

Table 1 – Herpes Zoster

Microorganism Herpes zoster	Clinical Presentation/ Potential Pathogens	Precautions	Patient Accommodatio n	Route of Transmission	Period of Communicabi lity	Duration of Precautions
Localized: Immune competent host	Vesicular skin lesions localized to one or two dermatomes and do not cross body's midline (may overlap adjacent dermatomes)	Routine Practices if area can be covered	Private room preferred*	Direct and indirect contact with vesicular fluid	Until all lesions have crusted and dried.	Until all lesions have crusted and dried.
*Non-immune patients should preferably not share rooms with patients with varicella or zoster. Add Contact Precautions for cases of localized zoster that cannot be covered.						
Localized: Immune compromised host*	Vesicular skin lesions localized to one or two dermatomes and do not cross body's midline (may overlap adjacent dermatomes)	Airborne and Contact Precautions <u>until</u> dissemination is ruled out. <i>Routine Practices if area can be covered</i>	Negative pressure room if available Private room required (door closed)	Airborne, direct and indirect contact with vesicular fluid	Until all lesions have crusted and dried.	Until all lesions have crusted and dried. *Consult ICP to review duration of precautions if this type of patient is on antiviral therapy
*Localized zoster may disseminate in immune compromised host if not treated						
Disseminated	Vesicular skin lesions outside the involved and adjacent dermatomes or crossing the body's midline, OR lesions involving more than one body system	Airborne (until lesions are dry & crusted) and Contact Precautions	Negative Pressure room if available Private room required (door closed)	Airborne, direct and indirect contact with vesicular fluid	Until all lesions have crusted and dried.	Until all lesions have crusted and dried.