Shingles is a painful disease caused by a reawakening of the same virus that causes chickenpox. Two doses of the shingles vaccine known as Shingrix® are recommended for adults aged 50 and older.

Q. What is shingles?
A. Shingles is a disease caused by the same virus that causes chickenpox; it's actually a reawakening of an old chickenpox infection. Shingles most often occurs in elderly people and people of any age with weakened immune systems. Common symptoms of shingles include a rash, usually in a band-like pattern on one side of the body, and severe pain. Sometimes the pain can last for months or years.

Q. How common is shingles?
A. Every year in the United States, shingles affects approximately 1 million people. About 1 of every 3 people in the United States will get shingles during their lifetime. Approximately half of those who live to be 85 years old will have one or more encounters with shingles.

Q. How do you get shingles?
A. People don’t catch shingles from other people. Only people who have had chickenpox can get shingles. Shingles occurs when the chickenpox virus, which can live silently in the nervous system for decades, reawakens. This can be caused by a weakening of the immune system, most commonly from advancing age, but also from other causes such as the AIDS virus, or from immune-suppressive drugs used to treat cancers. Most often, cases of shingles occur among adults who are otherwise healthy.

Q. How can you avoid shingles?
A. Once a person has had chickenpox, they can get shingles. The only way to prevent it is with the shingles vaccine.

Q. Is shingles dangerous?
A. Yes. Although people almost never die from shingles, they can be severely hurt by it. Perhaps the most common complication is persistent, long-lived, debilitating pain. The pain can be so severe that it leads to sleeplessness, depression, weight loss, poor appetite, and interference with basic daily activities such as dressing, bathing and eating. The pain of shingles, one of the most severe types of pain an adult can suffer, is unrelenting and, unfortunately, largely untreatable.
Shingles can also affect the nerves around the eye area in approximately 15 of every 100 people with the disease, occasionally causing reduced vision or even blindness. In people with weakened immune systems, the chickenpox virus that causes shingles can at the same time cause hepatitis, pneumonia and encephalitis (infection of the brain). Scarring and concurrent bacterial infections can also occur at the site of the rash.

Q. Is shingles contagious?
A. Yes. Although people with shingles cannot give someone else shingles, they can pass the chickenpox virus to others through direct contact with the rash. So if, for example, the grandchildren of someone with shingles have not yet had chickenpox or the chickenpox vaccine, they could become infected with the virus and develop chickenpox. If the rash has yet to develop or has crusted, it is not likely to be contagious. Also, the risk of spreading is reduced if the rash is covered by dressings or clothing.
Q. How is the shingles vaccine made?
A. The Shingrix shingles vaccine is made by isolating a protein, called glycoprotein E, from the surface of the virus and mixing it with two adjuvants, QS21 and monophosphoryl lipid A, to enhance the immune response. QS21 is a soap-based molecule isolated from the bark of the *Quillaja saponaria* tree. Monophosphoryl lipid A is a detoxified form of lipopolysaccharide, which is found on the surface of common bacteria.

A second version of shingles vaccine, known as Zostavax®, was available from 2006-2019. It was a more concentrated version of the chickenpox vaccine that children receive. Like the children's chickenpox vaccine, Zostavax was a live, weakened form of the chickenpox virus, but it contained about 14 times more of the weakened chickenpox virus than the chickenpox vaccine. This amount of virus was needed to induce a protective response in people who already had chickenpox.

Q. Does the shingles vaccine work?
A. Yes. Shingrix protected almost 100% of people from getting the shingles rash and about 90% from the long-lasting pain associated with shingles.

Q. Who should get the shingles vaccine?
A. People who are 50 years of age and older should get two doses of the shingles vaccine, separated by two to six months.

Q. Is the shingles vaccine safe?
A. Yes. Common side effects can include redness, pain and swelling at the injection site, as well as tiredness, fever, headache, body aches, pain or shivering.

Q. Should I get the shingles vaccine if I had shingles in the past?
A. Yes. Experiencing an episode of shingles in the past doesn’t prevent someone from getting shingles again.

Q. Should I get Shingrix if I had Zostavax vaccine in the past?
A. Yes. Because Shingrix protects more people from shingles, it is recommended that even if you had Zostavax, you should still get Shingrix.

Q. Do I need to stay away from my infant grandchild after getting the shingles vaccine?
A. No. Sometimes after getting the Zostavax vaccine, people got a rash. When that happened, unvaccinated children had to be kept from coming into contact with the blisters. Because Shingrix is not a weakened, live viral vaccine, it does not replicate and no rash develops. Therefore, people vaccinated with Shingrix cannot spread the virus to anyone else.

Q. Where can I get the shingles vaccine?
A. First, check with your primary care provider. If it’s not available at your provider’s office, check with your pharmacist as many pharmacies carry adult vaccines.

Q. Will my insurance company pay for the shingles vaccine?
A. Because insurance plans differ widely, you should call your insurance company and find out whether your plan covers the vaccine. You should also consult your healthcare provider or the pharmacy where you will get the vaccine as they may have additional fees not covered by your insurer.