

IPAC Diseases and Conditions Table: Recommendations for Management of Patients, Residents & Clients

Suspected/Known Disease or Microorganism

Varicella Zoster Virus: Chickenpox – Known Case

Clinical Presentation

Generalized, itchy, vesicular rash with lesions in varying stages of weeping, crusting and mild fever. Rash usually appears first on the head, chest and back before spreading to the rest of the body. Vesicular lesions are mostly concentrated on the chest and back.

Infectious Substances

Lesion drainage, respiratory secretions

How it is Transmitted

Direct Contact, Indirect Contact, Airborne

Precautions Needed*

Acute Care

**Airborne & Contact
Precautions**

Residential
Care

**Airborne & Contact
Precautions**

Home &
Community

**Airborne & Contact
Precautions**

Duration of Precautions: Until all lesions have crusted and dried

Incubation Period

10-21 days

Period of Communicability

2 days before rash starts and until all skin lesions have crusted and dried

Comments

*Precautions required are in addition to [Routine Practices](#).

- Susceptible healthcare workers should not enter the room if immune staff are available. If they must enter the room, an N95 respirator must be worn. Other non-immune persons should not enter except in urgent or compassionate circumstances. If immunity is unknown, assume person is non-immune.
- Defer non-urgent admissions if chickenpox or disseminated zoster is present.
- On discharge or transfer, keep room on [Airborne Precautions](#) for two hours or per air clearance/settle time.
- Notify local Infection Preventionist if other patients exposed and refer to the [VZV Chickenpox \(Varicella-Zoster\) and Shingles \(Herpes Zoster\)](#) Guideline (exposure management).