	<p>POLICIES &amp; PROCEDURES</p> <p>Number: <b>40-140</b></p> <p>Title: <b>Shingles (Herpes Zoster)</b></p>
<p><b>Authorization:</b></p> <p><input checked="" type="checkbox"/> SHR Infection Prevention &amp; Control Committee</p> <p><input type="checkbox"/> Facility Board of Directors</p>	<p>Source: <b>Infection Prevention &amp; Control</b></p> <p>Date Initiated: May 2007</p> <p>Date Reaffirmed: September 2012</p> <p>Date Revised: October 2014</p> <p>Scope: SHR &amp; Affiliates</p>

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### **Introduction**

Infection due to the varicella zoster virus (VZV) causes both varicella (chicken pox) and herpes zoster (shingles). Herpes zoster is caused by a reactivation of the virus in the sensory ganglia and leads to neuropathic pain and a dermatomal rash, typically in adulthood (see [Appendix B](#) for dermatomes).

The first sign of shingles is typically pain in the area of the affected nerve. A rash of fluid filled blisters appears in the affected area. This rash is usually persistent for about 7 days but the pain may continue for longer.

**All staff caring for a client with suspected VZV (chickenpox/shingles) should have a previous history of chickenpox or be known to be immune. Contact Occupational Health & Safety or designate if you are unsure of your immune status or if you are immune compromised.**

### **Definitions**

Localized herpes zoster (Shingles)	Lesions that are localized to one or two dermatomes and can overlap adjacent dermatomes but do not cross the body's midline ( <a href="#">Appendix B</a> )
Disseminated herpes zoster (shingles)	Appearance of lesions outside the primary or adjacent dermatomes or lesions involve more than one body system (i.e., skin and respiratory system); may be transmitted by the airborne route
Immune compromised	Refer to Policy <a href="#">40 – 60 Immune Compromised Clients – Precautions.</a> In the 40-140 Shingles (Herpes Zoster) Policy the term refers to clients with congenital or acquired immunodeficiency or immunodeficiency due to chemotherapeutic agents or haematological malignancies.
Primary	Constituting or belonging to the first stage in any process

## **Policy**

1. All clients infected with herpes zoster (shingles) are to be evaluated for the need for additional precautions during the period of communicability as per [Table 1 Herpes Zoster](#) to protect non-immune health care workers (HCW)/clients/visitors and prevent the spread of the varicella zoster virus (VZV).
2. All health care workers (HCWs) caring for clients with confirmed or suspected herpes zoster should be immune to varicella. For those who are either not immune or where immune status is unknown appropriate Personal Protective Equipment (PPE) must be used.

## **Purpose and Scope**

1. To outline the infection control principles for the management of a client infected with herpes zoster (shingles) and their contacts to prevent the spread of VZV disease within Saskatoon Health Region (SHR) care facilities and community-based services.

## **Procedure**

### **Identification** - As per [Table 1 Herpes Zoster](#)

The virus can be transmitted by direct and indirect contact with vesicular fluid.

The incubation period is between 10 – 21 days; however this may extend to 28 days if varicella zoster immune globulin (VariZIG™) is given. **The lesions are infectious until all lesions have crusted and dried.**

### [Standard Precautions](#)

Clients who are immune competent with localized covered lesions can be managed with Standard Precautions.

### [Contact Precautions](#)

Clients with localized herpes zoster who have an area that cannot be covered shall be placed on Contact Precautions.

### [Airborne Precautions](#)

Clients shall be placed on airborne precautions in **addition to contact precautions** if they:

- have disseminated herpes zoster **or**
- immune compromised until dissemination can be ruled out

If the client is immunocompetent with

- Localized herpes zoster, then routine practices should be followed and lesions should be completely covered.
- Disseminated (physician verified) herpes zoster (defined as appearance of lesions outside the primary or adjacent dermatomes), then routine practices plus airborne and contact precautions should be followed until lesions are dry and crusted.

If the client is immunocompromised with

- Localized herpes zoster, then routine practices **plus airborne and contact precautions** should be followed **until disseminated infection is ruled out**. Once dissemination is ruled out, routine practices should be followed and lesions should be completely covered.
- Disseminated (physician verified) herpes zoster, then routine practices **plus airborne and contact precautions** should be followed until lesions are dry and crusted.

