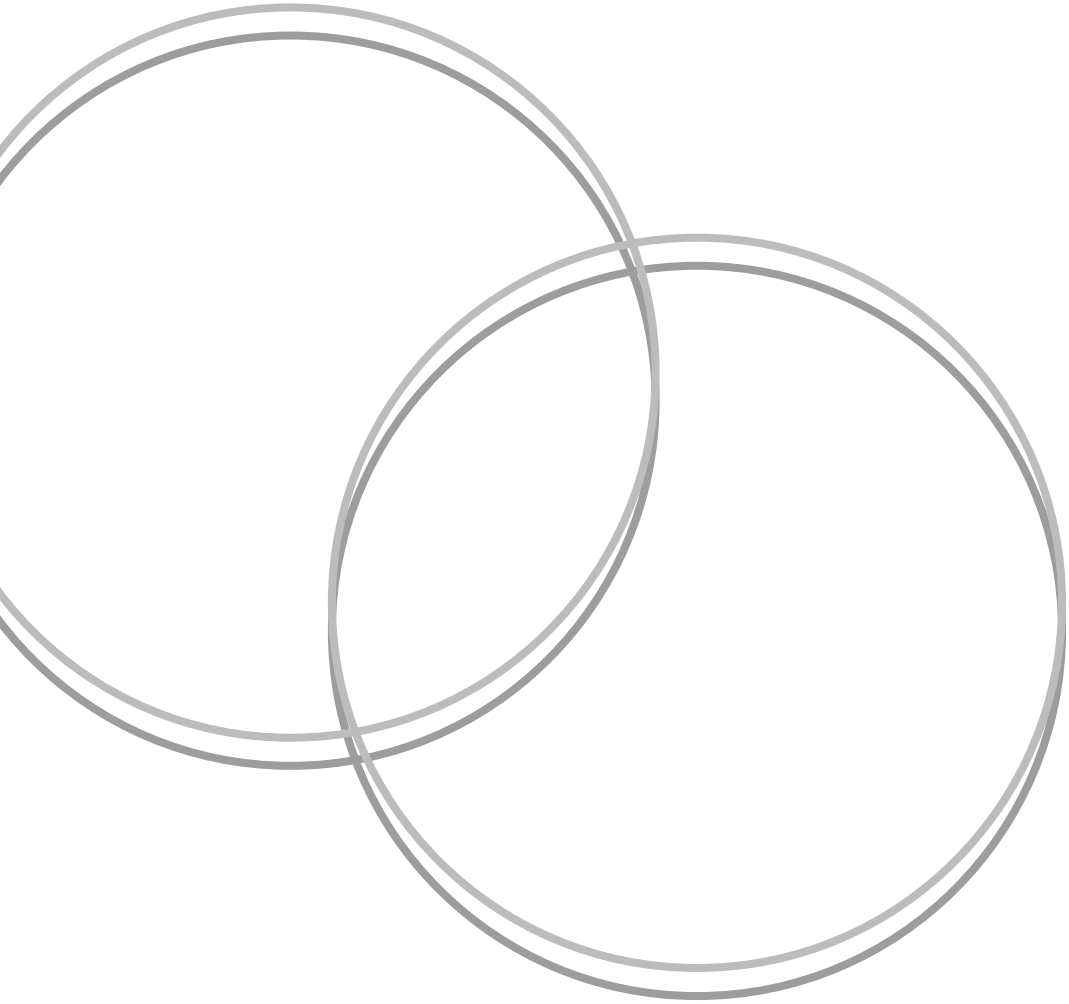
Oxford University Hospitals
NHS Foundation Trust

Herpes Zoster Ophthalmicus (HZO)

A guide for patients



This leaflet explains what herpes zoster ophthalmicus (HZO) is, how it is treated, and what to expect. If you have any questions, please ask your doctor or nurse.

What is HZO?

HZO is shingles affecting the eye and the skin around it. It is caused by the varicella-zoster virus. This is the same virus that causes chickenpox.

The infection usually causes a painful, blistering rash on one side of the forehead and around the eye. It can also cause redness, pain, and blurred vision in the eye itself.

How did I get it?

If you have had chickenpox, the virus stays dormant in a nerve near the brain. Later in life, the virus can wake up and travel along the nerve to the skin and eye, causing shingles. This is called reactivation.

You have not caught this from someone else. It is the virus already in your body becoming active again.

HZO is more common in older people and in people with a weak immune system. It can happen at any age, but the risk increases as you get older.

What are the symptoms?

