

**Psst!**

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# SHINGLES



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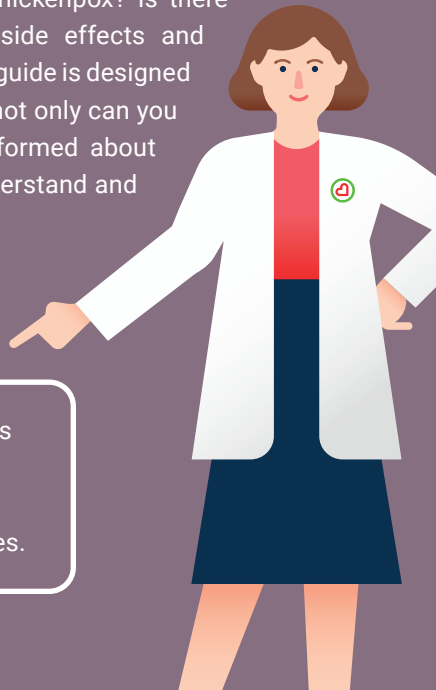
# SHINGLES

Most people remember getting varicella when they were kids. After you get over chickenpox, though, the virus stays in your body in a dormant state. It can resurface years later a rash called shingles or herpes zoster. Shingles can be extremely painful. Its common name comes from the Latin word “cingulus”, meaning “belt,” and one of its nicknames tells you a lot: “a belt of fire”.

Why is shingles so different from chickenpox? Is there a way to prevent shingles? What side effects and complications can occur with it? This guide is designed to answer those questions, because not only can you often prevent shingles, but being informed about the disease can make it easier to understand and live with.

## DID YOU KNOW?

30% of people will develop shingles at some point in their lives. By the age of 85, 50% of people will have had at least one episode of shingles.



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# WHAT IS **SHINGLES?**

# DESCRIPTION

Shingles, also known as herpes zoster, is caused by a virus called varicella zoster. This same virus, as you can tell by the name, also causes varicella, i.e., chickenpox.

After you recover from chickenpox, that varicella zoster virus doesn't go away. It's still there, inactive, hidden in the nerve cells near your spine. There it may remain dormant for a long time, even decades. But sometimes, when your **immune system** is weakened or through normal aging, the virus wakes up. For many people, the virus will remain dormant for their entire life and never cause shingles.

Then you develop shingles, with its characteristic rash and blisters. It hurts, producing what's often described as a burning sensation. We'll discuss the main shingles risk factors on page 15.

## WHAT IS THE IMMUNE SYSTEM?

The immune system is made up of the cells that protect your body from viruses, bacteria, parasites, and toxins. The job of these cells is to defend the body and destroy intruders.

## HERPES? BUT THAT'S WHAT CAUSES COLD SORES, ISN'T IT?

The viruses that cause cold sores and shingles are both members of the Herpes family, but it's a big family. Herpes labialis, commonly known as cold sores, is caused by the herpes simplex virus.

## SIGNS AND SYMPTOMS

Shingles may first appear as a red band on the skin, which then turns into a spotty rash. It tends to occur on a restricted patch of skin and on one side of the body only.

The rash is made up of many little red blisters, or pustules, all bunched together. Each little bump will be about one to three millimetres across. Inside it is a fluid that starts out clear and then turns opaque. The fluid is also quite **contagious**. The risk of transmission is higher for people who have never had chickenpox or the vaccine. In those who have never been exposed, the virus causes chickenpox, not shingles. After a while, the sores crust over and scabs form.

## DID YOU KNOW?

The rash isn't necessarily the first symptom of shingles you will notice.

Some people may think they have a neurological or skin disorder, since lesions can appear several days after symptoms begin. In some cases, affected individuals may not develop any visible lesions at all.



## The first symptoms

Some symptoms often appear before you see anything on your skin. Generally, this happens anywhere between one and ten days before the rash. You might, for instance, feel some of the following in the area where the rash is about to appear:

- Pain
- Itching
- Tingling
- Numbness/pins and needles

Some people describe feeling something like electric shocks, stabbing, or burning at the spot (these symptoms may vary from person to person).

Other early symptoms:

- Fever
- General discomfort
- Headache
- Sensitivity to light

## A most particular rash

As we've seen, the varicella zoster virus lies dormant in your nerve cells after you've had chickenpox. When and if it wakes up, it starts reproducing and spreads along the nerve it was hiding in.

