### Disease/Medical Condition

**SHINGLES**

(also known as Herpes zoster; caused by reactivation of the varicella zoster virus, which causes chickenpox in primary infection; following chickenpox, the virus remains dormant in the nervous system, and it may reactivate years later)

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### Is the initiation of non-invasive dental hygiene procedures* contra-indicated? Possibly

- If you have not had chickenpox or the chickenpox (varicella) vaccine, avoid contact with the rash and blisters on persons with shingles (or chickenpox).

- If the rash or blisters are on the face or in the oral cavity (e.g., tongue or palate), dental hygiene care should be postponed until after the rash/blisters have completely healed (or in the case of the face, have at least crusted over).

- **Is medical consult advised?** Yes. A primary care provider (e.g., physician) should be consulted promptly when symptoms of shingles are evident, particularly in individuals who have a weakened immune system, or if symptoms persist or worsen. (Antiviral medications – such as acyclovir, valacyclovir, and famciclovir – work best if initiated as soon as possible after the rash appears, preferably within 72 hours.) Shingles affecting the eye may result in blindness; therefore, this situation requires emergency medical care. Similarly, Ramsay Hunt syndrome (see below) requires urgent intervention (including steroids, such as prednisone) to minimize morbidity.

### Is the initiation of invasive dental hygiene procedures contra-indicated?** Potentially

- **Is medical consult advised?** See above.

- **Is medical clearance required?** No

- **Is antibiotic prophylaxis required?** No

- **Is postponing treatment advised?** Possibly; see above and below.

### Oral management implications

- **Mode of transmission** is via direct contact with fluid from the rash’s blisters. A person with shingles can spread the virus when the rash is in the blister-phase, but is not infectious before blisters appear. Once the rash develops crusts, the person is no longer contagious. Shingles is less contagious than chickenpox, and the risk of a person with shingles spreading the virus is low if the rash blisters are covered.

- As a health care provider, if you develop shingles and until your rash crusts over, avoid contact with:
  - pregnant women who have never had chickenpox or the varicella vaccine;
  - premature or low birth weight infants; and
  - immunocompromised persons (such as persons receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with HIV infection).

- If you, the dental hygienist, are pregnant and have never had chickenpox or the varicella vaccine, you should avoid contact with patients/clients who have non-crusted shingles ... particularly uncovered lesions on the face. (Note: Exposure to varicella zoster virus via shingles results in chickenpox in non-immune persons, not shingles.)

- To reduce your risk of developing shingles, the National Advisory Committee on Immunization (NACI) recommends the Herpes zoster vaccine “for the prevention of Herpes zoster and its complications in persons 60 years and older without contraindications.”
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Oral manifestations

- In Ramsay Hunt syndrome, shingles may occur in the mouth (tongue and palate). This painful intraoral red rash and blistering occur on the same side as the other unilateral facial manifestations related to facial nerve (cranial nerve VII) involvement. Complications include alterations to taste and, longer-term, synkinesis (i.e., aberrant regeneration, where the nerve grows back to the wrong areas; this may result in, for example, eye closure while smiling or tear production while chewing).
- Oral, perioral and facial shingles (again usually unilateral) may occur if the trigeminal nerve (cranial nerve V) is involved.

Related signs and symptoms

- Shingles typically presents as a painful, blistering skin rash along a dermatome (i.e., area of skin supplied by nerve fibers from a single spinal root). The rash usually starts on one side of the face or body, and forms blisters that scab over in 7−10 days and resolve in 2−4 weeks. Before the rash appears, there is often pain, itching, burning, or tingling in the area where the rash will develop. This may occur from 1 to 5 days before the rash appears. The rash usually involves a narrow area from the spine around to the front of the abdomen or chest, but may alternatively involve the face, eyes, mouth, and ears.
- Systemic symptoms (often absent) may include abdominal pain, fever, chills, general malaise, joint pain, swollen lymph nodes, and headache.
- Shingles can develop in anyone who has had chickenpox, but is more likely to develop in persons over 60 years of age, persons who had chickenpox before their first birthday, or persons with weakened immune systems due to leukemia, lymphoma, human immunodeficiency virus (HIV), and immunosuppressive drugs (e.g., steroids and anti-rejection drugs given after organ transplantation).

Oral, perioral and facial shingles (again usually unilateral) may occur if the trigeminal nerve (cranial nerve V) is involved.

References and sources of more detailed information

- PubMed Health, National Library of Medicine, National Institutes of Health
- US Centers for Disease Control and Prevention http://www.cdc.gov/shingles/about/overview.html

* Includes oral hygiene instruction, fitting a mouth guard, taking an impression, etc.

** Ontario Regulation 501/07 made under the Dental Hygiene Act, 1991. Invasive dental hygiene procedures are scaling teeth and root planing, including curetting surrounding tissue.

Date: December 16, 2012