

How to Tell the Difference Between Herpes and Shingles

Analysis by [Dr. Joseph Mercola](#)

April 23, 2024

STORY AT-A-GLANCE

- › Herpes and shingles are common infections caused by herpesviruses that trigger a unique primary infection and can be reactivated later. Up to 80% of Americans have oral herpes, 1 of 6 have genital herpes and 1 in 3 will develop a shingles outbreak in their lifetime
- › Shingles is a reactivation of the varicella-zoster virus that causes chickenpox. Chickenpox is highly contagious, spreading through close contact even before the rash breaks out. People with shingles can also spread the virus to people who haven't had chickenpox
- › Shingles triggers a blistered rash that crusts over and resolves within two to three weeks. The rash occurs in a stripe on one side of the body or face and typically doesn't spread. Your risk of activation rises with age, a weakened immune system or drugs that suppress the immune system
- › Oral and genital herpes spreads through close contact with fluid in the herpes blister that crusts and heals within six days. While not common, it can spread anywhere on the face or body and is triggered by events that create stress, such as a fever, physical injury, infection or surgery
- › There is no cure for herpes or shingles. The best treatment is to prevent reactivation. When an outbreak occurs, keep the area clean and dry and consider supplementing with L-lysine and calcium, or licorice root

Did you know that herpes and shingles are common infections and are caused by one of the more than 100 known herpesviruses?¹ While they have similarities, they are different

conditions with different presentations, treatments and length of the outbreak.

Identifying the correct infection may help you get quicker relief.

Eight herpesviruses routinely infect humans. These include herpes simplex virus types 1 and 2, Epstein-Barr virus, varicella-zoster virus (chickenpox), cytomegalovirus, Kaposi's sarcoma virus and human herpesvirus 6 (types A and B) and 7.

Each herpesvirus produces a unique infection, and also has a latent period. This means the virus lives within the body without causing symptoms but can be reactivated at a later time. This latent period is characteristic of the herpesvirus.

According to Johns Hopkins Medicine,² 50% to 80% of American adults have herpes simplex virus-1 (HSV-1), commonly called just "herpes." Typically, this causes cold sores or fever blisters in the mouth or on the lips. Herpes simplex virus-2 (HSV-2) typically causes genital herpes.

However, oral sex can spread HSV-1 into the genital area or HSV-2 to the mouth. One in 6 people in the U.S. between the ages of 14 and 49 have genital herpes, which refers to the area where the herpes outbreak occurs and not necessarily an infection with HSV-1 or HSV-2.

According to the U.S. Centers for Disease Control and Prevention,³ roughly 1 in 3 people in the U.S. will develop a shingles outbreak in their lifetime. The original infection is caused by varicella-zoster virus, also known as herpes zoster, which causes chickenpox. If you've ever had chickenpox, you can develop shingles, the risk for which increases as you get older, or your immune system is compromised.

How Do Chickenpox, Shingles and Herpes Spread?

Chickenpox is a highly contagious illness that spreads through close contact with someone who has chickenpox, including through coughing and sneezing⁴ or contact with fluid from the blisters before they are crusted and scabbed.

According to the CDC,⁵ without immunity, 90% of the people who get close to a person with an infection will become infected. A person is contagious one to two days before the rash appears and will remain contagious until all the lesions have crusted or scabbed. People who have been vaccinated can still develop chickenpox lesions that do not crust, and these people are also contagious.

A person with shingles can also spread the varicella-zoster virus to people who have never had chickenpox through direct contact with the fluid from the rash blisters or breathing particles that come from the blisters.⁶ With the first infection, these people will develop chickenpox and could then develop shingles later in life. However, people with chickenpox are more contagious than people with shingles.

Oral herpes spreads when a person has an active outbreak or sores, through intimate or personal contact.⁷ Since oral herpes is spread through direct contact, the best way to avoid infection is to avoid physical contact when a person is having an outbreak.

However genital herpes can spread whether there is a blister or open sore, or if there are no symptoms.⁸ Johns Hopkins Medicine recommends that condoms are used 100% of the time to help prevent the transmission of herpes that may happen up to 3% of the time asymptotically. This should be weighed against monogamous couples or those who are trying to get pregnant.

