# New insights into keratosis pilaris management and the expanded NHS shingles vaccination programme



Red bumps on the upper arms often raise concerns, but a common and harmless skin condition known as keratosis pilaris (KP) is frequently the cause. This condition affects more than four in ten adults and manifests as rough, small red or skin-coloured bumps, commonly described as resembling goosebumps. The bumps result from an excessive build-up of keratin, a protective protein in the skin, which blocks hair follicles and leads to the distinctive rough skin patches. Besides the upper arms, KP frequently appears on the thighs, buttocks, and back.

Keratosis pilaris is generally harmless and non-infectious, but it can cause some itchiness and tends to worsen in winter when the skin becomes drier. Though the condition often improves or disappears by the age of 30, managing its appearance and texture can be challenging. The first step in treatment usually involves regular use of moisturisers, specifically medical emollients available over the counter. Products containing salicylic acid or urea are particularly beneficial as they help in softening and flattening the bumps. Additionally, ingredients like lactic acid and alpha hydroxy acids are known to exfoliate and remove dead skin cells, promoting smoother skin. Where over-the-counter treatments are insufficient, healthcare providers may prescribe topical creams such as retinoids, including tretinoin, which promote cell turnover and prevent follicle blockage, or mild steroids to reduce any accompanying inflammation.

Advice on prevention and management also includes lifestyle adjustments, such as taking lukewarm rather than hot showers to minimise skin irritation, avoiding harsh soaps and exfoliants, and using a humidifier to add moisture to indoor air, especially during colder months. Regular gentle exfoliation with suitable scrubs can contribute to improving dry, rough skin associated with KP. A formal diagnosis from a general practitioner is recommended before starting treatments, which can often be arranged through virtual consultations by submitting photos of the affected area.

Beyond skin concerns, the recent rollout of a new and improved shingles vaccine by the NHS offers enhanced protection for certain age groups. Shingles, caused by the reactivation of the chickenpox virus, can lead to painful blistering and nerve pain, particularly in older adults or those with weakened immune systems. Historically, the Zostavax vaccine was available on the NHS but offered only around 40% effectiveness. Since 2023, the more effective Shingrix vaccine, providing up to 97% protection, has been introduced but is currently limited to people aged 70 to 80 and those turning 65. Those who have previously received Zostavax within the last decade are not eligible for Shingrix under the NHS programme. However, individuals with severe immunosuppression, regardless of age, can now receive Shingrix. Patients who don’t qualify under NHS guidelines can also choose to pay privately for the vaccine, typically around £460 for the two-dose course.

Research beyond the UK supports the superior efficacy of Shingrix, with recommendations from the US Centers for Disease Control and Prevention for its use in adults aged 50 and over, including immunosuppressed populations. Furthermore, emerging studies suggest the shingles vaccine may reduce the risk of cardiovascular events like heart attacks and strokes by about 18-21%, highlighting additional potential health benefits.

When managing skin conditions such as keratosis pilaris or considering vaccines like Shingrix, it is essential for patients to consult healthcare professionals to receive appropriate advice tailored to their individual circumstances. Treatment options and eligibility criteria can be complex, especially for vaccines where age and prior inoculations influence availability.

### 📌 Reference Map:

* Paragraph 1 – [[1]](https://www.dailymail.co.uk/health/article-15116977/bumpy-red-rash-tops-arms-DR-ELLIE.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[2]](https://www.mayoclinic.org/diseases-conditions/keratosis-pilaris/symptoms-causes/syc-20351149), [[3]](https://www.hopkinsmedicine.org/health/conditions-and-diseases/keratosis-pilaris), [[5]](https://www.mountsinai.org/health-library/diseases-conditions/keratosis-pilaris)
* Paragraph 2 – [[1]](https://www.dailymail.co.uk/health/article-15116977/bumpy-red-rash-tops-arms-DR-ELLIE.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[4]](https://www.mayoclinic.org/diseases-conditions/keratosis-pilaris/diagnosis-treatment/drc-20351152), [[5]](https://www.mountsinai.org/health-library/diseases-conditions/keratosis-pilaris)
* Paragraph 3 – [[1]](https://www.dailymail.co.uk/health/article-15116977/bumpy-red-rash-tops-arms-DR-ELLIE.html?ns_mchannel=rss&ns_campaign=1490&ito=1490), [[6]](https://www.cdc.gov/shingles/hcp/vaccine-considerations/index.html), [[7]](https://www.reuters.com/business/healthcare-pharmaceuticals/health-rounds-shingles-vaccine-may-lower-risk-heart-attack-stroke-2025-08-29/)

