Herpes Zoster (Shingles)

Objective
To provide effective management of shingles to prevent post-herpetic neuralgia

Guideline
Shingles is the reactivation of the varicella (herpes zoster / chickenpox) virus within the nerve root. This explains why one dermatome only is involved and why it is not bilateral (do not diagnose shingles in a generalised or bilateral rash). The rash is red with tiny blisters (vesicles or bulli) which later rupture and leave open or scabby sores. Burning pain is a significant feature.

The majority of cases occur over the age of 50 years with less than 10% under age 20. Consider shingles in any unilateral painful rash - refer to Dermatome chart to determine if the pattern falls within a dermatome.

(Remember to tell patients with burning pain of unknown cause to monitor their skin in the area for the shingles rash and to come back ASAP if it occurs).

Treatment
- Must be started within 72 hours of the onset of the rash and continues for 7 days
- **Aciclovir** orally according to creatinine clearance to maximum of 800 mg 5 times daily (Most patients over the age of 65 will be on less than this as their creatinine clearance is likely to be less than 70 mL/min). If you are unable to calculate creatinine clearance, use maximum dose of 800 mg TDS until result of creatinine blood test available and you can calculate creatinine clearance.
  - o Children <2 years  **Aciclovir** 400 mg 5 times daily
  - o Children >2 years  **Aciclovir** 800 mg 5 times daily
  - o Treatment continues for 7 days

Adequate analgesia essential
- Regular **paracetamol** 1 g QID (children 15 mg/kg QID)
- A topical extemporaneous preparation of Aspirin powder and chloroform mixture is available from the pharmacy (prescription) which can be applied as analgesia and is very effective while the rash is present, but not once it’s healed. It stings to apply, but does provide good pain relief.
- **Capsicum gel** (Zostrix HP) has been shown to help post-herpetic neuralgia. It is now funded on prescription with notation ‘herpes neuralgia’. To be applied to healed skin – not the blistered rash.
- Pain can be severe and if needed use weak opiates such as paradex or **codeine**.
- Discuss the use of a tricyclic such as **amitriptyline** if neuralgic pain is severe.

Ensure the patient has a follow-up doctor appointment within 3 days to review analgesia and for review for underlying predisposing conditions.

*Treatment Guide continued next page*
## Herpes Zoster (Shingles) (cont)

### Treatment Guide
- Aciclovir in appropriate dose – be aware of renal function - Refer [Renal Function Medication Doses](#).
- Refer [Pain relief protocol](#).
- Capsaicin gel
- Aspirin powder and chloroform mixture

### Resources

<table>
<thead>
<tr>
<th>NZF</th>
<th>Aciclovir</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZF</td>
<td>Paracetamol</td>
</tr>
</tbody>
</table>

### References
- BPAC Renal Function, Feb 2002
- BPAC Creatinine Clearance Calculator
- Guide to Pathogens and Antibiotic Treatment, 7th Ed
- Drug doses. Intensive Care Unit, Royal Children’s Hospital, Parkville, Victoria, Australia, 13th Ed.