

Clinical Guideline

Varicella, Suspected

<u>True Varicella infection is</u> <u>RARE in our region:</u>

- 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
- 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

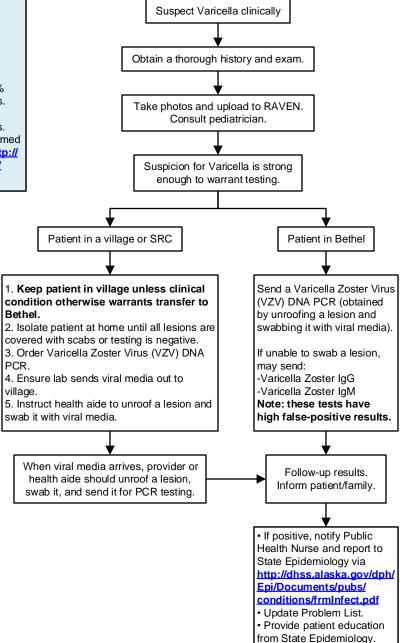
- · Hand-foot-mouth disease
- Scabies
- Stomatitis
- Eczema herpeticum
- Diffuse impetigo

<u>Provider Documentation for</u> <u>Suspected 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.



Typical Presentation for Chickenpox/Varicella

- Exposure occurs.
- 10-21 days after exposure, fever appears, followed by rash that often starts on the head and then moves down.
- 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.