

Clinical Guideline

Varicella, Suspected

True Varicella infection is RARE in our region:

- 1. **DO NOT diagnose Varicella** without confirmatory lab testing.
- 2. Per the CDC:
- Two doses of VZV vaccine are 88-98% effective at preventing all VZV infections.
- One dose of VZV vaccine is 80-85% effective at preventing all VZV infections.
- 3. All confirmed Varicella must be confirmed to State Epidemiology with this form: http://dhss.alaska.gov/dph/Epi/Documents/ pubs/conditions/frmInfect.pdf

Differential Diagnosis

- · Hand-foot-mouth disease
- Scabies
- Stomatitis
- Eczema herpeticum
- · Diffuse impetigo

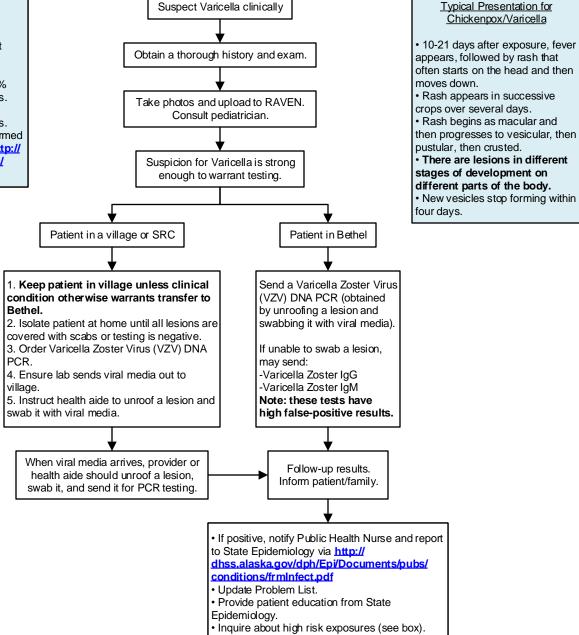
<u>Documentation for Suspected</u> <u>Varicella Infection</u>

- Date of symptom onset
- Date of suspected diagnosis
- Date of rash onset
- Location of rash, including where first noted
- Number of lesions
- Photos of lesions
- Evolution of rash (including appearance of new groups of lesions)
- Appearance of lesions (are there lesions in all stages of development at once?)

High Risk Exposures

- Inquire if any pregnant women or immunocompromised people have been exposed.
- For pregnant women: find out if she has a history of varicella or has received the vaccine. If not, then consult HROB to consider further treatment.
- For immunocompromised patients: refer to a provider for evaluation.

Note: Unconfirmed cases must still receive the vaccine. There is no increased harm in vaccination if the patient had varicella in the past.



This guideline is designed for the general use of most patients but may need to be a dapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 1/19/24.

Click here to see the supplemental resources for this guideline.

If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.