Shingles – Varicella Zoster Reactivation

Shingles (herpes zoster) develops when the varicella zoster virus from a chickenpox infection earlier in life, which has lain dormant in nerve cells, suddenly reactivates. Almost 1 in 3 people will develop herpes zoster during their lifetime, with risk increasing sharply with age.

Is shingles contagious?
It is not possible to catch shingles from someone with the condition or from someone with chickenpox. However, someone who has never had chicken pox can catch the virus from someone with active shingles. In such cases, the person exposed to the virus might develop chickenpox, but they would not develop shingles. Shingles is much less contagious than chickenpox and the risk of a person with shingles spreading the virus is low if the rash is covered. The virus is spread through direct contact with fluid from the rash blisters caused by shingles. Covering the rash with clothing or a non-adherent dressing reduces the risk of transmission. A person is not infectious before the blisters appear. Once the rash has developed crusts, the person is no longer infectious.

Is there a shingles vaccine?
Yes, there is a licensed zoster vaccine, Zostavax. It is a live attenuated viral vaccine indicated for prevention of zoster and zoster-related post-herpetic neuralgia in those aged ≥50 years. In a clinical trial involving adults 60 years or older, Zostavax reduced the risk of shingles by about half (51%) and the risk of post-herpetic neuralgia by 67%. At least 13% of people 60 years and older with shingles will get post-herpetic neuralgia. Zoster vaccination is not included as part of the routine immunisation schedule. However, anyone aged 50 years or older may choose to be immunised. The vaccine and administration must be paid for privately.

Can someone who has had shingles get the vaccine?
Though most people will experience only one episode of shingles during their lifetime, recurrence is possible. A US study reported a recurrence rate of 6% during an eight year follow up. This incidence was similar to the expected incidence for a first episode in this population.

This is the current advice from the National Immunisation Advisory Committee – “Zostavax may be given to those who have had zoster. It is prudent to defer vaccination for 12 months after the zoster has resolved so that the vaccine can produce a more effective immune response.”

Diphtheria: Not to be forgotten

Diphtheria is an acute infectious disease affecting the upper respiratory tract and occasionally the skin. Most complications, including death, are attributable to the effects of the toxin produced by the organism. Since the introduction of vaccination against Diphtheria in the 1930s the disease has been eliminated from Ireland. However, it continues to be endemic in less developed parts of the world. In 2015, up to the end of July, three European countries (Denmark, Sweden and Germany) have reported a total of 6 cases of toxigenic cutaneous diphtheria in refugees from Eritrea(4), Ethiopia(1) and Libya(1).

What is cutaneous diphtheria?
Cutaneous diphtheria is endemic in tropical countries but is uncommon in Europe. It may present as a non-healing skin lesion or ulcer and may occur at sites of burns or other wounds. Although sufficient diphtheria toxin is absorbed from skin lesions to frequently produce immunity, systemic complications are uncommon.

Editor: Dr. Fiona Ryan, Consultant in Public Health Medicine, Department of Public Health, Health Service Executive (HSE) South (Cork & Kerry), Floor 2, Block 8, St. Finbarr’s Hospital, Cork.
Telephone: (021) 4927601 Facsimile: (021) 4923257 http://www.immunisation.ie; www.hse.ie/publichealth
Why should we be concerned about cutaneous diphtheria?
Although cutaneous diphtheria rarely causes systemic complications, it may act as a source of respiratory infection and toxin-mediated disease in others, e.g. may transmit it to an unvaccinated/incompletely vaccinated person living in Ireland. It is important to remember the possibility of cutaneous diphtheria in returning travellers and in individuals coming from endemic countries who present with a non-healing skin lesion or ulcer. Timely laboratory confirmation of cases is vital for implementing control measures, which include treatment of the case and prophylaxis for close contacts.

How is it spread?
Spread is by droplet infection and on rare occasions through contact with articles soiled by contact with skin lesions of infected persons.

Investigation of possible case of cutaneous diphtheria
Any clinically suspicious case should be discussed with an Infectious Diseases or Microbiology Consultant who will be able to advise on laboratory investigation.

Prevention by vaccination
The diphtheria toxoid vaccine effectively protects against the effects of the toxin produced by the organism and immunisation is the only effective method of preventing the toxin-mediated disease. However, vaccinated individuals can still be infected by Corynebacterium diphtheriae and can become asymptomatic carriers of toxin-producing strains. If an unvaccinated person becomes infected, he/she may develop severe disease with complications from the effects of the toxin.

Summary
- Remember the possibility of cutaneous diphtheria in returning travellers and in individuals coming from endemic countries who present with a non-healing skin lesion or ulcer.
- Vaccination protects against diphtheria toxin-mediated disease.
- Infant vaccination is recommended at 2, 4 and 6 months, with boosters at 4-5 years and 12-13 years.

Primary Childhood Immunisation Programme
Following a recommendation from the National Immunisation Advisory Committee (NIAC) the primary childhood immunisation schedule has now changed for all babies born on or after July 1st 2015. These infants will only need two doses of MenC vaccine, given at 4 and 13 months of age. The schedule has changed as there is now evidence that a single dose of MenC vaccine provides protection for the first year of life.

Babies born before 1st July 2015 should continue with the previous schedule.

Updates to Immunisation Guidelines for Ireland
NIAC has issued updates to the Immunisation Guidelines for Ireland. Many of the chapters have now been updated. The updated chapters are available on the National Immunisation Office website www.immunisation.ie and at the following link http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html

NIAC have supplied a summary table of the updates; This is available on the National Immunisation Office website at the following link http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/changes25082015.pdf

Hard copies of the guidelines are not available as the guidelines are reviewed and updated regularly. Please regularly check the following link http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html to ensure you have the most up to date information.