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## Bibliography

1. <https://www.dailymail.co.uk/health/article-15116977/bumpy-red-rash-tops-arms-DR-ELLIE.html?ns_mchannel=rss&ns_campaign=1490&ito=1490> - Please view link - unable to able to access data
2. <https://www.mayoclinic.org/diseases-conditions/keratosis-pilaris/symptoms-causes/syc-20351149> - Keratosis pilaris is a common, harmless skin condition characterised by dry, rough patches and tiny bumps, often on the upper arms, thighs, cheeks, or buttocks. The bumps are typically painless and non-itchy. The condition is caused by a buildup of keratin, a protein that protects skin from harmful substances and infection, which blocks hair follicles. While it often improves with age, treatments like moisturisers and prescription creams can help improve skin appearance. The condition usually disappears by age 30.
3. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/keratosis-pilaris> - Keratosis pilaris is a common skin disorder characterised by small, scaly bumps on the skin, typically appearing on the upper arms, thighs, and buttocks. The condition is harmless and often improves with age. Treatment may include using petroleum jelly with water, cold cream, urea cream, or salicylic acid to flatten the bumps. In some cases, a healthcare provider may prescribe a tretinoin cream, a medicine related to vitamin A, to help manage the condition.
4. <https://www.mayoclinic.org/diseases-conditions/keratosis-pilaris/diagnosis-treatment/drc-20351152> - Keratosis pilaris is diagnosed through a physical examination of the skin, often without the need for testing. While the condition usually clears up on its own over time, treatments can help improve skin appearance. These include creams containing alpha hydroxy acid, lactic acid, salicylic acid, or urea to loosen and remove dead skin cells, and topical retinoids like tretinoin or tazarotene to promote cell turnover and prevent plugged hair follicles. Regular use of these treatments may improve skin appearance, but the condition often returns if treatment is stopped.
5. <https://www.mountsinai.org/health-library/diseases-conditions/keratosis-pilaris> - Keratosis pilaris is a harmless skin condition that often runs in families and is more common in people with very dry skin or atopic dermatitis. The condition is generally worse in winter and often clears in the summer. Symptoms may include small bumps that look like 'goose bumps' on the back of the upper arms and thighs, bumps that feel like very rough sandpaper, and slight pinkness around some bumps. Treatment may include moisturising lotions to soothe the skin and help it look better, and skin creams that contain urea, lactic acid, glycolic acid, salicylic acid, tretinoin, or vitamin D.
6. <https://www.cdc.gov/shingles/hcp/vaccine-considerations/index.html> - The Centers for Disease Control and Prevention (CDC) recommends two doses of the recombinant zoster vaccine (RZV), known as Shingrix, to prevent shingles and related complications in adults aged 50 years and older. The vaccine is also recommended for adults aged 19 years and older who are or will be immunodeficient or immunosuppressed. The two doses should be administered 2 to 6 months apart. Shingrix is highly effective in preventing shingles and its complications.
7. <https://www.reuters.com/business/healthcare-pharmaceuticals/health-rounds-shingles-vaccine-may-lower-risk-heart-attack-stroke-2025-08-29/> - A new analysis presented ahead of the 2025 European Society of Cardiology Congress suggests that receiving the shingles vaccine may significantly reduce the risk of heart attack and stroke. Researchers analyzed data from nine previous studies and found that adults vaccinated with either Shingrix or the now-discontinued Zostavax showed an 18% lower risk of major cardiovascular events, with Shingrix alone linked to a 21% reduction. The beneficial impact was observed in both the general adult population and those aged 50 and older.