HERPES ZOSTER:
ISOLATION POLICIES
AND CONCLUSIONS

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Case

Your 80 y/o grandmother calls the office because she just was treated for shingles last week by her PCP, and while finishing up her course of acyclovir wants to know if she can babysit her infant great-granddaughter. She also wants you to administer her shingles vaccine in the living room at our next family gathering.

BTW – can she 'catch' shingles from the vaccine like she said she 'caught' the flu after her flu shot?
Isolation and infection control

- Virus present in respiratory tract or direct contact with lesions
  - Less than 1/3 as 'contagious' as varicella
- Nonimmunocompromised patient, classic presentation
  - Standard precautions, lesions covered if possible until crusted
  - Droplet and contact?
  - Transmission still rarely reported
- Disseminated lesions or immunocompromised pts
  - Standard, contact, and airborne precautions and isolation until all lesions crusted

- Don't assume institutions will adhere to guidelines
- Know the mechanisms, and you'll know the answer
Infectivity

- Catch zoster from the vaccine?

Cases of zosteriform eruptions after vaccine were not vaccine strain in controlled trials.

- Post-vaccination wildtype zoster rate similar to placebo

- Shed vaccine strain virus after the vaccine?

No cases of vaccine-strain zoster transmitted from vaccinated person to a susceptible person per CDC.

- Our cases – isolation?
Case

32 y/o otherwise healthy female, 32 weeks first pregnancy, 'ripping' pain across R abdomen x 2 days, followed by a cluster of pink papulovesicles across upper abdomen and upper back, both only on R side. She is a healthcare worker in an outpatient clinic, and visits PCP in her building after the rash was present for 2 days.
What are the issues?

- She is pregnant
- She is a healthcare worker
- She is presenting after 2 days of prodrome and 2 days of skin lesions
- She is otherwise healthy
Case

- Pregnant health care worker
- Health care workers considered immune
- Varicella x 2
- Zoster hx or chicken pox
- Laboratory immunity
- Zoster can occur in any trimester with no increased risk to mother, fetus, or neonate
- Pregnancy category
- Antiviral B, prednisone C, gabapentin C, amitriptyline C, opioids mostly B, acetaminophen B
What should you do?

- Should she be treated with oral antivirals?
  - Yes, presented within 72h, will minimize shedding, occupational exposures, decrease morbidity during pregnancy
  - Antivirals pregnancy category B, val/acyclovir ok if nursing

- Should she be isolated in any way?
  - Skin area involved should be covered, masked for immunosuppressed or nonimmune patients

- What are the risks to her fetus?
  - Nothing particularly, maternal immunity to primary varicella

- What other treatments should you employ?
  - Localized measures
Thank you
References:

- Kawai K et al. Cost-effectiveness of vaccination against herpes zoster and postherpetic neuralgia: a critical review. Vaccine 2014; Epub ahead of print