



Chickenpox (varicella)



Classic chickenpox lesions



Typical chickenpox rash distribution

IMAGES OF CHICKENPOX (VARICELLA)



Healthy child with varicella



Healthy adult with varicella



Bacterial superinfection of varicella lesions



Note centripetal distribution of rash



Day 3 of rash



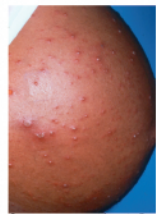
Lesions are in different stages of development (back of hand)



Healthy adult with varicella



Healthy adult with varicella



Pregnant woman with varicella

DIFFERENTIATING CHICKENPOX FROM SMALLPOX

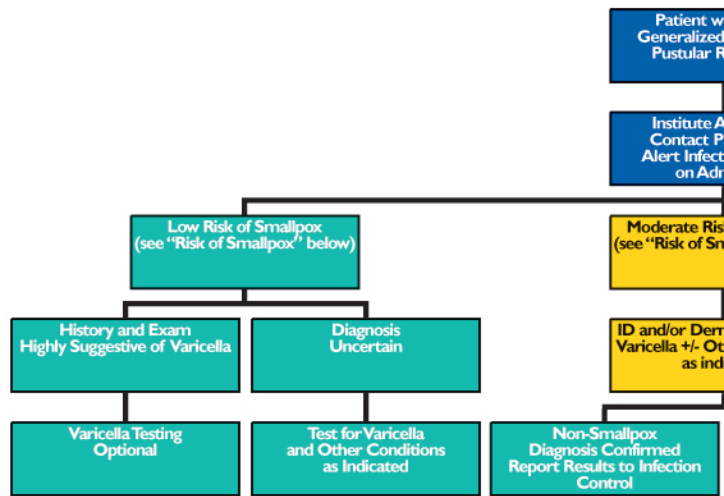
Chickenpox (varicella) is the most likely condition to be confused with smallpox.

In chickenpox:

- No or mild prodrome
- Lesions are superficial vesicles: "dewdrop on a rose petal" (see photo at top)
- Lesions appear in crops; on any one part of the body there are lesions in different stages (papules, vesicles, crusts)
- Centripetal distribution: greatest concentration of lesions on the trunk, fewest lesions on distal extremities. May involve the face/scalp. Occasionally entire body equally affected.
- First lesions appear on the face or trunk
- Patients rarely toxic or moribund
- Rapid evolution: lesions evolve from macules → papules → vesicles → crusts quickly (<24 hours)
- Palms and soles rarely involved
- Patient lacks reliable history of varicella or varicella vaccination
- 50-80% recall an exposure to chickenpox or shingles 10-21 days before rash onset

Photo Credits: Dr. Thomas Mack, Dr. Barbara Watson, Dr. Scott A. Norton, Dr. Patrick Alguire, World Health Organization, American Academy of Pediatrics, American Academy of Dermatology

EVALUATING PA ACUTE, GENERALIZED VESICUL



RISK OF SMALLPOX

High Risk of Smallpox → Report Immediately

1. Febrile prodrome (defined below) **AND**
2. Classic smallpox lesion (defined below & photo at top right) **AND**
3. Lesions in same stage of development (defined below)

Moderate Risk of Smallpox → Urgent Evaluation

1. Febrile prodrome (defined below) **AND**
2. One other **MAJOR** smallpox criterion (defined below) **OR**
1. Febrile prodrome (defined below) **AND**
2. ≥4 **MINOR** smallpox criteria (defined below)

Low Risk of Smallpox → Manage as Clinically Indicated

1. No febrile prodrome **OR**
1. Febrile prodrome **AND**
2. <4 **MINOR** smallpox criteria (defined below)

MAJOR SMALLPOX CRITERIA

- **FEBRILE PRODROME:** occurring 1-4 days before rash onset: fever $\geq 101^\circ\text{F}$ and at least one of the following: prostration, headache, backache, chills, vomiting or severe abdominal pain.
- **CLASSIC SMALLPOX LESIONS:** deep-seated, firm/hard, round well-circumscribed vesicles or pustules; as they evolve, lesions may become umbilicated or confluent
- **LESIONS IN SAME STAGE OF DEVELOPMENT:** on any one part of the body (e.g., the face, or arm) all the lesions are in the same stage of development (i.e., all are vesicles, or all are pustules)