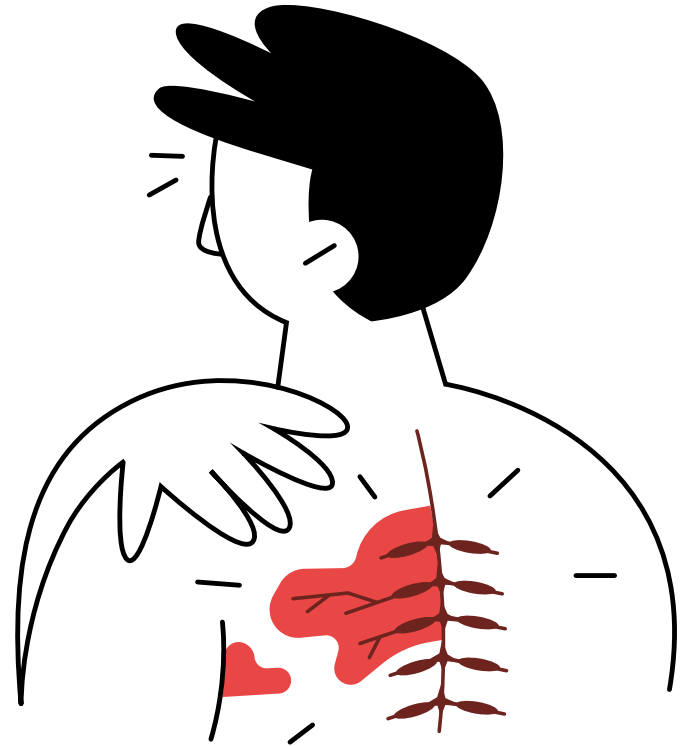


## Herpes zoster and HIV

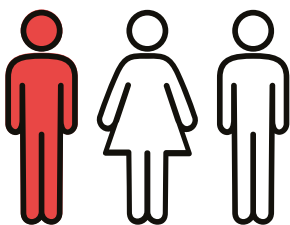
Herpes zoster, which is also known as shingles, is a skin rash caused by a viral infection that affects the nerves just under the skin. Shingles is more common in people with HIV than in the population at large and can occur with any CD4 cell count.



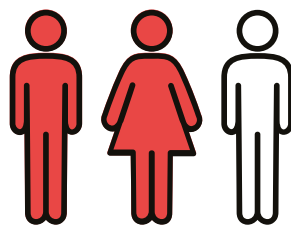
### What causes it?

Shingles is caused by the varicella zoster virus, which is the same virus that causes chickenpox. Anyone who has had chickenpox can develop shingles later in life. This is because the virus remains dormant (inactive) in the nervous system for the rest of their life. Although the virus never reactivates in many people, it does reappear in others and causes shingles.

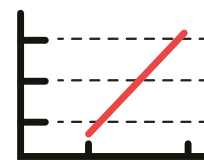
### How common is shingles?



**1 in 3 people**  
will develop shingles  
during their lifetime.



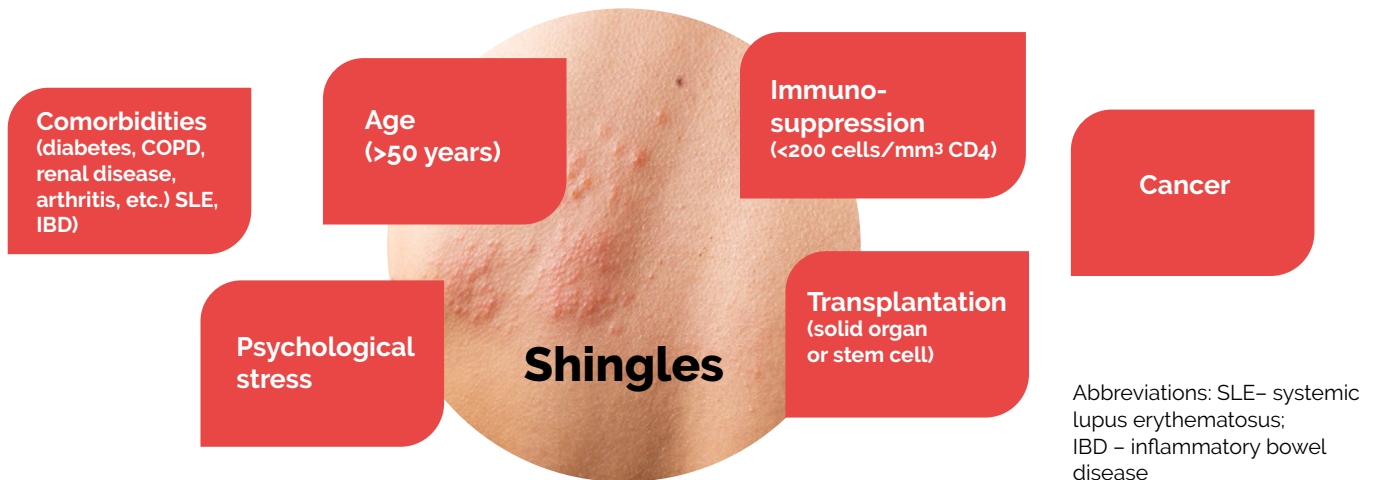
**2 out of 3 cases**  
occur in people  
over the age of 50.



