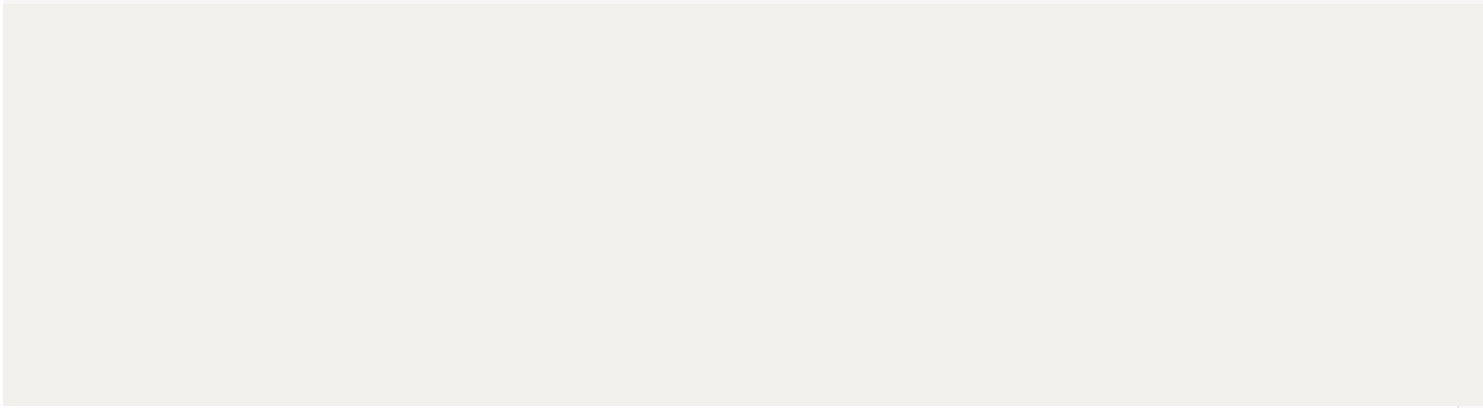
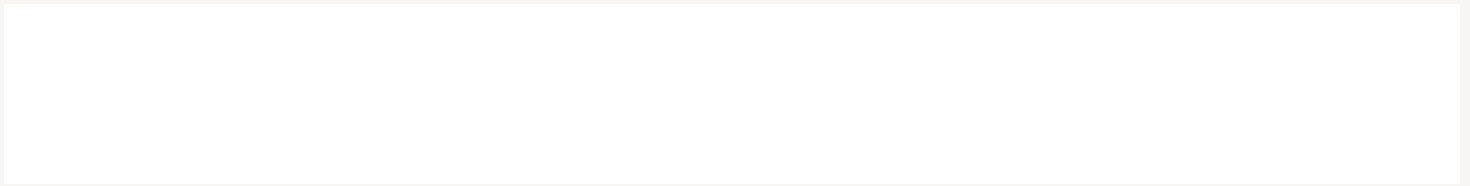