Symptoms of HZO can include:

- Pain, tingling, or burning on one side of the forehead, sometimes before the rash appears
- A blistering rash on the forehead, scalp, and around the eye on one side
- A red eye
- Pain in or around the eye
- Sensitivity to light
- Blurred vision

The rash usually crusts over within two to three weeks. However, problems with the eye can develop during or after the rash, sometimes weeks or months later.

How is HZO diagnosed?

The diagnosis is usually made by the appearance of the rash.
If shingles is suspected but the rash is unclear, a swab can be taken to confirm the diagnosis.

In the eye department, we will check your vision and the pressure in your eye. The doctor will look at your eye using a special microscope called a slit lamp to check for any inflammation.

Types of eye problems in HZO

HZO can affect the eye in different ways. You may have one or more of these:

- **Epithelial keratitis** affects the surface of the cornea.
- **Stromal keratitis** affects the deeper layers of the cornea.
- **Endothelial keratitis** affects the innermost layer of the cornea.
- **Uveitis (iritis)** is inflammation inside the eye.
- **Increased eye pressure** can occur during the infection.

Your doctor will explain which type you have and what treatment you need.

How is HZO treated?

If you are seen within 72 hours of the rash appearing, you will usually be given antiviral tablets (such as valacyclovir or aciclovir) for 7 to 10 days. This can help reduce the severity of the infection and lower the risk of complications.

If the eye is affected, you may also need:

- Lubricating eye drops
- Steroid eye drops to reduce inflammation
- Drops to lower the pressure in your eye

Treatment may continue for several weeks or months depending on how the eye responds.

What should I expect during recovery?

The skin rash usually heals within two to four weeks, though it may leave some scarring or colour change.

Eye problems may take longer to settle. Some people recover fully, while others have ongoing inflammation that needs long-term treatment.

When should I seek help?

You should return to the eye department if:

- Your eye becomes more red, painful, or sensitive to light
- Your vision gets worse
- You develop new symptoms in your eye

Will it come back?

The skin rash from shingles usually only happens once. However, inflammation in the eye can come back from time to time, even without a new rash. This is called a recurrence.

Can I take treatment to prevent it coming back?

If you have had two or more flare-ups of eye inflammation in one year, your doctor may discuss whether long-term antiviral tablets could be an option to try to reduce the risk of further episodes.

Research suggests that taking antiviral tablets daily for 12 months may modestly reduce the chance of flare-ups, though the benefit is uncertain and likely small. The treatment may be more helpful if your shingles started recently. You should discuss with your doctor whether the potential benefit is worthwhile for your situation.

Depending on the type of inflammation you have, your doctor may also offer you a long-term steroid drop.

What is postherpetic neuralgia?

Some people develop ongoing pain in the area where the rash was, even after the skin has healed. This is called postherpetic neuralgia. It is more common in older people and can last for months or longer. If this happens, your GP can discuss treatments to help manage the pain.

What are the possible long-term effects?

Most people recover well from HZO. However, some people have ongoing problems such as:

- Scarring of the cornea, which may affect vision
- Reduced sensation in the cornea, which means you may not notice symptoms if the eye becomes inflamed again
- Dry eye
- Postherpetic neuralgia

Glasses or contact lenses can often help if there is mild scarring. It is rare to need any further treatment. Occasionally your doctor may recommend treatment to reduce blood vessel growth in the cornea. Any other surgery is rarely recommended in HZO.

Can I pass it on to others?

You cannot pass shingles directly to someone else. However, if someone who has never had chickenpox comes into contact with your rash, they could catch chickenpox from you.

Until the rash has crusted over, you should:

- Keep the rash covered
- Avoid contact with pregnant women who have not had chickenpox, newborn babies, and people with a weak immune system

Once the rash has fully crusted, you are no longer infectious.

What about vaccination?

There is a vaccine (Shingrix) that can reduce your risk of getting shingles. It is offered to people aged 70 to 79 on the NHS. If you have already had shingles, the vaccine may help reduce the chance of it happening again. Ask your GP for more information.

Contacting us

If you have a minor eye problem, please seek advice from your GP, optician or pharmacist.

Call our specialist telephone triage number if you need URGENT help or advice or if you notice:

- Redness getting worse
- Significant eye pain
- Reduced or blurred vision
- Discharge from the eye
- Increasing light sensitivity

Tel: **01865 234 567** (select the option for "Eye Emergencies")

Monday to Friday 8:30am – 4:30pm

Saturday and Sunday 8:30am – 3:30pm (including Bank Holidays)

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS111 or your out of hours GP practice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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