The resulting rash appears on the skin supplied by that nerve, which is called a dermatome. The result is that shingles can appear practically anywhere there's a nerve, even on the face.

What makes shingles so distinctive is the way and form the rash develops. It's almost always unilateral, meaning that it sticks to just one side of the body or face. It might, for instance, appear on the right side of your stomach and not on the left.

## EXCEPTIONS TO THE RULE

Although most cases of shingles fit the description we've just seen, there are exceptions. The shingles rash sometimes covers the entire body. This mainly occurs in people whose immune system is badly weakened.

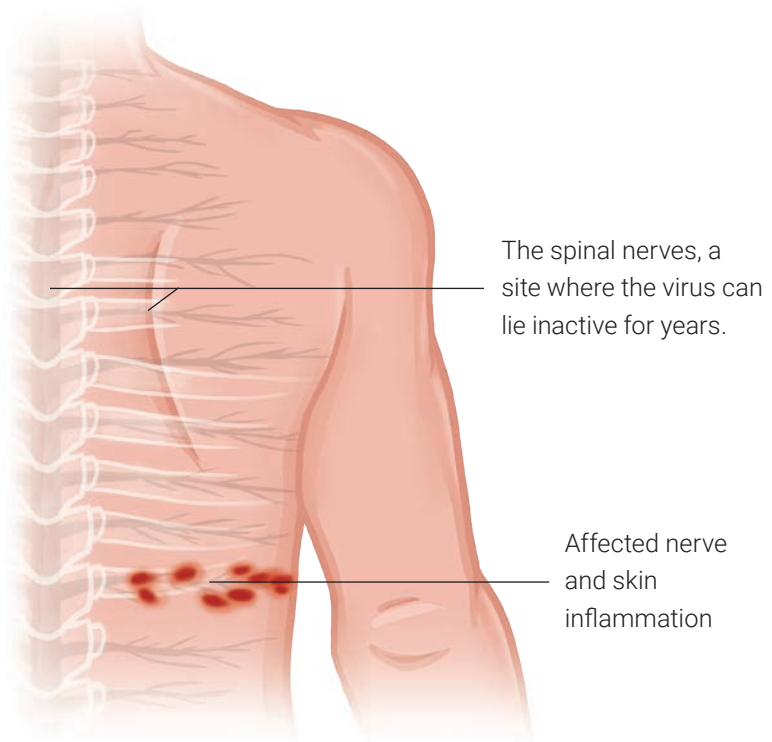
## WARNING

If you have a painful rash on just one side of your body, you should suspect shingles. See your healthcare professional as soon as possible to find out what to do.

If the signs and symptoms show up near your eyes, that's an even bigger red flag—shingles around your eyes can lead to vision loss.



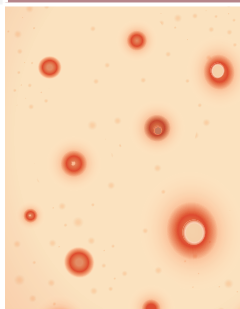
## Skin inflammation along a nerve



## Chickenpox and shingles: One virus, two faces

Chickenpox is the body's first exposure to the virus, while shingles is the reactivation of that same virus in the nerves. The main differences and similarities between the two diseases.

	Chickenpox	Shingles
Signs and symptoms	<ul style="list-style-type: none"><li>• Rash</li><li>• General discomfort</li><li>• Itching</li><li>• Loss of appetite</li><li>• Headache</li><li>• Fever</li></ul>	<ul style="list-style-type: none"><li>• Rash</li><li>• Pain</li><li>• Fatigue</li><li>• Fever</li><li>• Burning, tingling, or numbness of affected area</li></ul>
Description of rash	<ul style="list-style-type: none"><li>• All over</li></ul>	<ul style="list-style-type: none"><li>• Limited to one spot, often on one side of the body only</li><li>• As a cluster</li></ul>
Age group mainly affected	<ul style="list-style-type: none"><li>• Age 1–14</li></ul>	<ul style="list-style-type: none"><li>• 50 and over, as well as people aged 18 and over who have a weakened immune system due to their condition or treatment.</li></ul>



# TRANSMISSION AND TRANSMISSION RISK

As we discussed earlier, the varicella zoster virus causes both chickenpox (varicella) and shingles (herpes zoster). That means that you can't get shingles if you've never had chickenpox. In other words, the first time a person is infected with the virus, they get chickenpox. Some people who contract chickenpox never develop symptoms. In those cases, a person may develop shingles later in life without remembering ever having had **chickenpox**.