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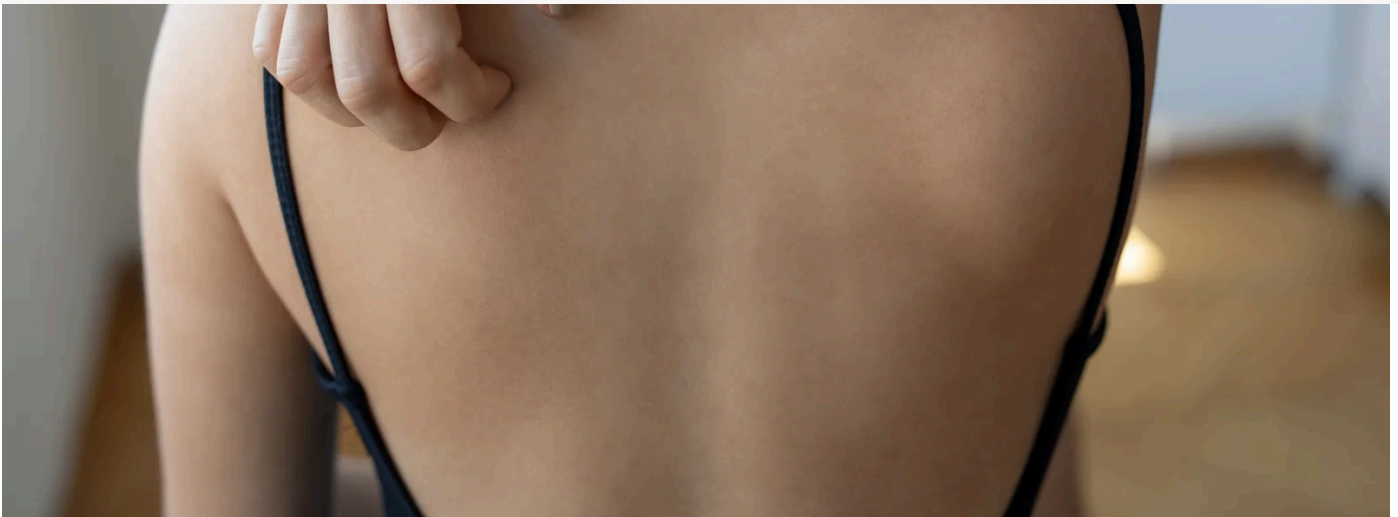
HEALTH

6 Things Doctors Wish You Knew About Shingles

Let's clear up some things once and for all.

BY PETRA GUGLIELMETTI

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For an illness that's a household name, shingles is still pretty misunderstood, starting with the idea that it's relatively rare. The truth is, in the US shingles affects about 1 million people each year and one in three people in their lifetime. Another little-known fact is that shingles rates have actually increased in America over the past two decades for reasons that aren't entirely understood, according to the Centers for Disease Control and Prevention

chickenpox, varicella zoster, which can stay dormant for decades after those itchy red spots are gone. “The chickenpox virus you had as a child has been living quietly in your body all of this time, but your immune system has kept the virus in ‘jail,’” says [Donna Adams-Pickett](#), MD and PhD, founder of Augusta Women’s Health & Wellness Center in Georgia. When your immune system weakens with age, due to stress, or from illness, the virus can reactivate, leading to a case of shingles.

The good news is we now have vaccines that help prevent this. If you received the chickenpox vaccine, which was introduced in the US in 1995, it also helps protect against shingles. A 2019 study found that children who received the chickenpox vaccine had a [78 percent lower risk](#) of developing shingles years later. That said, even if you got the chickenpox vaccine or had chickenpox as a kid, the CDC recommends getting [the shingles vaccine](#). “The shingles vaccine is a highly effective way to protect yourself against contracting shingles and experiencing complications,” says [Andrew Truong](#), MD, an assistant professor of dermatology at Columbia University Vagelos College of Physicians and Surgeons. “All adults ages 50 and older qualify to receive the shingles vaccine, as well as those aged 19 and older who are immunocompromised.”

2. Shingles doesn’t only affect older adults.

Although shingles is more common in people 50 and over since they tend to have weaker immune systems, dismissing the viral infection as “an old person’s issue” is a mistake. In fact, shingles rates among people in their 30s and 40s [increased](#) for almost two decades starting in 1998—and younger adults and children can get the illness too. “Shingles can affect anyone [who has been exposed to the varicella-zoster virus], not just older adults,” Dr. Truong says. “While the risk increases with age, factors like stress, illness, or

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3. Shingles is more than a rash.

An itchy, blistering [rash](#) is what most people picture when they think of shingles. But doctors say this visible eruption, which frequently forms a stripe on one side of the torso and can last [three to five weeks](#) after symptoms start, often is just the tip of the iceberg. Shingles can also involve flulike symptoms like fever, headache, and fatigue, as well as burning, stabbing, or shooting nerve [pain](#). Some doctors rank it among [the most painful](#) conditions of adulthood.

