

# SHINGLES CASE STUDY

## C O M P E T I T I O N

Discussing Shingles recently with an occupational health sister working for a big factory, revealed some interesting facts.

All the four patients that she had seen this year had proven to be positive for HIV virus. All were adult heterosexual labourers in the 20-40 age group.

I was offering my observations of the increase we are seeing in the young. We attended to the medical needs of the young men at a local boarding school and the Head boy and Vice head boy of one of the Houses had recently contracted shingles.

The question asked was: "Was this contagious?" – House master, sports master, relatives and friends wanted to know.

My patient was the Head boy who presented with a typical shingles rash in the C2/3 dermatome. In particular he suffered severe pain around his ear.

He was not sexually active, was not a drug abuser, not a haemophiliac and had no real risk of contracting AIDS.

My shingles patient seemed to have different precipitating factors. Mid year exams, full rugby programme, leading role in a play, head boy of his house. Enough stress to suppress his immune system and allow the sleeping varicella virus to awake.

With all his pressing commitments, it came as no

surprise that he and his family opted to plump for the Zovirax Shingles treatment pack.

He suffered fairly severe pain for 3 days – treatment instituted in a dosage of 800mg 5 times a day approximately 14 hours after the onset of the rash.

He spent a week at home but was back in action as the main actor in the play and able to sit his exams

in time. As can be seen from the photograph the rash aborted satisfactorily, as clinically did the pain.

What of the question about infectivity?



According to Strauss et al<sup>1</sup> there have been occasional clusters of cases of shingles where transmission of infection causing Herpes Zoster was thought to have occurred. However analysis of two of these clusters have shown that the virus strains have not been identical. This simply represents clusters of reactivation of latent Herpes Zoster infection.

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### **Reference**

1. Strauss SE, Ostrove JM, Inchuispe G, et al. Varicella Zoster virus infections: Biology, Natural history, treatment and prevention (NIH Conference). *Ann Int Med* 1988;108:221-37.