CREW HEALTH ADVICE

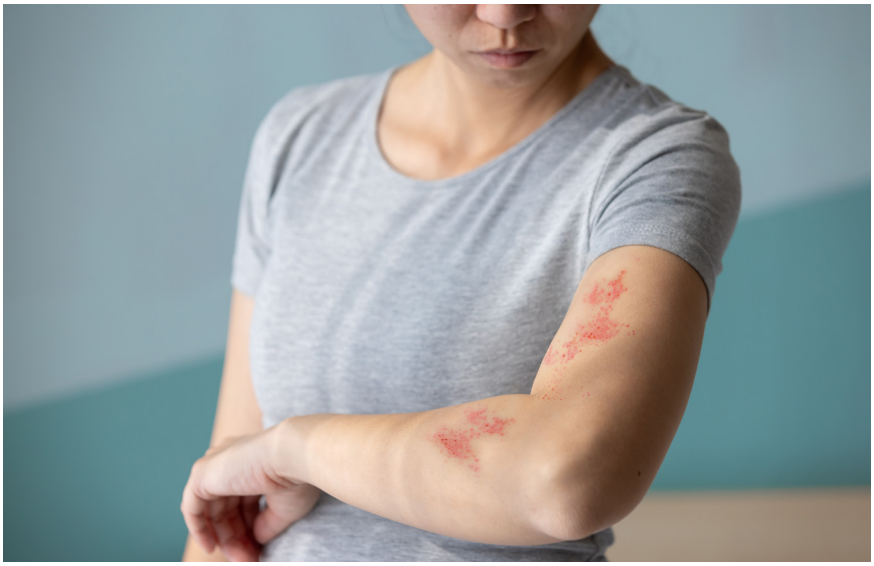
Understanding herpes zoster and its potential impact on crew

Herpes zoster, commonly known as shingles, is a viral infection that affects millions of people worldwide. Around one in four adults will experience an attack in their lifetime[1]. Caused by the reactivation of the varicella-zoster virus (VZV) also known as chickenpox, which often originates in childhood. Shingles can be a painful and often debilitating condition.

UK P&I have been made aware of a series of unrelated recent cases of shingles in crew members, resulting in ship deviation, medical repatriation, and treatment abroad. Early identification and action on board could alleviate discomfort, reduce the severity of the condition and cost implications involved.

A summary of the recent case studies are as follows:

- A crew member on board initially experienced a stye in his eye, with some blisters appearing around his mouth and nose. The crew member was hospitalised and received inpatient treatment for 10 days prior to discharge and repatriation.
- A crew member initially experienced discoloration on his forehead and left-sided facial inflammation. Telemedicine support advised medical examination at the earliest convenience. The inflammation affected the crew members vision and therefore required immediate medical assistance.
- A crew member developed skin irritation, discoloration on his forehead, and inflammation of his right temple and mastoid (behind his ear). Telemedicine monitored the case remotely (due to a significant passage) and advised that the condition was compatible with herpes zoster. Upon disembarkation the inflammation had increased and caused corneal inflammation.



Causes and Origins

The UK Health Security Agency (UK HAS)[2] explains when someone contracts chickenpox, the VZV virus enters the body, leading to the characteristic rash and fever. Although the immune system usually clears the virus, it can remain dormant in nerve cells for years, even decades. When the virus reactivates, often due to factors like age, weakened immunity, or stress, it leads to herpes zoster. Virus from lesions can be transmitted to susceptible individuals to cause chickenpox, but there is no evidence that herpes zoster can be acquired from another individual with chickenpox.

Symptoms

The first signs of shingles begin most commonly with abnormal skin sensations and pain in the affected area of skin (dermatome). Headache, photophobia, malaise, and less commonly fever may occur as part of the prodromal phase. Within days or weeks, unilateral vesicular (fluid-filled blisters) rash typically appears in a dermatomal distribution. The affected area may be intensely painful with associated paraesthesia (tingling, pricking, or numbness of the skin), and intense itching is common. The rash typically lasts between two and four weeks[3].

Assessment and Advice

Take a full history of the onset, symptoms, and assess the pain intensity. Check the crew members past medical history (are they immunocompromised in any way?).

Escalate to telemedical services to advise treatment options.

Advice and management of herpes zoster by The National Institute for Health and Care Excellence (NICE)[4] is as follows:

- Avoid contact with people who have not had chickenpox, particularly pregnant women, immunocompromised people, and babies younger than 1 month of age.
- Avoid sharing clothes and towels.
- Wash hands often.
- Wear loose-fitting clothes to reduce irritation.
- Cover lesions that are not under clothes while the rash is still weeping.
- Avoid use of topical creams and adhesive dressings, as they can cause irritation and delay rash healing.
- Keep the rash clean and dry to reduce the risk of bacterial superinfection. They should seek medical advice if there is an increase in temperature, as this may indicate bacterial infection.
- If the rash is weeping, and cannot be covered, particular attention should be given to avoid distressing it further. If the lesions have dried or the rash is covered, avoidance of activities is not necessary.

