



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 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/frmlInfect.pdf>

Differential Diagnosis

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

Provider Documentation for Suspected Varicella Infection

- 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.

Typical Presentation for Chickenpox/Varicella

- Exposure occurs.
- 10-21 days after exposure, fever appears, followed by rash.
- Rash appears in successive crops over several days.
- Rash begins as macular and then progresses to vesicular, then pustular, then crusted.
- There are lesions in different stages of development on different parts of the body.
- New vesicles stop forming within four days.