1. Health Care Workers
  - Must be aware of their immune status (OH&S Policy 5.1.2).

- Non-immune or immune suppressed HCWs are to seek further advice from OH&S.
  - Non-immune pregnant HCWs who must enter the room should seek further advice from OH&S or designate (maternal infection during the first 20 weeks of pregnancy may result in transmission of VZV to the foetus and cause congenital varicella syndrome).
2. Perform a Point of Care Risk Assessment ([See Appendix A](#))
  3. Respirator (i.e., N95)
    - If the healthcare worker/visitor is **immune** (i.e., previously had the disease) or has been vaccinated, **no respirator** is required.
    - If the health care worker/visitor is **non-immune, immune status is unknown or is immune compromised** and must enter the room, s/he **must wear a respirator** (i.e., N95). **Exception: A respirator is not indicated in the care of immune competent clients with covered localized lesions.**
  4. Client accommodation
    - Assign room and post signage according to the precautions required. See [Table 1 Herpes Zoster](#).
    - If an airborne isolation (negative pressure) room is required but not available, place the client in a single room with the door closed.
  5. Visitors
    - Visitors are to consult with nursing staff before entering room.
    - Visitors to be given clear instructions regarding necessary precautions to be followed, appropriate PPE, and fit checking of respirator (i.e., N95) if necessary. [Airborne Precautions – Client, Family and Visitor Information](#)
  6. Meals (If **Dietary** staff member is **NOT** immune or if immune status unknown)
    - Dietary staff to leave meal trays outside the client's room and inform nursing staff.
    - Nursing staff to deliver and remove meals from the client's room.
  7. Environmental Cleaning
    - Daily cleaning of rooms is performed in the same manner as for all clients with appropriate PPE worn as per precaution signage and [Table 1 Herpes Zoster](#). For cleaning at discharge, refer to Environmental Cleaning [WAGS].
  8. Transport / transfer of client
    - Receiving facilities/departments must be informed of required precautions.
    - If client is on **airborne precautions** the client should be out of the room for **essential** tests only. The client should wear a procedure mask and have skin lesions covered when out of the room. See [Airborne Precautions](#).
  9. Client education
    - All clients with varicella zoster are to be given a [Herpes Zoster \(Shingles\) Fact Sheet](#).
  10. Contacts
    - Consult the Infection Control Practitioner (ICP) to determine exposure and need for contact tracing.
  11. Post-exposure management
    - Please call OH&S Incident Reporting Line.
  12. Duration of precautions - Please refer to [Table 1 Herpes Zoster](#)

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- Herpes zoster –until all lesions are dry and crusted.
- Exposed persons who are susceptible should be considered infectious 8 days from the first contact to 21 days following exposure (extended to 28 days if immunoglobulin **[VarizIG™]** is given).
- If Varicella (chicken pox) develops due to shingles exposure isolation is required until all the vesicles have crusted. This period may be prolonged if the client has altered immunity. See [40-20 Varicella Zoster \(Chickenpox\) Policy](#).
- **For discontinuation of precautions consult Infection Prevention and Control.**

