

A very good jab too

There's been no hype about it, but the new shingles vaccination will be a life-changer, says Dr Ellie Cannon

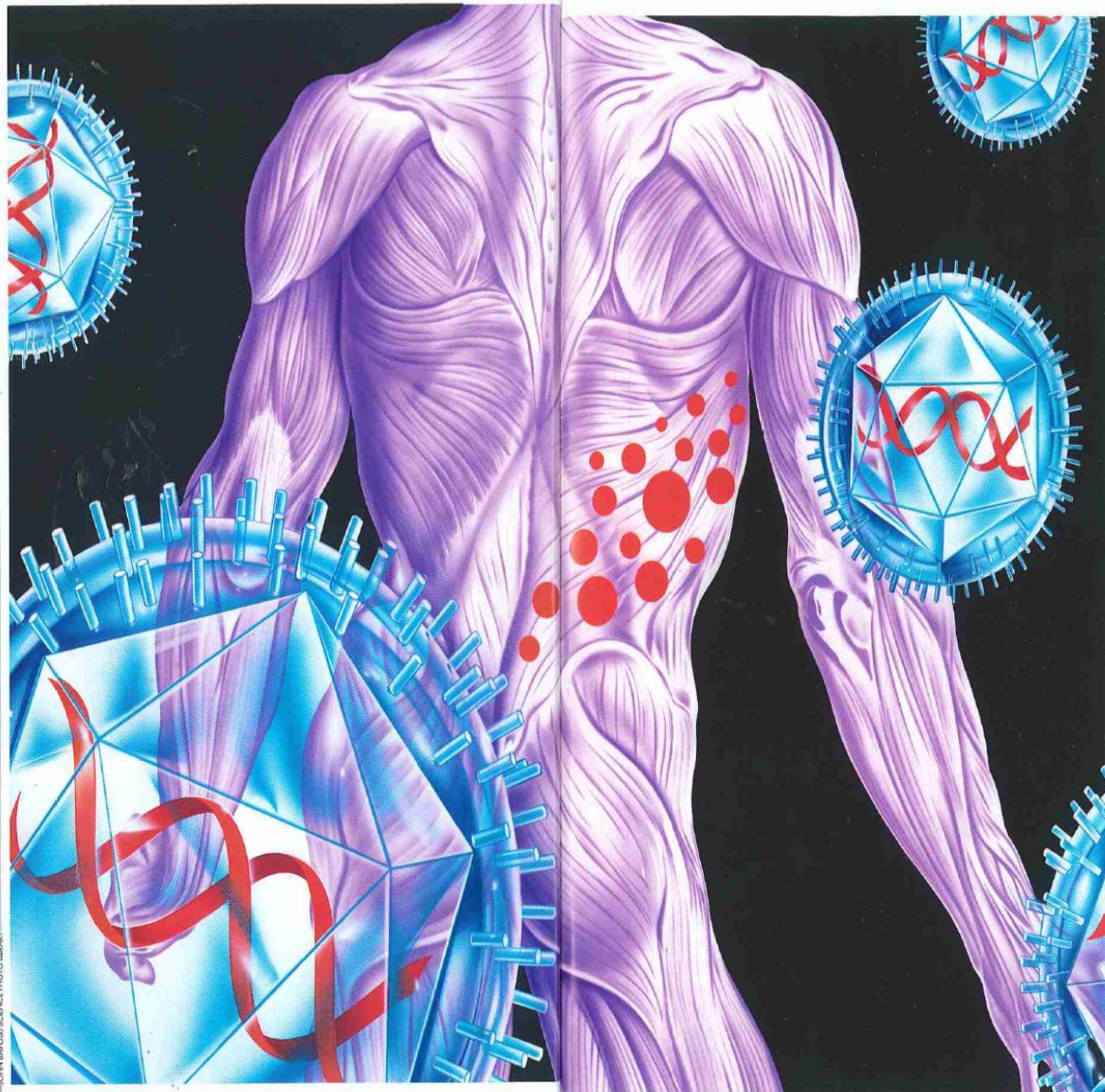
To very little fanfare, a new vaccination programme was launched by the NHS last year, bringing Britain up to speed with Europe and the US. But why was its introduction so low-key, when such a step usually brings forth a flurry of headlines about killer diseases and saving lives?