## MYTH

If you have shingles, you have to stay home so everybody else doesn't get it from you.

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## REALITY

When proper precautions are followed, the risk of transmitting shingles is low and does not require isolation. Recommended precautions can be found on page 14.

**Warning: A person who has never had chickenpox or been vaccinated against it can contract chickenpox through contact with this fluid.** Once the blisters break, they dry out and develop yellowish crusts. When all the blisters are crusted over, the disease is no longer contagious.

So, if you do get shingles, stay away from the following people until the contagious phase is over:

- Newborns
- People who've never had chickenpox
- Pregnant women
- People with weakened immune systems

People in these groups have a higher risk of getting chickenpox and of developing complications if they do. They should see a doctor if they come into contact with someone who has shingles or chickenpox.

## MYTH

If I cough, I can transmit the varicella-zoster virus to everyone around me.

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## REALITY

In cases of shingles, the virus is not spread through coughing, saliva, or nasal secretions. Transmission is only possible through direct contact with the fluid from the blisters in a typical shingles outbreak.

## KEEPING IT TO YOURSELF

There are certain things you can do to prevent the virus from spreading when you have active shingles blisters.

- > Keep your blisters covered up with a dressing.
- > Wash the rash and keep the affected area clean, which will also reduce the risk of secondary bacterial infection.
- > Wash your hands frequently.
- > Don't touch your blisters.

These tips help limit transmission to others, but they also reduce the risk of the affected person developing new lesions elsewhere on the body.

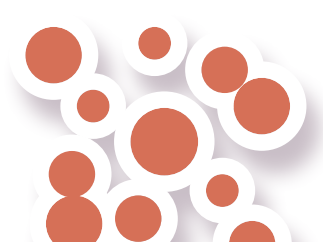
# SHINGLES RISK FACTORS

The main risk factors for shingles all relate to immune system health.

A weakened immune system can't destroy intruders or, in this case, keep the latent varicella zoster virus in the nerve cells under control. The virus can break free, spread, and cause shingles.

The following groups are at a higher risk of developing shingles:

- People over 50 (more than two-thirds of cases occur in people over the age of 50.)
- People being treated for cancer (radiation therapy or chemotherapy), since cancer and cancer treatment weaken the immune system.
- People with a disease that weakens the immune system, such as HIV.
- People undergoing long-term corticosteroid therapy.
- People taking immunosuppressant drugs (which reduce the effectiveness of the immune system).
- Adults aged 18 and over with certain health conditions, including cardiovascular disease, diabetes, chronic kidney disease, chronic obstructive pulmonary disease (COPD), or asthma.



## Immunosuppressants? Corticosteroids?

Wondering if you're taking something like that? Ask your pharmacist for the answer to these and other questions!

Here are statistics on certain groups who are at higher risk of developing shingles. The following conditions increase the risk of shingles by:

- 34% for cardiovascular disease
- 24% for diabetes
- 41% for COPD
- 24% for asthma
- 29% for chronic kidney disease
- Twice the risk for heart failure

# SHINGLES: IMPACT AND NUMBERS

A shingles episode can disrupt the management of existing health conditions and further increase the risk of complications.

## Heart attack and stroke

- In the three months following a shingles episode, the risk of heart attack and stroke rises by 31% and 34%, respectively.

## Disruption of diabetes management

- 24% of people with well-controlled diabetes experienced higher blood sugar levels after a shingles episode.
- People with diabetes require more medical visits related to shingles than those without diabetes.
- The risk of long-term nerve pain (postherpetic neuralgia) is 19% higher in people with diabetes.

## Worsening of chronic pulmonary obstructive disease (COPD)

- 26% of people with COPD reported increased symptoms or shortness of breath after a shingles episode, and 12% experienced a COPD exacerbation.

## Progression to end-stage kidney disease

- In people with chronic kidney disease, shingles can increase the risk of progression to end-stage renal disease by 36%.

## DID YOU KNOW?

Shingles is a debilitating condition, mainly affecting people over 50. But there are exceptions to every rule, and sometimes younger folks get it too.

Having risk factors doesn't mean you'll get shingles. But if you're worried, take a moment to talk it over with your healthcare professional and find out what you can do improve your odds.

### MYTH

Shingles is like chickenpox; you can only get it once.

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### REALITY

However, the risk of a second episode of shingles is less likely. However, it is still important to get vaccinated even if you've already had shingles. Shingles can recur in 5–6% of people, and the rate can reach up to 12% in individuals with weakened immune systems.

