The Immunisation Advisory Centre

August 2022

Herpes zoster (shingles)

Also known as mate huaketo hei

What is herpes zoster (shingles)?

Herpes zoster, commonly known as shingles, is caused by the varicella-zoster virus — the same virus that causes chickenpox. Chickenpox is most common in children [see our Chickenpox (Varicella) fact sheet].

How do you get it?

In people who have previously had chickenpox, shingles occurs when the dormant varicella-zoster virus becomes active because it is no longer kept in check by the body's immune system. You cannot catch shingles from someone with chickenpox. Most adults in New Zealand will have acquired the varicella-zoster virus during childhood, even if they do not recall having had chickenpox.

Who is most at risk?

Anyone who has been infected with varicella-zoster virus, and likely to have had chickenpox previously, is at risk of developing shingles at some stage in their life. Shingles can affect people of any age but is more common as we get older. By the age of 85 years, at least half of us will have had shingles. In addition to getting older, other factors can increase the risk of getting shingles, such as having a weakened immune system, psychological stress, physical trauma, being female and having a genetically close relative who has had shingles.

What are the symptoms of shingles?

Shingles is characterised by a painful rash that develops on one area of the body. Often burning, tingling or itching is felt under the skin in the affected area before the rash develops. The rash commonly occurs on the back, abdomen or face. Tiredness, fever, headache and upset stomach may also occur. Approximately 1–14 days after the onset of pain, a rash of small blisters appear on a reddened area of skin. The blisters follow nerve pathways, and often extend front to back on one side of the body or head. The pain may become a throbbing or burning pain. After a few days, the blisters will crust over, like chickenpox. Over the course of several days to weeks, the crusts drop off and the skin will heal.

How serious is shingles?

The pain from shingles can seriously restrict daily living activities. Shingles of the face or scalp can result in complications, such as headaches and weakness on the face causing a droop on the affected side. It may take several months for this weakness to clear. Some people also develop painful eye or ear inflammation and infections.

Nerve damage can occur in the same region as the rash, particularly in the elderly, causing numbness or tingling and nerve pain for months or years after the rash has cleared. This chronic pain is known as post-herpetic neuralgia.

The blisters of the shingles rash contain the varicella-zoster virus. It is not possible to give someone else shingles, but it is possible for the virus to be passed to a close contact by touching the fluid in the blisters. In this situation, the close contact could develop chickenpox if they are not immune (after varicella vaccine or had chickenpox previously), or are severely immunosuppressed. The risk of this can be minimised if the rash is covered.

Complications of herpes zoster	
Severe pain affecting daily living activities	Eye and ear infections
Headache	Post-herpetic neuralgia – chronic nerve damage causing pain and tingling for several months or years
Facial palsy (droopiness)	

Which vaccine protects against shingles?

There is one vaccine available in New Zealand to protect against shingles and its complications. The zoster vaccine, Shingrix®, is a non-live subunit vaccine containing a recombinant varicella-zoster virus protein (glycoprotein E) that is known to produce a good immune response and an adjuvant that specifically drives the protective response against this protein. This vaccine is funded at age 65 years. It is also recommended, but unfunded, for all adults aged from 50 years and people aged from 18 years who are at increased risk of shingles, including severely immunocompromised people (people with very weakened immune system).

Prior to August 2022, a live attenuated zoster vaccine (Zostavax®) was funded at age 65 years to help prevent the reactivation of the varicella-zoster virus. This vaccine contains high quantities of the same weakened strain of varicella-zoster virus used in the chickenpox (varicella) vaccine, but because it is a live vaccine, it was unable to be given to people with severe immunocompromise.

	Shingrix
Vaccine type	Adjuvanted recombinant protein subunit vaccine
Eligible age groups	Funded at age 65 years Available unfunded for anyone aged from 50 years and those aged 18 years or over at increased risk of zoster, including those who are immunocompromised.
Number of doses	2 doses, given 2 to 6 months apart
Contraindications	A history of anaphylaxis to previous dose or vaccine component is a contraindication

How protective is the vaccine?

Two doses of Shingrix are highly effective at preventing shingles and shingles complications in more than nine out of ten people, with no loss in effectiveness with advancing age. It is not yet known if a further booster dose will be required, but follow-up of clinical trial participants found this protection was maintained for over 8 years. Real-world effectiveness has also shown similar protection from this vaccine. One dose protects around six out of ten people for up to six months; a second dose is needed to improve the level and duration of protection. A protective immune response has also been shown in people who are severely immunocompromised, such as those who have received solid organ transplants or bone marrow transplants.

How safe is the vaccine?

Shingrix is a non-live vaccine that can be given to individuals who have a weakened immune system from the age of 18 years. Potential responses include pain at injection site, muscle aches, fatigue, headache, shivering and nausea or diarrhoea.

	Shingrix
Potential vaccine responses	• Mild pain at injection site • headache • muscle aches • shivering/fever • nausea, vomiting or diarrhoea • hives or lymph node swelling.
As with all vaccines, very rarely a severe allergic reaction (anaphylaxis) can occur following vaccination	

Who is recommended to have a zoster vaccine?

Vaccines are prescription medicines. Talk to your doctor or nurse about the benefits or any risks.

Two doses of Shingrix are funded for people aged 65 years and are recommended but not funded for anyone aged from 50 years and for individuals aged from 18 years with health conditions that increase their risk of shingles episodes, including those who have weakened immune systems. For those who receive funded vaccine at age 65 years, the second dose is funded even if the person turns 66 years between doses.

This vaccine can be given from 12 months after a shingles episode has resolved, because the episode boosts immunity, or 12 months after a prior dose of Zostavax (the live attenuated zoster vaccine). Shingrix can be given sooner, from 3 months after shingles or a prior dose of Zostavax, if the individual is at risk of recurrence of shingles due to immunocompromise.

Who should not have or should seek more advice before having a zoster vaccine?

Shingrix is not a live vaccine and can be given to most people, except those who have experienced a severe allergic reaction to a previous dose or a component of the vaccine.

CALL 0800 IMMUNE (466 863) for clinical advice

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