

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

### Suspected/Known Disease or Microorganism

# Varicella Zoster Virus: Herpes Zoster (Shingles) Localized

Clinical Presentation: Vesicular lesions in a dermatomal distribution, refer to Dermatome Map (p14) in the <u>VZV Chickenpox (Varicella-Zoster)</u> and <u>Shingles (Herpes Zoster)</u> Guideline. *Localized refers to 1 dermatome or 2 adjacent dermatomes not crossing the midline.* 

#### Infectious Substances

Vesicular fluid, possibly respiratory secretions

#### How it is Transmitted

Direct Contact, Indirect Contact, Airborne

#### Precautions Needed\*

**Acute Care** 

### **Routine Practices**

Localized rash that **can be covered** in a normal host (not immunocompromised\*\*).

Residential Care

### **Routine Practices**

As above, same in all health care settings

Home & Community

#### **Routine Practices**

As above, same in all health care settings

### **Airborne & Contact Precautions**

- Localized rash in immunocompromised host\*\*
- Localized rash in a normal host that cannot be covered (e.g., on face, Zoster Ophtalmicus)

## **Airborne & Contact Precautions**

As above, same in all health care settings

### **Airborne & Contact Precautions**

As above, same in all health care settings

\*Duration of Precautions: Contact local Infection Preventionist for discontinuation of precautions.

- Until lesions are dried and crusted.
- Localized & covered rash in immunocompromised host: until 24 hours of effective antiviral therapy completed AND no new lesions. Then use <u>Contact Precautions</u> until lesions dried and crusted. If untreated, maintain <u>Airborne & Contact</u> until all lesions are dried and crusted.
- Localized zoster may disseminate in immunocompromised host if not treated. Antiviral therapy is strongly recommended.

Incubation Period: Not applicable

Period of Communicability: Until all lesions have 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 nonimmune.
- On discharge or transfer, keep room on <u>Airborne Precautions</u> for 2 hours or per air clearance/settle time.
- Notify local Infection Preventionist if other patients exposed and refer to exposure follow-up instruction in the <u>VZV Chickenpox (Varicella-Zoster)</u> and <u>Shingles (Herpes Zoster)</u> Guideline.

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tŝilhqot'in Nations where we live, learn, collaborate, and work together.

<sup>\*\*</sup>Classification of immunocompromised patient – refer to <u>VZV Chickenpox (Varicella-Zoster) and Shingles (Herpes Zoster)</u> Guideline (P4)