Vaccination and its benefits are discussed later in the guide.

## DID YOU KNOW?

Vaccination against chickenpox is on the routine immunization schedule in Quebec, New Brunswick, and most other Canadian provinces. The number of kids who get chickenpox has dropped dramatically since vaccines were introduced. The vaccine helps reduce the incidence of chickenpox, as well as related hospitalizations and serious complications. However, the risk of developing shingles remains, even after vaccination.



## COMPLICATIONS

The symptoms of shingles are awful enough, but its complications can be even more debilitating. The problem is that for some people the rash and blisters go away, but the pain doesn't. This condition is called **postherpetic neuralgia**.

In postherpetic neuralgia, the pain seems to come from where the original rash appeared. Often, it's more intense and debilitating than it was during active shingles. For some the pain is constant, and for others intermittent.

Generally, the pain has the following characteristics:

- It persists and recurs for more than 90 days after the sores have disappeared.
- It's felt in the area where the rash was.
- It's severe and debilitating.
- It takes a long time to go away.
- It resembles a burning sensation.
- It can induce pain that may be worsened by touch or exposure to cold.

The negative effects and duration of this type of pain are much greater in older adults. Up to 30% of older people develop symptoms of postherpetic neuralgia. This pain can last for months—or even years—and can significantly affect quality of life. In some cases, it can make it difficult to work, sleep, or even carry out simple daily tasks, such as getting dressed.

Severe postherpetic neuralgia can cause sleep problems, weight loss, anxiety, and depression.

- The older you are, the greater the risk of postherpetic neuralgia.
- The risk of postherpetic neuralgia could be higher when shingles affects the eyes.

## IMPORTANT NOTE!

Antiviral treatment is most effective when started soon after symptoms begin. That's another good reason to see your doctor or your pharmacist right away if you suspect you might have shingles.





HOW IS  
**SHINGLES?**  
TREATED AND  
PREVENTED?

# TREATMENT

Shingles treatment works along a number of fronts. The first step is to control the virus with antiviral medication. Treatment then focuses on managing associated symptoms, such as pain and itching, and protecting the affected area to reduce the risk of transmission. Then, you need to manage postherpetic neuralgia if and when it appears. This section looks at the options you have.

## MYTH

The best thing to do if you think you have shingles is just to wait till it goes away.

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## REALITY

**If you suspect shingles, consult a doctor or your pharmacist immediately!** The treatments available for shingles are most effective when they're started as quickly as possible.

## Getting the Virus Under Control

Our weapons for fighting shingles don't actually cure the disease. Their purpose is to control it as much as possible so that the damage caused by the virus is minimal.

The drugs used for shingles are **antivirals**. They keep the virus from reproducing in the nerve to reduce the risk of damage and complications.

Starting shingles medication as soon as possible does the following:

- Helps the blisters heal faster
- Limits the size of the rash
- Reduces the intensity and duration of the pain
- Reduces the risk of complications

It's important to see a doctor or your pharmacist quickly for shingles because antiviral treatment should ideally be started within 48 to 72 hours of the appearance of the rash. That's when the drugs work the best!

### DID YOU KNOW?

It can take two to three weeks for the symptoms and sores of shingles to go away. Once the lesions have dried and crusted over, there is no longer any risk of contagion. You'll need to be patient.

If the 48- to 72-hour window has passed, a physician may still decide to prescribe antiviral treatment. Starting treatment a little later can still provide benefits, including:

- Reducing the severity and duration of pain
- Lowering the risk of long-term complications, such as postherpetic neuralgia

There are certain measures and over-the-counter products that can help relieve itching. Here are a few options:

## Rash relief

As mentioned earlier, the first thing to do if you think you may have symptoms of shingles is to consult a doctor or pharmacist. Even when antiviral medication is started, skin lesions can still be bothersome and uncomfortable, often causing itching.

There are certain measures and over-the-counter products that can help relieve itching. Here are a few options:

### • **Apply a damp compress**

Wet a washcloth with cold or warm water and place it on the affected area for five minutes or until the itching feels better. Repeat two or three times a day as needed.

### •• Take cool baths

Cool baths can relieve shingles pain. It can also help to add baking soda or colloidal oatmeal for the itching.

## OATMEAL, YOU SAY?

That's right. Colloidal oatmeal has been found to reduce itching and possibly pain as well. You can get it in moisturizing creams or as a powder to add to bathwater.