Herpes and Shingles: Symptoms of Viral Activation

Since herpesviruses have a latent period, both herpes and shingles viruses stay in the body and can be reactivated after the initial infection. While the symptoms of shingles and herpes are similar, there are distinct differences. In the early hours and days of shingles reactivation, you can experience tingling in the area where the rash will eventually develop, as well as pain and itching.⁹

Some people notice a fever before the rash breaks out. Some of the most common characteristics of shingles is that the rash occurs in a stripe along the side of the body,

localized to a particular nerve distribution and doesn't typically spread to the rest of your body.¹⁰

It can also happen on one side of the face, affect the eye and cause vision loss. Symptoms can also include a headache, upset stomach and chills. The rash has painful fluid-filled blisters and causes the skin in the area to become reddened. The blisters begin to crust over within 10 days and all symptoms are gone within three weeks. Only 1% to 6% of people who had shingles will go on to develop a second episode.

These symptoms are quite similar to those of a herpes outbreak. The initial infection of oral herpes, also called the primary infection, is often the worst.¹¹ It can cause flu-like symptoms, headache and swollen lymph nodes. Yet, some people may not have any symptoms with the initial infection. Later outbreaks are typically milder, and sores appear on the edges of the lips or just inside the mouth.

Symptoms include initial redness and swelling in the area where the blisters erupt. The blisters are typically painful, fluid-filled and highly infectious. After four to six days, they begin to crust over and heal. The symptoms of genital herpes are virtually identical.¹² People typically describe symptoms before the lesions appear, such as a burning, tingling, itching or discomfort in the area. The blisters are painful and typically resolve on their own.

These are the two most well-known forms of herpes infections. However, HSV-1 can also trigger an outbreak anywhere on the face or body, called herpes gladiatorum (Mat Herpes).¹³ When HSV-1 infects the eye, it requires immediate medical attention. As with other HSV-1 infections, it is spread through direct skin contact with the lesion or sharing objects such as cups, eating utensils, cell phones or lip balm.

What Causes Herpes and Shingles to Activate?

There are specific factors that place you at greater risk for reactivating varicella-zoster (shingles), HSV-1 or HSV-2. Roughly 50% of people who live to age 85 will experience one episode of shingles.¹⁴ Your risk of shingles may increase in these circumstances:¹⁵

- Over the age of 50
- Weakened immune system from illness or trauma
- Autoimmune disease
- Drugs that suppress your immune system

Other factors that can disturb your immune system have also been found to trigger a shingles outbreak. As I reported in January 2023, several case studies and one systematic review of the literature found that the **COVID jab increased the risk** of shingles reactivation if you had it before or had a known risk factor for it.

The shots suppress your innate immune system, which is the first stage of response for all viral infections. When this pathway is suppressed, latent viruses can begin to emerge. A shingles outbreak can lead to complications, the most common of which is postherpetic neuralgia, or long-term nerve pain.

Pain occurs over the area of the skin where the rash was located and can last for months or years. According to the CDC,¹⁶ up to 18% of people who have shingles will develop postherpetic neuralgia, and older adults are more at risk of having longer lasting and more severe pain.

Shingles can also lead to other serious complications when the rash involves the eye, including loss of your eyesight. People with a weakened immune system have a higher risk of complications, including a secondary bacterial infection, hearing problems, lung infection, brain inflammation and death.

The specific factors that trigger herpes reactivation are not clear, but recurrent outbreaks tend to become fewer after the first year as your body develops antibodies to the virus. Situations that may trigger an occurrence of either oral or genital herpes include:^{17,18}

Fever	Stress	Menstruation	Physical injury
Infection	Sunburn	Surgery	

Is There Treatment for Herpes or Shingles?

At this time, there is no known cure for any of the herpes viruses, including HSV-1, HSV-2 or varicella-zoster virus. The best treatment is to take consistent steps to prevent reactivation. Both viruses have a higher rate of reactivation when your body is under stress, or your immune system is compromised. Consider the simple steps you can take every day to help you take control of your health.

For example, when possible, choose a whole-food diet and eliminate or significantly reduce processed foods. These are known to be high in [linoleic acid](#), which is highly destructive to your health. Take steps to reduce your stress levels by practicing yoga, meditation, journaling or another activity of your choice. Include exercise in your daily habits, which can also help to reduce stress and support your overall health.

Johns Hopkins Medicine^{19,20} lists specific treatments that your healthcare provider might recommend for oral and genital herpes, including antiviral oral medications or topical ointments. It's also important to keep any area clean and dry to reduce the risk of a secondary infection.

For those with genital herpes, using a sitz bath or sitting in a warm bathtub for approximately 20 minutes can help reduce the discomfort. Take care to avoid any scented or soap products in the bathtub. Wet compresses, warm oatmeal baths and calamine lotion can also help relieve the itching and soothe your skin with shingles.

Other options include treatments that have been shown to interrupt the replication of viruses, including lysine supplementation and licorice root. Lysine is an essential amino acid used in the production of protein, which virologists suggested could help prevent or treat viral illnesses in 2020,²¹ since it had demonstrated this property in the past.

