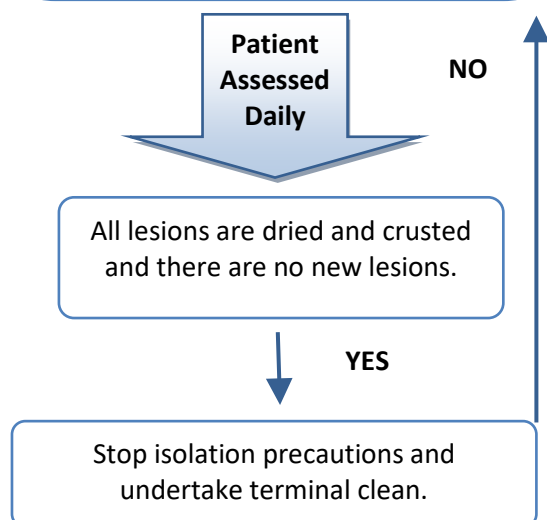
	<b>NHS Greater Glasgow &amp; Clyde</b> <b>BOARD INFECTION CONTROL COMMITTEE</b>	Effective From	December 2025
	<b>SHINGLES</b> <b>(HERPES ZOSTER)</b> <b>AIDE MEMOIRE</b>	Review Date	December 2027
		Version	1
The most up-to-date version of this document can be viewed at the following web page: <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>			

## Shingles Aide Memoire (For patients who require to be isolated\*)

### \*Patients do not need nursed in a single room unless:

- ✓ They are being nursed in a 'high risk' area (i.e. an area with immuno-compromised patients, maternity, neonatal or paediatric ward).
- ✓ Lesions cannot be covered, or at risk of being touched by the patient e.g. on face/head, in which case optimal placement is a single room.
- ✓ The patient is immunocompromised, has respiratory or disseminated shingles.



### Guidelines for patients in isolation:

**Hand Hygiene:** Liquid soap and water or alcohol hand rub.

**PPE:**  
A disposable yellow apron should be worn for all routine care of the patient.

Gloves are required when it is anticipated that there is contact with or exposure to blood, bodily fluids, secretion, excretions, non-intact skin or mucous membranes or contaminated surfaces.

If there are lesions in the respiratory tract a FRSM should be worn for routine care and an FFP3 mask must be worn whilst AGPs are undertaken.

Where there is a risk of blood/body fluid splash to the face, eye protection must be considered and worn during AGPs.

**Patient Environment:** Twice daily chlorine based cleans.

**Patient Equipment:** Chlorine clean after use and at least on a twice daily basis.

**Laundry:** Treat as infected.

**Waste:** Dispose of as Clinical / Healthcare waste.

**Visitors:** Visitors who have no history of chickenpox should be discouraged from visiting until patients lesions are dry and no new lesions have appeared for 24 hours.

### **Incubation Period:**

Reactivation can happen any time.

**Period of Communicability:** Until all lesions are dry and crusted and there have been no new lesions.

**Transmission route:** Direct contact.



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### **Additional Information**

<b><i>Clinical Condition</i></b>	<p>Shingles is a local manifestation of reactivation of latent (chickenpox) varicella zoster infection in the dorsal root ganglia. This often occurs when the immune system is weakened. The rash is vesicular with an erythematous base and restricted to the skin areas supplied by sensory nerves. The rash can be painful with burning or tingling sensation.</p> <p>The symptoms are more severe and prolonged in the immunocompromised patient.</p> <p>The virus can be spread through direct contact with fluid from the rash blisters caused by shingles and it is therefore possible to catch chickenpox from someone with shingles. However, it is not possible to catch shingles from someone with chickenpox.</p>
<b><i>Mode of Spread</i></b>	<p><b>Direct Contact:</b> The virus can be spread through direct contact with fluid from the rash blisters caused by shingles and it is therefore possible to catch chickenpox from someone with shingles. However, it is not possible to catch shingles from someone with chickenpox.</p>
<b><i>Persons most at risk of acquiring chickenpox from shingles</i></b>	<p>Any person not immune to chickenpox (varicella). A history of chickenpox is considered adequate evidence of immunity. Non-immune and immunocompromised patients are at risk of more severe disease. A non-immune pregnant woman may become infected and this can be harmful to both mother and baby.</p> <p>Although shingles can occur at any age, incidence increases with age</p>
<b><i>Specimens Required</i></b>	<p>Specimens are not normally required.</p> <p>Specimens of vesicle fluid or vesicle/ulcer swab in VPSS (Viral PCR Sample Solution) can be tested by PCR.</p>
<b><i>Visitors</i></b>	<p>Visitors who have no history of chickenpox should be discouraged from visiting until the patient's lesions are dry and crusted and no new lesions have appeared in the last 24 hours. Hand hygiene is recommended for visitors before entering and when leaving the patient's room. Restrict visitors in paediatric wards to parents and carers.</p>