922-9464 and review the information above.

Additional Information/References:

- Canada Communicable Disease Report. [Prevention & Control of Occupational Infections in Health Care](#). March 2002. Retrieved on August 10, 2017.
- BC Centre for Disease Control. [Varicella Zoster](#). July 2004. Retrieved on April 17, 2013.
- HealthLinkBC File: [Facts About Chickenpox](#). June 2012. Retrieved May 2, 2013.
- HealthLinkBC Health Topic: [Shingles](#). July 2012. Retrieved on May 2, 2013.
- Fraser Health Authority Intranet (FHPulse). Workplace Health. [Herpes Zoster](#). September 2010. Retrieved on May 3, 2013.
- Centre for Disease Control and Prevention. [Preventing Varicella-Zoster Virus \(VZV\) Transmission from Zoster in Healthcare Settings](#). August 19, 2016. Retrieved on August 10, 2017.

This information is current as of August 2017 and subject to change.