



Shingles manifests as a painful and itchy rash, usually on one side of the body or face. The rash is made up of small blisters and for most people, the infection clears up in two to four weeks. Vaccination is the only way to protect against shingles. PHOTO: ADOBE STOCK

What is shingles and how is it prevented?

The infection occurs only in people who had chicken pox, and there is no cure for it

Salma Khalik
Senior Health Correspondent

Local actor Nick Shen recently shared on social media the weeks of pain he suffered when he had shingles. Part of his face was paralysed and he was hospitalised for five days. The Straits Times looks at how common this disease is, and asks experts how people can protect themselves against it.

Q What is shingles?

A Shingles is an infection caused by the varicella-zoster virus, which also causes chicken pox.

It manifests as a painful and itchy rash, usually on one side of the body or face. The rash, made up of small blisters, usually scabs up in a week. For most people, an attack of shingles clears up in two to four weeks.

Associate Professor Lim Poh Lian, head of Tan Tock Seng Hospital's (TTSH) Travellers' Health and Vaccination Clinic, said shingles, also known as herpes zoster, usually affects a patch of skin linked to a cluster of nerves.

"This gives an appearance almost like a snake wrapping around the body, which gives rise to its name in Chinese (which translates to 'growing snake'), and herpes in Latin refers to a 'creeping eruption,'" she said.

According to the United States' Centres for Disease Control and Prevention (CDC), shingles can cause complications for up to one in five people.

The most common is long-term nerve pain. Other complications include pneumonia, encephalitis

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(inflammation of the brain) and hearing loss.

The risk of complications is higher in older people.

Q Who is at risk of getting shingles?

A Shingles occurs only in people who have had a prior chicken pox infection. This is because the virus, which remains dormant in their bodies, can reactivate and cause shingles.

Prof Lim said people who have never had chicken pox do not develop shingles.

About 80 to 85 per cent of adults here would have had chicken pox, she noted. It is not a reportable disease, but "the rates of shingles increase with those 50 years and older, rising more steeply after 60 years of age."

Someone who has never had chicken pox can catch the infection through direct contact with the fluid from shingles rash blisters, or even from breathing in virus particles shed by the blisters. They will contract chicken pox and not shingles, though this infection would then put them at risk of getting shingles in the future.

The US CDC says that one in

three adults will get shingles in their lifetime.

Dr Asok Kurup, an infectious diseases expert in private practice, said Singapore is estimated to have about 30,000 new shingles cases a year.

He said: "With increasing age, the risk of getting shingles increases due to declining immunity, with increasing rates seen in individuals over the age of 50. People with immunocompromised conditions below the age of 50 may also be at increased risk."

Singapore included the varicella (or chicken pox) vaccine in the National Childhood Immunisation Programme in 2020. The two doses are given at the ages of 12 and 15 months.

Adult Singaporeans and permanent residents who have never had chicken pox can also get the vaccine at subsidised rates.

Q How is shingles treated?

A Dr Kurup said: "There is no cure for shingles. It simply has to run its course."

"Treatment focuses on pain relief. Painkillers may help relieve some of the pain. Other treatments may include creams or lotions to help relieve itching, cool compresses, steroids and, in some cases, anti-depressants and anti-convulsants."

Anti-depressants and anti-convulsants are used to treat the nerve pain which can be so severe that normal painkillers are not strong enough, said Dr Kurup.

Antivirals, if taken within the first five days, may help to reduce some of the symptoms, such as skin sensitivity, itchiness and pain. The rash appears one to five days after the symptoms begin and looks like small red spots that later turn into blisters.

Prof Lim said antiviral medica-

tions have some effect but do not entirely prevent the post-herpes pain.

Q Can I protect myself against shingles?

A Dr Kurup said vaccination is the only way to protect against shingles.

Two vaccines are licensed for use here, but most clinics offer only the newer and better vaccine, Shingrix, which is more effective at preventing shingles than the older Zostavax. Shingrix confers more than 90 per cent protection, while Zostavax provides 50 to 60 per cent protection.

Prof Lim said Zostavax is a live vaccine so it cannot be given to people who are immunocompromised, although they need protection the most. They can get vaccinated with Shingrix, which is not a live vaccine and is more effective in protecting people aged 70 and older.