Treatment

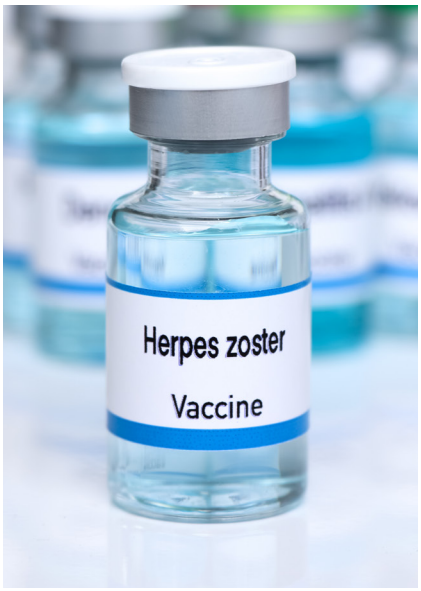
Early diagnosis and treatment are crucial in managing Shingles effectively. Antiviral medications like acyclovir, valaciclovir, and famciclovir can help reduce the severity and duration of the outbreak. The World Health Organisation suggests oral antiviral therapy should be commenced as early as possible, within 72 hours of rash onset. Treatment is usually given for 7 days in the absence of complications of herpes zoster[5]. Pain management is also an essential aspect of treatment. Over-the-counter pain relief, as well as prescription medications, can help alleviate discomfort. In severe cases, your telemedical provider may recommend interventions and hospitalisation.

Prevention

Maintaining a healthy lifestyle, managing stress, and bolstering your immune system can contribute to herpes zoster prevention. Vaccination not only reduces the risk of developing shingles but can also lessen the severity of the condition if it does occur. Zostavax is indicated for the prevention of herpes zoster and herpes zoster-related post-herpetic neuralgia (PHN). Zostavax is indicated for immunization of individuals 50 years of age or older[6].

Conclusion

Herpes zoster, or shingles, is a painful and disruptive condition that can impact individuals who have previously had chickenpox. Understanding its causes, symptoms, and treatment options is essential, as early intervention can make a significant difference in managing the condition and reducing the risk of complications. Effective management of crew with confirmed shingles requires unique infection control responses in a ship environment. By staying informed of preventative options, and practicing good health habits, we can take steps towards keeping this unwelcome visitor at bay.



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This advice was compiled in collaboration with VL Oceans Marine, who specialise in providing comprehensive consultancy and surveying services throughout the United Kingdom, Ireland and Europe.

Resources

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5. World Health Organisation 2014. Background paper, Herpes zoster vaccines, SAGE Working Group on Varicella and Herpes Zoster Vaccines. Available at: https://terrance.who.int/mediacentre/data/sage/SAGE_Docs_Ppt_Apr2014/6_session_varicella_herpes_zoster/Apr2014_session6_herpes_zoster.pdf (accessed: 08/11/23)
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CREW HEALTH ADVICE

The Club was the first to launch a crew health scheme in 1996 due to increasing crew illness claims and a lack of accountability of clinics. Since 1996, the Crew Health programme has become one of the Club's leading loss prevention initiatives. The aim of the programme is to reduce the volume and value of crew illness claims which are caused by a pre-existing illnesses or disease. These underlying conditions often impact on the crew member's fitness for service and can endanger not only the health of the seafarer but also the onboard safety of other crew.

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Sophia joined Thomas Miller in 1992 and from 1994 worked as a claims handler dealing mainly with French and Spanish Members. In 2004, Sophia became the Crew Health Programme Director. Sophia has undertaken a large number of clinic audits, implemented the standard medical form and clinic guidelines. She has also lead the scheme through the largest period of growth and development with a doubling of approved clinic facilities and a four fold member increase. Sophia is a Director of Thomas Miller & Co. Ltd.

Stuart Last
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Stuart joined Thomas Miller in 1998 as a claims trainee for UK P&I Club's Greek Members. In April 2005 Stuart joined Crew Health as the Team Administrator. Stuart is responsible for co-ordination of Member entries and administration for the clinic approval process.

Saidul Alom
Crew Health Fees Administrator

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Saidul Alom joined Crew Health from the European Region Service Team in 2004. Saidul provides administrative support to the Crew Health programme and is responsible for liaison with the approved clinics on financial billing matters and ensuring prompt payment of all clinic fees.