**VIH**

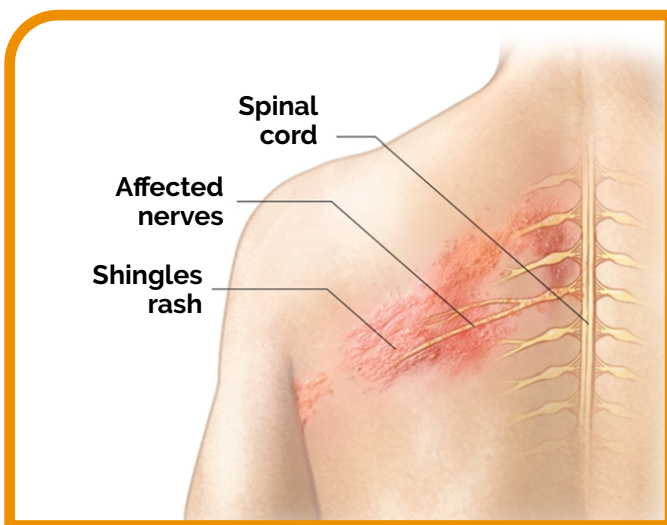
The risk of developing  
shingles is  
**3 times higher**  
in people with HIV.

## What are the risk factors?



## What are the symptoms?

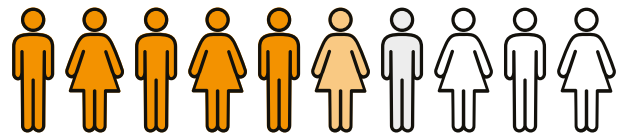
The shingles rash is associated with an inflammation of nerves beneath the skin.



1. Initial symptoms: tingling sensation or pain in an area of the skin and headache or general discomfort.
2. Skin rash: red rash on one side of the body or face days after the initial pain.
3. Pain: usually severe at the site of the rash and itching.
4. Resolution of the rash: the initial rash manifests as a cluster of small pimples. The pimples develop into pus-filled blisters that break open and form scabs. The scabs usually heal and fall off within 2-4 weeks after the onset of the rash.



**95% of people**  
over the age of 50 years  
experience acute pain associated  
with shingles



**60-70% of people continue**  
to experience persistent pain  
1 month after onset of shingles

Most cases of shingles heal on their own, with or without treatment, and do not cause any further problems. In some people, however, shingles may cause ailments that include:

### Post-herpetic neuralgia:

A type of chronic, severe, and often disabling pain that can persist for months or years. It is the most common complication.

Up to  
30%

### Herpes zoster ophthalmicus:

A complication affecting the eye that can lead to long-term loss of sight.

10-20%

## Can it be spread to other people?

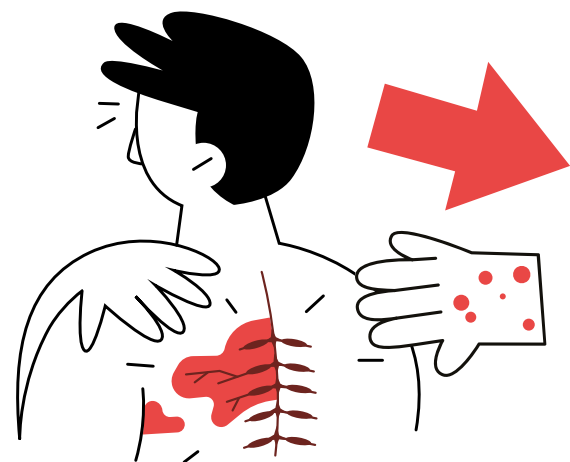
### 01

A person with shingles can transmit the varicella zoster virus to anyone who has not had chickenpox or the varicella zoster vaccine.



### 02

Transmission is usually by direct contact with the open sores of the shingles rash.



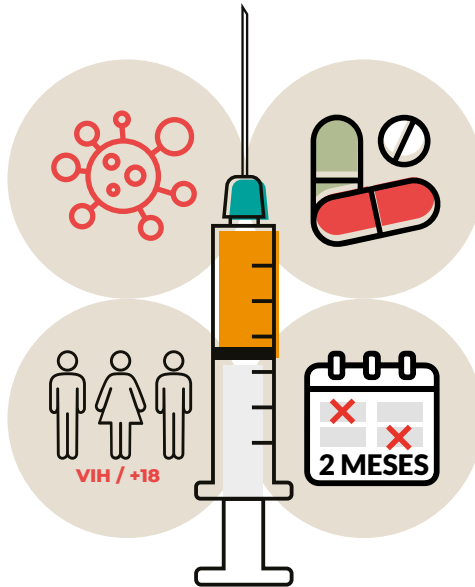
### 03

Once infected, the person will have chickenpox, but not shingles.

## Can it be prevented?

There is a recombinant vaccine for preventing shingles and post-herpetic neuralgia in people over 50 years old.

It is also indicated for people whose conditions of risk may cause immunodeficiency (such as HIV) and who are aged 18 years and older.



Vaccination is offered to stable HIV patients who have been on antiretroviral therapy for at least one year.

People with HIV will receive two doses, two months apart.

## Can it be treated?

Different treatment options exist for shingles:

### Antivirals:

Treatment of localised shingles with antivirals is intended to prevent the spread of infection, to shorten the duration of symptoms and to reduce the risk of post-herpetic neuralgia.

### Pain relief:

This treatment is intended to alleviate the acute pain associated with shingles using non-opioid analgesics or opioids, depending on the severity.

### Post-herpetic neuralgia:

Relieving persistent and severe pain is the goal of treatment for post-herpetic neuralgia with drugs of different types (anti-epileptic agents, opioid analgesics, topical treatments, etc.).

**gt** grupo de trabajo sobre tratamientos del VIH  
ENTIDAD DECLARADA DE UTILIDAD PÚBLICA  
ONG DE DESARROLLO



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PREGÚNTANOS

Tel. 93 458 26 41

#### Disclaimer

The information on this sheet is not intended to replace a doctor's advice. Health decisions should always be taken after consulting health professionals. Medical information can quickly become outdated.

If you have any questions after reading this sheet, you should talk to your doctor or nurse, or call gTt-VIH on 93 458 26 41 to find out whether there have been any significant new developments.

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