The US stopped the sale of Zostavax in 2020, and recommends those who had taken it to get vaccinated with Shingrix.

Q How much does Shingrix cost and is there any subsidy?

A Shingrix is given in two doses three months apart. The Travellers' Health and Vaccination Clinic at TTSH charges \$68.70 for the doctor's consultation and \$440 for each jab, so the total cost is \$948.70.

There is currently no subsidy for the vaccine, which is not on the National Adult Immunisation Schedule (Nais). MediSave also cannot be used to pay for it.

However, the Ministry of Health (MOH) said it "is assessing the vaccine's clinical- and cost-effectiveness at the population level".

An MOH spokesman said that both the adult and childhood immunisation schedules "aim to prevent diseases with significant public health burden, by encouraging high vaccination take-up rates at the population level".

"When reviewing vaccines to be included on the national schedules, the MOH consults the Expert Committee on Immunisation and takes into account criteria such as the disease burden in Singapore, clinical- and cost-effectiveness, and safety of the vaccine."

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Commentary

Subsidy for shingles vaccine would be a boon for seniors, with many at risk



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It is heartening that the Ministry of Health (MOH) is assessing the benefits of including the shingles vaccine on the National Adult Immunisation Schedule (Nais). Vaccines on Nais are subsidised.

While shingles may not be life-threatening, it is usually a very painful infection that can last for weeks. In some people, complications from the viral infection remain long term and, very occasionally, lifelong.

Anyone who has had chickenpox – that is, about 80 to 85 per cent of adults here – is at risk of getting shingles, said Associate Professor Lim Poh Lian, head of Tan Tock Seng Hospital's (TTSH) Travellers' Health and Vaccination Clinic.

The United States' Centres for Disease Control and Prevention says one in three people will get shingles in their lifetime. Some people get it more than once.

Dr Asok Kurup, an infectious diseases specialist in private practice, said it is estimated that about 30,000 people here get shingles every year.

Going by these figures, shingles is not a minor problem. Even worse, the risk of getting shingles, as well as its severity, goes up with age – and Singapore's population is ageing very rapidly.

A spokesman for MOH said that in deciding the vaccines to include on the national schedules – there is one for adults and another for children – the ministry "takes into account criteria such as the disease burden in Singapore, clinical- and cost-effectiveness, and safety of the vaccine".

Two shingles vaccines are approved for use here – Zostavax and Shingrix.

Zostavax provides only 50 to 60 per cent protection, which is not very high. It also cannot be used by people who are immunocompromised, such as patients undergoing cancer treatment. Its protection for older people is also low. So it is not surprising that it was not included on Nais.

Shingrix, on the other hand, provides more than 90 per cent protection against infection, even in older people. It is also safe for the immunocompromised. This vaccine was approved here only in 2022.

The crux of the problem is likely the "cost-effectiveness" of the vaccine. It is one of the most expensive population-level vaccines. TTSH charges \$440 per dose, and two doses are needed.

Its high price makes it even more important for the vaccine to be subsidised, as many seniors here – the ones who need it –

would not be able to afford it. Furthermore, should the Government decide to add it to Nais, it can hopefully bring the price down through volume purchase.

It has done this with cancer drugs, which have to be cost-effective to get on the Cancer Drug List (CDL). Those not on the list are not subsidised and not covered by MediShield Life or Integrated Shield Plan insurance. Patients also cannot use MediSave to pay for them.

As a result, prices that Singapore's public healthcare sector pay now for cancer drugs have fallen by an average of 30 per cent.

As in the case of cancer drugs before the introduction of the CDL, the price of Shingrix here is much higher than in many other countries.

In Canada, for example, it retails at about C\$150 (S\$150) per dose in Toronto and slightly higher at C\$160 per dose in British Columbia. This is less than half the price TTSH charges. In Australia, the two doses cost A\$500 to A\$600 (S\$440 to S\$530).

If Singapore is able to get a better price, it would make the vaccine more cost-effective and hopefully allow its inclusion on Nais, which currently provides subsidies of between \$35 and \$125 for the 11 vaccines on the list.

