

Measles (Rubeola) vs. Varicella (Chickenpox)

Measles (Rubeola)



Measles on the face

What to do if you have a suspected case

1. Immediately mask and isolate the patient in a room with a closed door (negative pressure room if available). Follow standard and airborne precautions.
2. Only allow health care workers with presumptive evidence of measles immunity to attend the patient; they must use N-95 masks.
3. Evaluate the patient and order measles confirmatory testing (collect a throat or nasopharyngeal swab for RT-PCR and serum for IgM measles testing).
4. Contact infection control if available at your facility.
5. Immediately report this suspected case to your local health department.

Symptoms

Prodromal: Fever, cough, coryza, or conjunctivitis. Koplik spots (tiny white spots inside the mouth) may also appear 2-3 days after symptoms first begin

Rash: A maculopapular rash (rash of both flat and raised skin lesions) begins on the head and face, then spreads downward to the neck, trunk, arms, legs, and feet. The spots may become joined together as they spread from the head to the body. High fever may spike when rash appears.



Measles on the trunk of body

Complications

- Most common complications: diarrhea and otitis media.
- Most severe complications: pneumonia, encephalitis, and death.

Measles (Rubeola) vs. Varicella (Chickenpox)



Varicella (Chickenpox)



Varicella on the face

What to do if you have a suspected case

1. Isolate the patient in a room with a closed door (negative pressure room if available). Follow standard, airborne, and contact precautions until lesions are dry and crusted.
2. Only staff with evidence of varicella immunity should care for patients with varicella.
3. Evaluate the patient and order varicella confirmatory testing through your facility. The best method for laboratory confirmation of varicella is PCR testing of skin lesions (scabs and vesicular fluid).
4. Contact the local health department to report case.

Symptoms

Prodromal: mild fever, malaise, anorexia, or headache may occur 1-2 days before rash onset, particularly in adults. In children, the rash is often the first sign of disease.

Rash: The rash is generalized and pruritic. It progresses rapidly from macular to papular to vesicular lesions before crusting. Lesions are typically present in all stages of development at the same time. Usually appears first on the chest, back, and face, then spreads over the entire body. Typically lasts 4-7 days. Vaccinated persons may only have maculopapular lesions and usually have fewer number of lesions.



Varicella on the trunk of body

Complications

- Most common complications: bacterial skin infection and soft tissue infection (children), viral pneumonia (adults).
- Most severe complications: cerebellar ataxia, encephalitis, bacterial sepsis, dehydration/fluid and electrolyte imbalance, hemorrhagic conditions, and death.