

Clinical Guideline

Evaluation of Possible Varicella

Typical Presentation for Chickenpox/Varicella

• 10-21 days after exposure, fever

appears, followed by rash.
• Rash appears in successive

Rash begins as macular and

then progresses to vesicular, then

New vesicles stop forming within

crops over several days.

pustular, then crusted.There are lesions in different

four days.

stages of development on

different parts of the body.

Exposure occurs.

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/frmInfect.pdf

<u>Differential Diagnosis</u>

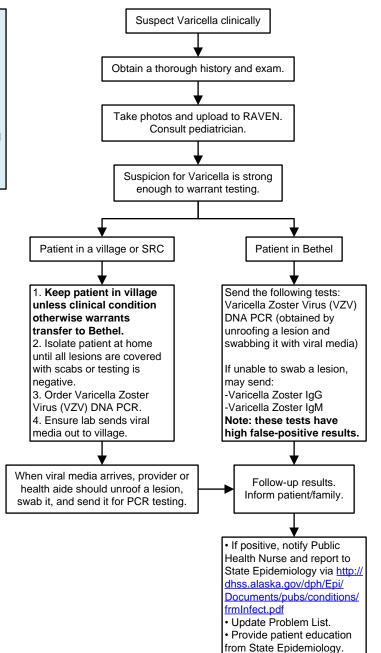
- Hand-foot-mouth disease
- Scabies
- Stomatitis
- Eczema herpeticum
- · Diffuse impetigo

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.



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

Approved by MSEC 12/11/19.