FACT SHEET: Shingles (herpes zoster) in Children

June 2025

WHAT IS SHINGLES IN CHILDREN?

Shingles (herpes zoster) is a painful skin rash. It is caused by the varicella-zoster virus (VZV). The same virus that causes chickenpox. Herpes zoster is a disease that occurs at all ages, mainly in the elderly. Herpes zoster has occurred within the first 2 years of life in children born to women who had chickenpox during pregnancy.

WHAT CAUSES SHINGLES?

After chickenpox, the varicella-zoster virus can remain dormant in nerve cells. It may reactivate years later, causing herpes zoster (shingles). This leads to a red rash or small blisters, usually on one side of the body, following a nerve pathway where the virus was inactive.

WHAT ARE THE SYMPTOMS OF SHINGLES IN A CHILD?

Shingles symptoms usually begin with pain, burning, tingling, or itching on one part of the face or body, followed by a rash that appears within five days. The rash often occurs on the torso and buttocks but can also appear on the arms, legs, or face. It starts as small red spots that develop into blisters, which scab over after a few days and typically clear up within two to four weeks. A child may also experience fever, chills, headaches, and nausea.

WHO IS AT RISK?

Shingles in children is rare, but the risk increases if:

- The child had chickenpox before age 1.
- The child's mother had chickenpox late in pregnancy.
- The child has a weakened immune system from a health condition or treatment, such as cancer therapy.

Children vaccinated against chickenpox still face a small risk of shingles, though it may be lower compared to those who had chickenpox.

HOW IS SHINGLES SPREAD?

Shingles cannot be transmitted between people. You can only be exposed to shingles by direct contact with the fluid-filled blisters. The symptoms appear 10-21 days after contact with the skin lesions.

HOW IS SHINGLES DIAGNOSED IN A CHILD?

The diagnosis of shingles is usually made by history of contact and physical examination.

IS A CHILD WITH SHINGLES CONTAGIOUS?

Shingles is less contagious than chickenpox, and the risk of a person with shingles spreading the virus is low if the rash is covered. Patients are contagious until all skin lesions have crusted, usually within 5 to 7 days, but longer for immunosuppressed individuals.

WHAT ARE THE COMPLICATIONS OF SHINGLES?

A shingles rash can become infected with bacteria, leading to cellulitis. After the shingles rash, pain may persist for a long time, known as postherpetic neuralgia.

HOW IS SHINGLES TREATED?

Shingles in childhood is usually mild unless the child is immunocompromised. Treatment depends on the child's symptoms, age, health, and severity of the illness. Antiviral medications like acyclovir, famciclovir, or valacyclovir are most effective when started early and can help reduce symptoms and the risk of complications. Acetaminophen or ibuprofen should be used to reduce fever and discomfort, but use acetaminophen cautiously to prevent potential harm. Never give aspirin to children due to the risk of Reye syndrome. It is a serious illness that causes swelling in the liver and brain. For severe pain, a doctor may prescribe stronger medication.

SHOULD A CHILD WITH SHINGLES BE EXCLUDED FROM SCHOOL?

The child should stay home if the rash is oozing and cannot be covered or until it has completely dried.

HOW CAN SHINGLES IN CHILD BE PREVENTED?

The shingles vaccine is only recommended for adults and is generally not given to children under 19, except in specific illnesses. Covering the rash and handwashing can also prevent the spread of the virus.

WANT MORE INFORMATION?

Information about shingles in children and other related health topics can be found at cdc.gov. The DC Department of Health promotes the health and safety of the District residents. For additional information, please visit dchealth.dc.gov or call (202) 442-5865.

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