

PF Shingles Pathway Summary: For 18 years and over

This summary does not replace the PGDs or Clinical Pathway. Please make sure you have read, understood and signed the PGDs.

To meet Gateway criteria (and be eligible for PGD):

- Early signs of shingles include tingling or painful feeling in an area of skin on the torso and a headache/general feeling unwell.
- A rash usually appears up to 3 days later. In rare cases shingles can cause pain without a rash. Usually the rash appears chest/ tummy area but can be anywhere including face, eyes, genitals. It normally only appears on one side of the body.

Treat if within 72hrs (3 days) of rash appearing AND at least one of:

- All patients aged over 50 years **or** All Immunosuppressed patients*
- Non-truncal involvement (shingles affecting the neck, limbs, or perineum)
- Moderate or severe pain **or** Moderate or severe rash (defined as confluent lesions)

Or Treat up to one week after rash onset AND at least one of:

- All patients aged 70 years and over **or** All Immunosuppressed patients*
- Continued vesicle formation **or** High risk of severe shingles (e.g. severe atopic dermatitis/eczema)
- Severe pain

Exclusions: If the patient has any of the following, refer them to their GP surgery or other provider

- Patients under 18 yrs
- Pregnancy or breast feeding with sores on the breast
- Meningitis (neck stiffness, photophobia, mottled skin)
- Encephalitis (disorientation, changes in behaviour)
- Myelitis (muscle weakness, loss of bladder or bowel control)
- Facial nerve paralysis (typically unilateral) (Ramsay Hunt)
- Hutchinson's sign — a rash on the tip, side, or root of the nose
- Visual symptoms **or** Unexplained red eye
- Severely immunosuppressed patient **or** Shingles in immunosuppressed patient where the rash is severe, widespread **or** patient is systemically unwell
- Current long-term use of oral aciclovir or valaciclovir (e.g. prophylaxis of HSV infection etc.)
- Failure to respond to treatment with aciclovir or valaciclovir for this episode of shingles
- Individuals at risk of dehydration and unable to maintain adequate fluid intake.
- Chronic Kidney Disease (CKD) stages 4 or 5 (eGFR <30ml/min/1.73m²)

Treatment: 7 day supply

1st Choice: Aciclovir 800mg tablets/ dispersible tablets (use 200mg/ 400mg if 800mg not available). 800mg five times a day (at 4 hourly intervals, during waking hours)

2nd Choice: Valaciclovir 500mg tablets, 2 tablets (1g) three times a day

Use Valaciclovir for individuals:

- Where the five time daily regimen for Aciclovir would not be achievable (e.g. carer visits)
- Who are prescribed 8 or more medicines/day where adherence with the Aciclovir is not achievable
- Who are immunosuppressed
- If no Aciclovir stock

Advice/Safety Netting:

- If symptoms worsen rapidly or significantly at any time or do not improve in 7 days the patient should contact their GP surgery or other provider as appropriate.
- Provide the British Association of Dermatologists (BAD) patient information leaflet on shingles (herpes zoster infection).
- Provide advice on pain management: where appropriate, paracetamol, alone or combination with codeine or a nonsteroidal anti-inflammatory drug (NSAID), such as ibuprofen.
- Provide advice about the shingles vaccine (where applicable) after recovery from this episode of shingles.