Well, the new vaccination programme for shingles does not protect against a killer disease and is unlikely to save lives; it will simply protect the elderly from a common and terribly debilitating condition. But it is nonetheless a significant recognition of the importance of looking after the health and wellbeing of one of society's most vulnerable sections.

Shingles is surprisingly common, affecting 20 per cent of the population at some time in their lives. It is most prevalent in adults, although we do see some cases in children — often if they are run down or unwell for other reasons.

Shingles' relationship to chicken pox seems to cause much confusion. But it is surprisingly simple. As children, most people have chicken pox, caused by a virus called varicella. Once the chicken pox is over, varicella remains in the body, the virus lying hidden and inactive in your nerve cells for the rest of your life. Shingles is simply a reactivation of this virus: it travels back down the nerve appearing as a painful, sore rash on the band of skin which that nerve supplies.

So you don't actually 'catch' shingles; rather, you succumb to it when you are otherwise vulnerable. This explains why it is such a big problem for the elderly with multiple frailties. Shingles is really an opportunistic disease — the varicella virus gets you when you're down and your immune system is low. It also strikes when your immune system is under fire — when taking certain medications, perhaps, such as chemotherapy or treatments for arthritis.



Shingles is a reactivation of varicella, the chicken pox virus. Sufferers experience a burning pain and a rash, below

making antibodies to the varicella virus. Anyone who has had chicken pox already has some antibodies, but this vaccine creates a whole new, fresh supply preventing that dormant virus from taking hold.

People aged either 70 or 79 are now being offered the vaccination on the NHS. This is thought to give protection for at least seven years, although timings for subsequent boosters have not yet been established. It has been shown in trials to protect 70 per cent of people from getting shingles — and even those who do succumb having been vaccinated will get a milder form. The hypothesis is that even if they get the rash, the neuralgia is unlikely in a vaccinated individual. Many sufferers of shingles get repeated attacks, but vaccinating people who have had the disease before is thought to make this less likely.

We are hugely behind on this vaccination programme, which has been available in the US and Canada for a few years. The vaccination itself has been available since 2006, but the necessary supplies could be procured only in the last year. But we are finally there and, thankfully, uptake of the vaccination is good. There is no better incentive than experience of the illness itself: many patients have requested it on the basis of seeing a friend or relative who has suffered terribly with shingles.

So despite the lack of fanfare, and a somewhat slow start, the latest UK vaccination programme is a cause for celebration. Aside from the obvious medical impact, it is an acknowledgment of the importance of protecting a vulnerable group from incapacity, constant pain and decline. And that really is something to make a noise about. ♦

Ellie Cannon is an NHS GP. Her latest book, *Keep Calm: The New Mum's Manual*, is out now.

JOHN LINDO/SCIENCE PHOTO LIBRARY

Shingles is an opportunistic disease — it gets you when you're down

There is a common misconception that shingles is merely a rash. Actually, shingles is a very painful condition which causes terrific suffering. It does manifest as a rash at the outset, but this is accompanied by a unique and debilitating burning pain. While the rash itself usually lasts only around two to three weeks, sufferers often go on to have permanent pain in the affected area, known as neuralgia. This is incapacitating and very hard to treat, since it doesn't respond to normal

painkillers. Neuralgia patients often end up on cocktails of heavy soporific medications, including antidepressants and nerve-specific painkillers, sometimes to no avail. The consequences of the pain and the treatment can initiate a downward spiral of depression, incapacity and isolation.

It is the prevention of this in an elderly, vulnerable population that makes the vaccination programme so worthwhile. The shingles vaccinations, as with any, stimulate the body into