### •• Take an antihistamine

Oral antihistamines are mainly used for allergies. Their purpose is to reduce itching, and they often work for shingles itching as well.

## CAUTION!

Check with your health professional before you take antihistamines. They have side effects of their own and may interact with other medications.

Over-the-counter medications such as acetaminophen and ibuprofen can be effective for shingles pain and fever.

Since there is a break in the skin, it could be the perfect opportunity for bacteria to create an infection. The priority is to heal the blisters as soon as possible to avoid any skin infection as well as keep the shingles virus from spreading.

Here are some steps you can take to promote faster healing of the lesions and prevent bacterial infection:

- Don't scratch the affected area.
- Keep it clean and dry.
- Wear loose-fitting clothes that won't rub and irritate the sores.

Remember not to break the blisters. Let them heal on their own. Otherwise, you increase the risk of scarring and of transmitting the virus through contact with the fluid.

Take time to talk these things over with your healthcare professional so you can make the best choices for your condition.

## Treating postherpetic neuralgia

If you start experiencing pain after a shingles episode, be aware that there are **prescription drugs** that can reduce postherpetic pain. Since many medications are available for such conditions, your doctor will sit down with you to decide what's best for your situation. Talk to your healthcare professional for more information.

### DID YOU KNOW?

Complementary approaches such as acupuncture, relaxation techniques, and meditation may help relieve postherpetic pain. Some small studies suggest these non-pharmacological therapies can be beneficial.

There are no clear recommendations regarding these measures, but there is little risk in trying them alongside prescribed treatments.



## PREVENTION BY VACCINATION

At first, you might think there's no way of preventing shingles. Fortunately, there is a vaccine that can greatly reduce your risk of developing shingles. The shingles vaccine is **recommended** for people aged 50 and over, if there are no contraindications. A shingles vaccine may also be recommended for people under 50 who have specific conditions, such as a weakened immune system or medical conditions that increase their risk of developing shingles or related complications.

### MYTH

My immune system is just fine—I don't need to get vaccinated.

---

### REALITY

A good immune system is no guarantee you won't get shingles. If you've ever had chickenpox, you're at risk. It's important to remember that a person may have had chickenpox without ever showing symptoms.

Fascinating vaccination facts:

- A person who's never had chickenpox can still get vaccinated.
- It's suggested that even people who've had shingles before get vaccinated to reduce the chance of another outbreak.

Your healthcare professional can advise you on this.

## MYTH

I've been vaccinated, so I can't get shingles.

---

## REALITY

After receiving the shingles vaccine, effectiveness data show that 90% of people will not develop shingles. While there is still a small chance that a vaccinated person may develop shingles, vaccination offers additional benefits, including a significant reduction in the risk of postherpetic pain.

Although the vaccine does not provide 100% protection, it remains highly effective and offers many advantages.

Some people, however, can't be vaccinated. Here are some of the reasons:

- They're allergic to something in the vaccine.
- A 12-month interval is recommended between the last episode of shingles and vaccination.

Your healthcare professional will check if there are any reasons why you shouldn't be vaccinated.



## CONCLUSION

Shingles is caused by the reactivation of the varicella zoster virus. When you get chickenpox, the virus remains latent in your body. The risk of developing shingles increases significantly as you get older. If you get shingles, it's important to see a doctor or your pharmacist as soon as possible, because shingles can be debilitating. Fortunately, there's a vaccine to prevent it. Forewarned is forearmed where shingles is concerned. Don't hesitate to talk it over with your healthcare professional.

# SOURCES AND USEFUL LINKS

## **Familiprix**

[familiprix.com](http://familiprix.com)

## **Government of Canada**

[canadiensensante.gc.ca](http://canadiensensante.gc.ca)

## **Ministry of Health and Social Services**

[quebec.ca/en/health/advice-and-prevention/vaccination/shingles-vaccination-program](http://quebec.ca/en/health/advice-and-prevention/vaccination/shingles-vaccination-program)

## **Quebec Chronic Pain Association (AQDC)**

[douleurquebec.ca/en](http://douleurquebec.ca/en)





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### WHAT IS SHINGLES?

- Description
- Signs and symptoms
- Transmission and transmission risk
- Shingles risk factors
- Complications

### HOW IS SHINGLES TREATED AND PREVENTED?

- Treatment
- Prevention by vaccination



Only pharmacists are responsible for the professional activities of the pharmacy practice. They use various tools such as the Psst! (Plan to Stay in Shape Today) program.