



SHINGLES - At-a Glance

Definition	Shingles is caused by the reactivation of the patient's latent Varicella zoster virus. It presents with a painful vesicular rash in a dermatomal distribution. Shingles is primarily transmitted by direct contact with vesicle fluid in immunocompetent individuals but may be transmitted via infected respiratory secretions from immunosuppressed patients. Disseminated shingles - (may look like chicken pox) It is transmissible to susceptible individuals as chickenpox. The infectious period for localised and disseminated shingles is considered as the time from onset of rash until all the lesions have crusted over.
Management	• Patients with shingles (if lesions cannot be covered) should be managed in single room isolation to prevent spread to other patients. • A contact precautions sign must be clearly visible on the door. • Patients with disseminated shingles should be isolated in a single room. • Staff who are pregnant or immunocompromised and have not had chicken pox or been immunised against chicken pox should not look after patients with shingles Personal Protective Equipment (PPE) • Gloves and aprons should be worn when in contact with blood, bodily fluids or items in the environment that may be contaminated as per standard infection control precautions (SICPs) • Hand hygiene as per the WHO 5 moments and ensure patient has access to hand hygiene.
Cleaning	• Any re-usable equipment should be decontaminated with Green Clinell wipes after each use and prior to the use for other patients. • All linen must be placed inside a red alginate bag, secured and then placed inside a white bag.
Stop isolation When?	• When symptoms have ceased, and lesions are dry and have crusted isolation is no longer required. • Patients can be discharged home while symptomatic provided they are medically fit. • Receiving hospitals must be informed.

