



Published on The Well Project (<https://www.thewellproject.org>)
<https://www.thewellproject.org/hiv-information/shingles-and-hiv>

Shingles and HIV

Submitted on Jan 23, 2025

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What Is Shingles?

Shingles, also called herpes zoster, is caused by the varicella-zoster virus (VZV), the same virus that causes chickenpox. It is different from the [herpes simplex virus](#) that causes genital herpes and oral herpes (cold sores), although the two viruses are in the same family.

Nowadays children are routinely vaccinated against chickenpox, but if you were born before 1980 you probably had this common childhood illness. While you likely got over the chickenpox on your own, the virus remained dormant in your body and can be reactivated later in life. When that happens, you get

shingles, which shows up most commonly as a blistering rash on your chest or back. It is also possible for the virus to be reactivated elsewhere in your body, such as in your eyes or the lining of your brain.

The virus is often triggered when immune defenses are lowered, such as the natural decline in immune function as people age. Being under a lot of [stress](#) can also weaken the [immune system](#) and trigger shingles as a result.

Symptoms

The most common symptom is a painful itchy or tingly rash on the skin along the nerves (called a *dermatome*) of one side of the body. It includes blisters that crust over fairly quickly and scab over in about a week. The rash clears up in about a month, and the pain usually ends in one to two months. Other symptoms include a fever, chills (feeling very cold for no reason), nausea (feeling sick to the stomach), diarrhea (frequent loose poop), or a headache.

The blisters are filled with fluid that can spread the virus, especially to people who were not vaccinated against chickenpox and never had that disease. If you have shingles or care for someone who does, it is really important to wash your hands thoroughly after you have come into contact with the rash. You can cover the rash with a bandage or clothing to help prevent spread to household members who have never had the disease.

Getting shingles elsewhere, such as on your face, can cause serious complications, including vision problems. If that happens, get medical care quickly to prevent further problems. Another complication is long-term pain along the nerve paths that were infected by the virus. This is called *postherpetic neuralgia* and can last for months or years after the rash has cleared up.

Who Is Vulnerable to Getting Shingles?

While children can get shingles, the condition is more common in [older adults](#), especially people over age 50. A person's immune system naturally declines as they age, which makes older people more vulnerable to reactivation of this virus. Other immune system disruptions also increase the chances of getting shingles, including treatments for autoimmune diseases or cancer or the medicines given after receiving a transplant, or living with HIV.

Statistically, women are more likely to get the condition than men. Some research suggests that hormonal changes around [menopause](#) may be to blame. In older adults, having severely bumped one's head (called head trauma) seems to increase the chances of developing shingles, although the reason for this is unclear.

Shingles, HIV, and the Immune System

The immune system usually prevents VZV from being reactivated. However, when the immune system weakens, the virus can be triggered. That is why older people are vulnerable to this condition, as are people living with HIV – and older people living with HIV are especially at risk.

In people living with HIV, a low CD4 cell count indicates an especially weak immune system, increasing the chances that the person will develop shingles. VZV is also more likely to be distributed to other sites in the body when CD4 counts are low and may then cause neurological symptoms. Shingles can also develop soon after someone starts HIV drugs, indicating [immune reconstitution](#) inflammatory syndrome – a condition where the body's immune system goes into overdrive, causing strong inflammation.

Because of the connection between shingles and a weakened immune system, shingles could be an early indication that someone has acquired HIV. If you do not already know that you are living with HIV,

it is a good idea to be tested for HIV if you develop shingles.

Complications, such as long-lasting pain after the rash has cleared up, are more common among people living with HIV than HIV-negative people. Living with HIV also makes people vulnerable to getting shingles more than once.

Treatment and Prevention

Shingles treatment often focuses on relieving symptoms, such as lotions for itching or pain relievers. Antiviral medications can also be used to lower the chances of developing long-term complications. If the skin around the rash becomes infected with bacteria, antibiotics may be given.

Antiviral medications used for shingles include:

- Acyclovir
- Valacyclovir
- Famciclovir

All are prescription medications and should be started as soon as possible after the shingles rash appears.

You can reduce the chance of shingles and the risk of persistent pain by getting vaccinated. This applies also if you have been previously vaccinated against chickenpox. However, there should be at least eight weeks between the chickenpox and shingles vaccinations.

As of October 2024, the US Centers for Disease Control and Prevention (CDC) currently recommends that anyone age 50 or over get two doses of the recombinant zoster vaccine, even if they have had shingles before. CDC also recommends that people who are at least 18 years old and whose immune systems are compromised should be vaccinated.

This includes people living with HIV. People with advanced HIV should be vaccinated right away, even if their body's vaccine response may be weaker than that of people with well-controlled HIV. This is because a low CD4 cell count increases vulnerability to getting both shingles and worse complications from it.

US residents: Even if you were vaccinated for shingles in the past with a vaccine called Zostavax (zoster vaccine live), which is no longer in use in the US, you should still be vaccinated with Shingrix, the shingles vaccine currently available for use, which is considered a more effective option.

Taking Care of Yourself

Keeping your immune system strong by taking your HIV drugs as prescribed helps to keep VZV from reactivating. In addition, get vaccinated against shingles. You may also get vaccinated against chickenpox, if you have never had that disease.

If you don't already know that you are living with HIV and you develop shingles, get tested for HIV. If you are living with HIV and develop shingles, see your provider, so they can help you prevent long-term complications.

Additional Resources

Select the links below for additional material related to shingles and HIV

- [Herpes Zoster \(Shingles\) \(International Association of Providers of AIDS Care\)](#)
- [What doctors wish patients knew about the shingles \(American Medical Associatio...](#)
- [About Shingles \(Herpes Zoster\) \(US Centers for Disease Control and Prevention\)](#)
- [Shingles \(American Academy of Family Physicians\)](#)
- [Why Shingles May Be a First Sign of HIV \(verywellHealth\)](#)



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