Facts About Chickenpox and Shingles for Adults

What is chickenpox?
Chickenpox, also known as varicella, is a very contagious disease caused by the varicella-zoster virus. It is spread easily through the air by infected people when they sneeze or cough. The disease also spreads through contact with an infected person's chickenpox blisters. Because chickenpox is very contagious, it is possible for people who have never had chickenpox nor been vaccinated against it to become infected just by being in a room with someone who has the disease. However, transient exposure is not likely to result in infection.

Symptoms of chickenpox
Early symptoms may include body aches, fever, fatigue, and irritability. A rash then appears and develops into as many as 250-500 itchy blisters over the entire body, that usually last for 5-7 days and heal with scabs. The rash may even spread into the mouth or other internal parts of the body. The illness is usually not severe, but the risk of hospitalization and death is increased among adolescents and adults. Symptoms appear between 10 and 21 days after exposure to the varicella-zoster virus. Persons who were vaccinated against chickenpox may sometimes develop chickenpox disease but the presentation is usually mild, with approximately 50 or fewer red bumps that rarely evolve to blisters.

What is shingles?
Shingles, or herpes zoster, is a common illness that strikes about 1 million Americans each year, about half of whom are 60 years of age and older. Shingles is caused by the varicella-zoster virus, the same virus that causes chickenpox. When people are first infected with the varicella-zoster virus, usually as children, they get chickenpox. Years or decades later, the virus can reactivate and cause shingles. Anyone who has had chickenpox is at risk of shingles. Shingles is associated with normal aging and with anything that weakens the immune system such as certain medications, cancers, or infections, but it can also occur in healthy children and younger persons.

Symptoms of shingles
A painful, blistering rash tends to occur on one side of the body, usually on the trunk or face. There may be pain, numbness or tingling of the area 2 to 4 days before the rash appears. Pain or numbness usually resolves within weeks, but it can sometimes persist for much longer. Damage can occur to the eyes or other organs if they are involved. One of the most serious long-term consequences of shingles is postherpetic neuralgia (PHN), a condition where pain persists after the rash has resolved. PHN pain can be very difficult to treat and it can diminish quality of life and functioning to a degree comparable to congestive heart failure, heart attack, type II diabetes and major depression.

Prevention
Chickenpox can be prevented by vaccination. Children who have never had chickenpox should get two doses of chickenpox vaccine, with the 1st dose administered at 12 – 15 months of age and the 2nd at 4-6 years of age. Two doses, administered 4-8 weeks apart, are also recommended for people 13 years of age or older. There is a safe and effective vaccine to prevent shingles. It prevents shingles in 50 percent of those vaccinated and reduces the incidence of PHN by 66 percent. Although people who are vaccinated may still get shingles, they are likely to experience a milder case than un-vaccinated persons.

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Who should get chickenpox vaccine?
The chickenpox vaccine is recommended for all susceptible children and adults who do not have contraindications for vaccination. A second dose catch-up varicella vaccination is recommended for children, adolescents, and adults who previously had received only one dose. Persons belonging to the following groups who have not received the vaccine and have not already had chickenpox should receive special consideration because they are at a higher risk for exposure/transmission:

♦ Healthcare workers.
♦ College students.
♦ Household contacts of immunocompromised persons.
♦ Residents and staff in institutional settings.
♦ Inmates and staff of correctional institutions.
♦ Military personnel.
♦ Nonpregnant women of childbearing age.
♦ Teachers and day care workers.
♦ Non-immune persons who have been exposed to chickenpox should receive varicella vaccine to prevent or diminish the severity of illness. The vaccine is most effective if given within 3 days (72 hours) to 5 days (120 hours) of the exposure. Vaccine is still recommended after 5 days of the exposure to prevent future disease if this current exposure does not result in disease.

Who should get shingles vaccine?
The shingles vaccine is recommended for anyone 60 years of age and older to keep the varicella-zoster virus from re-activating and causing shingles.
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FACT: Chickenpox (varicella) can be prevented with a vaccine. Sometimes vaccinated persons come down with chickenpox after vaccination but the illness is usually mild with < 50 lesions.

FACT: Chickenpox is contagious from 1 to 2 days before the appearance of rash until all blisters have formed scabs or lesions fade away (if no blisters develop).

FACT: Following exposure to an infectious person, it usually takes 10 to 21 days before the symptoms of chickenpox begin to appear.

FACT: Adults are more likely than children to die from chickenpox and have serious complications resulting from varicella infection. Currently, less than 5% of adults are susceptible to infection with the chickenpox virus; younger adults are more likely to be susceptible.

FACT: Immunocompromised people are more likely to have serious illness with complications as a result of chickenpox. The best way to prevent infection in such people is by immunizing their susceptible family members and their other close contacts. However, some immunocompromised people are eligible for vaccination.

FACT: If a pregnant woman gets varicella during the first 20 weeks of pregnancy, her baby has a 1 in a 100 risk of having serious birth defects such as shortening and scarring of limbs, cataracts, small head size, abnormal development of the brain and mental retardation

FACT: There are about 1 million cases of shingles diagnosed annually in the U.S. About half of cases are in those 60 years of age and older.

FACT: Shingles typically affects people over 50 years of age and those whose immune systems have been weakened by HIV infection, cancers, or treatment with immunosuppressive drugs.

FACT: There is a safe, effective vaccine to prevent shingles; it is recommended for everyone 60 years of age and older.

FACT: Shingles is caused by the varicella-zoster virus.

FACT: Initial infection with varicella-zoster cause chickenpox but the virus can then remain silent in the body for decades. Reactivation of the virus causes shingles.

FACT: Shingles causes a painful, blistering rash that usually appears on just one side of the body, most often on the torso or face.

FACT: Pain and numbness may occur in the location of the rash two to four days before the rash appears.

FACT: The chance of getting shingles increases with age.

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FACT: Post-herpetic neuralgia (PHN), a long-lasting shingles pain syndrome, is the most common complication of shingles.

FACT: PHN diminishes quality of life to a degree similar to congestive heart failure, heart attack, type II diabetes and major depression.

FACT: Antiviral medications can be used to treat shingles in its acute stage; however, these medications do not have an effect on whether PHN will persist afterward.

FACT: Medications used to treat PHN pain are only modestly effective.

FACT: There is a vaccine available that reduces the risk of risk of shingles by 50% and the risk of post-herpetic neuralgia by 66%.

FACT: The vaccine is recommended for people even if they’ve had shingles before because shingles can recur. The vaccine should also be given to people in the recommended age groups even if they cannot recall if they have ever had chickenpox.

Vaccine Safety
Research has shown 1-dose chickenpox vaccine to be 70-90% effective in preventing disease and 95% effective in preventing severe disease. Two doses of vaccine were 99% effective in preventing disease in children in clinical trials. Varicella vaccine is also very safe. The most common side effects are mild and may include pain and redness at the injection site. A mild rash may develop. As with any medicine, there are very small risks that serious problems could occur after getting the vaccine. However, the potential risks associated with varicella disease are much greater than the potential risks associated with the varicella vaccine.

Research has shown shingles vaccine to be 51% effective in preventing shingles and 67% effective in preventing the painful condition of post-herpetic neuralgia, one of the most common complications of shingles. No specific safety concerns arose during the shingles vaccine trial. The most common side-effects following the shingles vaccine are redness, pain, tenderness, and swelling at the injection site and headache.