Several countries offer it for free to seniors, such as those aged 65 to 70 in Canada. Australia will offer it for free from this November to seniors 70 years and older, and immunocompromised people aged 18 and older.

Britain also gives it for free to seniors aged 70 to 79. National Health Service England is expanding the list of people eligible for Shingrix from September to those aged 65 to 70, as well as severely immunosuppressed people aged 50 and older. Eligibility will be expanded to include those 60 and older by September 2033.

NHS England's national director of vaccinations and screening Steve Russell said: "While the country has been focused on the NHS' successful Covid and flu vaccine programmes, there remain other preventable illnesses like shingles, which can be fatal to those most at risk."

"With a quarter of people getting shingles in their lifetime, and with it being one of the few conditions that cannot achieve herd immunity, the expansion of the programme will provide peace of mind to hundreds of thousands and save lives."

Singapore's Health Promotion Board states on its website: "There is no reason why anyone should suffer from the serious complications vaccine-preventable diseases can cause. Your best defence against such diseases is getting vaccinated."

Shingles is both painful and preventable.

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She struggled in school but is now a data analyst who mentors youth

Syarafana Shafeeq

More than 10 years ago, then Secondary 1 student Adlyna Aziz watched in dismay as her schoolmates celebrated their good exam results.

She was the only one in her cohort to be retained in Secondary 1. Ms Adlyna, now 24, said she struggled with her studies as she had to help her mother at her hawkery stall on most days after school to make ends meet.

Bubble tea, which her friends bought every other day, was a luxury to her.

Being retained in school was a huge blow, and she felt burdened

telling her mother the results.

Ms Adlyna, who has a younger brother, said: "As the elder child, there was a certain expectation for me. I was the 'hope' for my family to lift us out of our financial struggles."

As she tried to pick herself up the next year, life threw her another curveball. Her best friend died suddenly, sending Ms Adlyna into a downward emotional spiral.

She said: "When she passed on, it was very difficult for me as I no longer had anyone I could go to talk about how I felt. It was very, very painful."

In Secondary 3, Ms Adlyna met a teacher who encouraged her to pursue what others said was a far-fetched career option for her – fi-

nance. "I didn't know my capabilities or strengths yet, but because of her, I was able to push myself and explore what I wanted to do in the future."

"She was someone I wanted to be like when I grew up."

Her teacher gave her advice on how to develop her passion in finance. Ms Adlyna's performance in the national exams exceeded her own expectations, and she got into Nanyang Polytechnic.

Though she faced struggles along the way, such as not being able to afford a laptop in the first three months of school, she pushed on.

She is now a reference data analyst at US bank JP Morgan.

She had applied for an appren-



Ms Adlyna Aziz, who works at US bank JP Morgan, guides young people at Malay/Muslim self-help group Mendaki. PHOTO: COURTESY OF ADLYNNA AZIZ

ticeship at the urging of her career mentor, and was hired as a full-time worker after performing well.

Grateful to the mentors who helped her realise her dreams, Ms Adlyna now guides youth as a mentor at Malay/Muslim self-help group Mendaki.

Mendaki's Youth Mentoring Of-

fice (YMO) and Mendaki Club launched an online platform in June 2022 to connect the youth under their purview with young professionals like Ms Adlyna.

Ms Rahayu Mahzam, chairman of M3's Focus Area 3 (FA3) which oversees mentoring programmes, told The Straits Times that YMO

has trained and deployed more than 1,300 mentors, helping more than 4,250 mentees since 2019.

M3 is a tie-up among Mendaki, the Islamic Religious Council of Singapore (Muis) and the People's Association Malay Activity Executive Committees Council.

She said: "This online platform allows more youth to benefit from mentoring, be equipped with future-ready skills, and increase accessibility to a wider network of mentors and professionals."

The platform is a more seamless way for professionals to sign up as mentors, she added.

As a mentor, Ms Adlyna hopes to inspire young people. She said: "Kids tell me they want to be an engineer or an astronaut when they grow up, but are scared they cannot achieve it because they're not the best at a particular subject."

"To me, that's why we go to school and learn. I want them to dream big."

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