In studies evaluating the effectiveness of L-lysine against herpes, it demonstrated an ability to reduce the average number of infections and diminish the severity and healing time.²² A 2017 study²³ noted that dosages needed to be 1 gram per day or more with a diet low in arginine to effectively help prevent an outbreak, since HSV uses arginine to reproduce.

It would also be wise to take a little extra calcium with the L-lysine. Calcium plays several critical roles in the body's response to viral infections. For example, calcium ions act as key signaling molecules within cells. During a viral infection, signaling pathways involving calcium are crucial for activating immune cells, including T cells and macrophages. These cells are essential for identifying and eliminating viral pathogens from the body.

Another option is licorice root, which has been a formidable antiviral agent in the fight against herpes, hepatitis and influenza.²⁴ Glycyrrhizin is the bioactive ingredient that has demonstrated antiviral properties.

Herpes and Shingles: Side-by-Side Comparison

As you've noticed, while there are similarities, there are also significant differences. By correctly identifying the viral infection, you can estimate the length of the outbreak, watch for complications and seek the correct care. Here's a quick side-by-side comparison that includes the information we just discussed.

Factor	Herpes	Shingles
Virus	Herpes simplex virus-1 (HSV-1) and HSV-2	Varicella-zoster virus
Transmission	Close contact with fluid from the blisters	Close contact before the rash appears (cough and sneeze) and with fluid from the blisters after eruption
Symptoms	A small cluster of lesions that are painful, blister and crust over in roughly four to six days.	Red, painful rash that blisters before crusting over in 10 days and resolves in three weeks.

Factor

Herpes

Shingles

They commonly appear in or around the mouth or genitals but can appear anywhere on the face or body

The rash occurs in stripes on one side of the body or face. Other symptoms can include a fever, headache and chills

Triggers

Trauma to the area, physical injury, surgery, fever, stress, infection, sunburn, menstruation

Weakened immune system from medications or illness; incidence increases with age

Complications

Loss of eyesight if it affects the eye

Post-herpetic neuralgia (nerve pain), eyesight loss if shingles affect the eye, secondary bacterial infection, hearing problems, lung infection and brain inflammation

Treatment

No known cure; people with genital herpes may experience relief with 20-minute warm soaks.

Antiviral medications can be prescribed. May also get relief with a diet low in arginine in addition to L-lysine supplementation

No known cure; physicians typically prescribe antiviral medications.

L-lysine and low arginine diet demonstrate effectiveness in other herpes infections including oral and genital herpes

Sources and References

- ¹ Medical Microbiology, Chapter 68: Herpesviruses, para 1
- ² Johns Hopkins Medicine, Herpes: HSV-1 and HSV-2
- ³ Centers for Disease Control and Prevention, Shingles (Herpes Zoster) first purple block
- ⁴ New York State Department of Health, Chickenpox, subhead 3
- ⁵ Centers for Disease Control and Prevention, Chickenpox, Transmission
- ^{6, 15} Centers for Disease Control and Prevention, Shingles, Cause and Transmission
- ⁷ Johns Hopkins Health, Oral Herpes, Subhead 1
- ⁸ Johns Hopkins Health, Genital Herpes - How Does Genital Herpes Spread? 50% DTP and Do condoms prevent the spread
- ⁹ Centers for Disease Control and Prevention, Shingles, Signs and Symptoms
- ¹⁰ Nebraska Medicine, What do shingles look like and where do they come from? Subhead 2
- ¹¹ Johns Hopkins Health, Oral Herpes, Subhead 3
- ^{12, 17} Johns Hopkins Health, Genital Herpes, Subhead 6
- ¹³ New York Department of Health, Viral Skin Infections: Herpes Gladiatorum
- ¹⁴ Nebraska Medicine, What do shingles look like and where do they come from? Subhead 5
- ¹⁶ Centers of Disease Control and Prevention, Shingles, Complications
- ¹⁸ Johns Hopkins Health, Oral Herpes, Subhead 5
- ¹⁹ Johns Hopkins Health, Oral Herpes, Last subhead
- ²⁰ Johns Hopkins Health, Genital Herpes - Can genital herpes be treated? 65% DTP
- ²¹ Research Gate, September 2020
- ²² Dermatologica, 1987;175(4):183-90
- ²³ Integrative Medicine: A Clinician's Journal, 2017; 16(3) Abstract - Results/Conclusion and 1st para after Conclusion
- ²⁴ Acta Pharmacology, 2015;5(4) 2.1 GL para 7, 45% DTP