### **References**

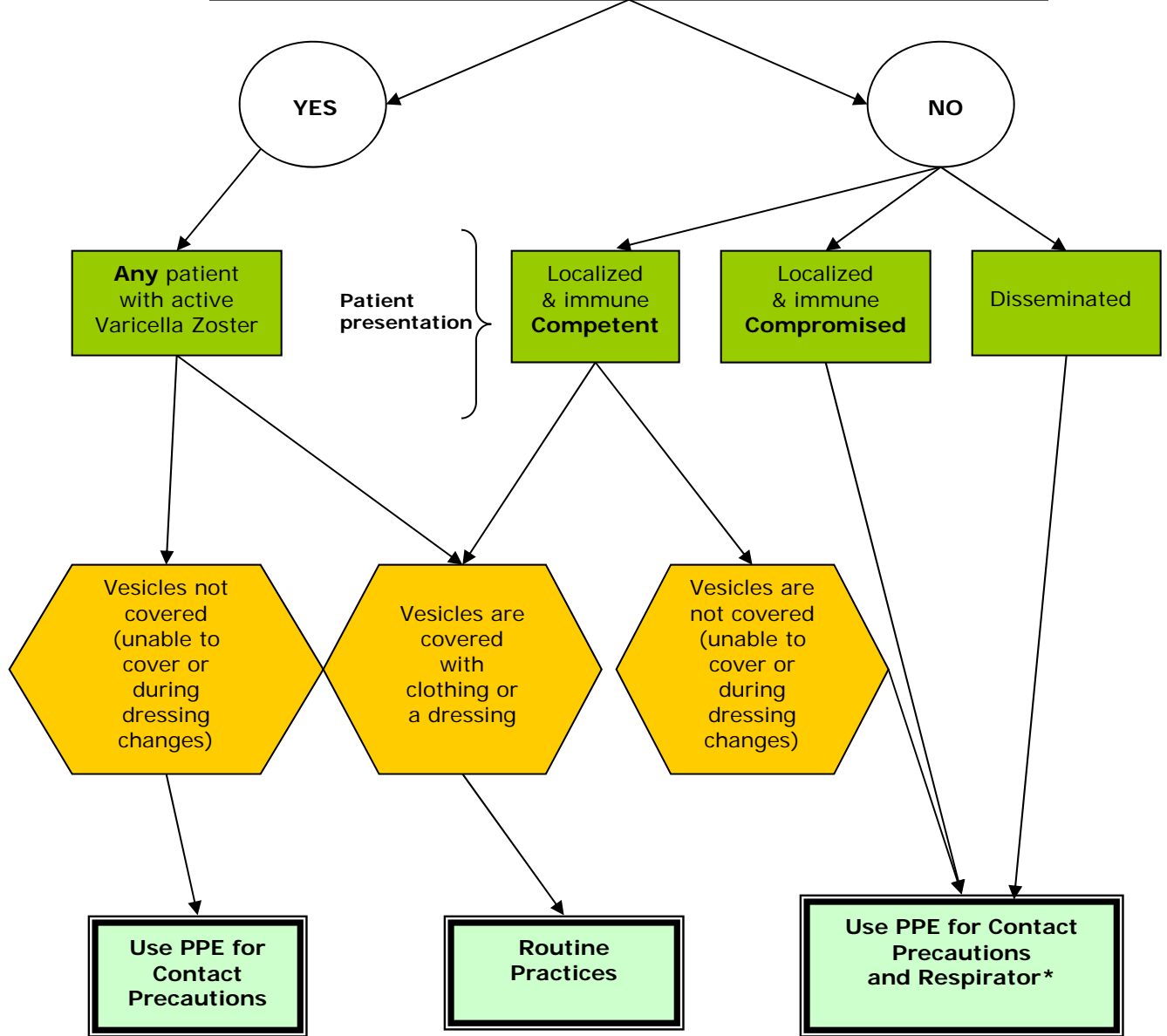
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Table 1 – Herpes Zoster

Microorganism Herpes zoster	Clinical Presentation/ Potential Pathogens	Precautions	Patient Accommodatio n	Route of Transmission	Period of Communicabi lity	Duration of Precautions
<b>Localized:</b> Immune competent host	Vesicular skin lesions localized to one or two dermatomes and do not cross body's midline (may overlap adjacent dermatomes)	<b>Routine Practices</b> if area can be covered	Private room preferred*	Direct and indirect contact with vesicular fluid	Until all lesions have crusted and dried.	Until all lesions have crusted and dried.
*Non-immune patients should preferably not share rooms with patients with varicella or zoster. Add Contact Precautions for cases of localized zoster that cannot be covered.						
<b>Localized:</b> Immune compromised host*	Vesicular skin lesions localized to one or two dermatomes and do not cross body's midline (may overlap adjacent dermatomes)	<b>Airborne and Contact Precautions</b> <u>until</u> dissemination is ruled out. <i>Routine Practices if area can be covered</i>	Negative pressure room if available Private room required (door closed)	Airborne, direct and indirect contact with vesicular fluid	Until all lesions have crusted and dried.	Until all lesions have crusted and dried. *Consult ICP to review duration of precautions if this type of patient is on antiviral therapy
*Localized zoster may disseminate in immune compromised host if not treated						
<b>Disseminated</b>	Vesicular skin lesions outside the involved and adjacent dermatomes or crossing the body's midline, OR lesions involving more than one body system	<b>Airborne</b> (until lesions are dry & crusted) <b>and Contact Precautions</b>	Negative Pressure room if available Private room required (door closed)	Airborne, direct and indirect contact with vesicular fluid	Until all lesions have crusted and dried.	Until all lesions have crusted and dried.

**Point of Care Risk Assessment  
for HCW, Family and/or Visitors to direct the choice of appropriate Personal  
Protective Equipment**

**Ask yourself**  
Have you previously had varicella zoster virus (chicken pox)?  
Have you been vaccinated against chicken pox or shingles?  
Do you know your immune status against varicella zoster virus (chicken pox)?  
Do you consider your immune status healthy or normal?  
  
These questions apply whether you are pregnant or not.



\* N95

Appendix B - Dermatomes