“Many people think shingles is only a skin problem,” says [Seth Cohen](#), MD, the medical director of infection prevention at the University of Washington Medical Center. “In reality, the rash is only part of the story. The pain can be substantial and may outlast the visible rash. Approximately 20% of patients still report some pain at three months.” Sometimes the pain can last a year or more.

Fortunately, shingles is rarely fatal—fewer than 100 people die from the illness each year, according to the CDC. But it is possible to experience dangerous and ongoing complications. Some people with more serious cases, for example, may require hospitalization and intravenous antiviral medications, Dr. Truong says. And for people with an outbreak on their face, there is also a risk of long-term issues such as blindness, facial weakness, and hearing loss. As such, it’s vital to get prompt care and treat shingles like the serious illness it is. And on that note...

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with another viral illness, like a cold.

“If you think you might have shingles, especially on the face or near the eye, do not try to tough it out at home,” Dr. Cohen says. “There is a feared complication called herpes zoster ophthalmicus that occurs when shingles affects a branch of the trigeminal nerve that runs through the forehead and upper eyelid area,” he says. When this happens, the eye could become infected, which can be sight-threatening and requires urgent attention. Anyone with shingles on the forehead, eye area, or nose, where related nerve branches reside, or symptoms like eye redness, pain, or blurred vision should be “promptly evaluated by a medical professional,” Dr. Cohen says. Doctors can prescribe an antiviral treatment, along with topical or oral steroids to protect your vision.

Even if you have a shingles outbreak elsewhere on your body, “early treatment matters,” Dr. Cohen says. Seeing a doctor right away ups your chances of a fast recovery. “Antiviral therapy is most effective when started within 72 hours of rash onset, but data suggest the benefit is greatest when treatment begins within 48 hours,” he explains. That said, if you do try to push through shingles and your symptoms take a turn for the worse, you should still see a doctor. “Even after 72 hours treatment can still be appropriate if new lesions are still appearing or if there is eye, ear, or neurologic involvement,” says Dr. Cohen.

A doctor can also help you minimize the discomfort of shingles. “Don’t suffer in silence—if your pain is significant, let your doctor know,” says Dr. Cohen. “For mild pain acetaminophen or NSAIDs [like ibuprofen or aspirin] may be sufficient, but for more severe pain people may require stronger prescription pain meds. Lidocaine patches can also help but should be applied only to intact skin, not directly on the rash.” (You can pick up these patches at a local pharmacy or on Amazon.)

someone who has not had chickenpox or the vaccine.” In that case the exposed person would develop chickenpox and perhaps shingles, too, later down the line. For this reason people with shingles do need to be very cautious around others while they have active blistering, making sure to avoid close or direct contact, as well as sharing towels or clothing, or swimming in public pools.

It’s particularly important to be careful around folks at high risk of infection. “Until all skin lesions have crusted over, patients with shingles should avoid being around pregnant individuals, newborns, or individuals with a weakened immune system, such as people with cancer who are receiving chemotherapy,” says [Sabrina Assoumou](#), MD, an infectious diseases physician at Boston Medical Center and associate professor at Boston University. If you must be around others, covering shingles lesions with bandages helps reduce the risk of transmission.

6. You can get shingles more than once.

Finally, while getting shingles multiple times is rare, you’re *not* in the clear once you’ve experienced an eruption. “An important misconception to address is that you can only get shingles once,” Dr. Assoumou says. “Shingles can occur more than once, and it is more likely to recur in women and older individuals.” [Studies](#) have estimated the chance of shingles coming back at approximately 1.2 to 9.6 percent, according to a 2024 review. People who have weakened immune systems and who experienced intense pain during an initial outbreak are also more susceptible to getting shingles a second (or even [third](#)) time. The possibility of recurrence is why doctors recommend you get the shingles vaccine even if you’ve already had the illness.

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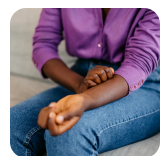
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