Viral Skin Infections

CHI Formulary Treatment algorithm

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Council of Health Insurance

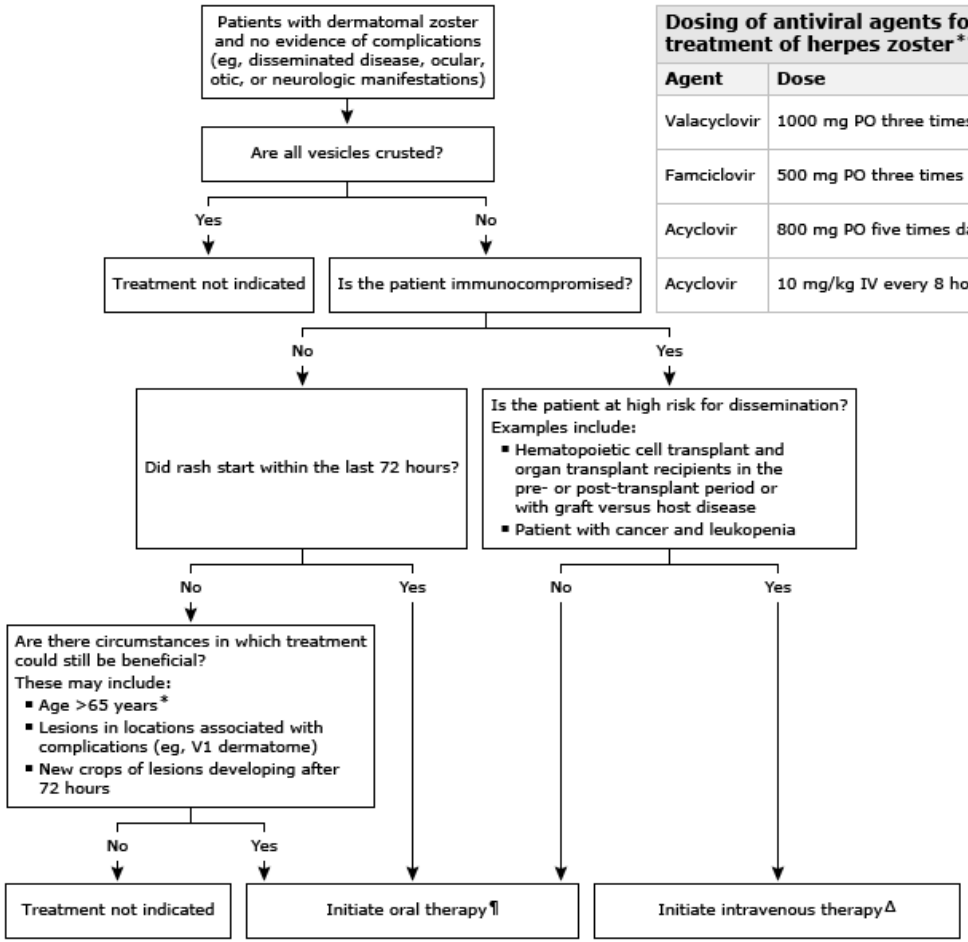
Treatment algorithm – January 2024

Supporting treatment algorithms for the clinical management of Viral Skin Infections

Figures 1 to 4 outline a comprehensive treatment algorithm on the pharmacological and non-pharmacological management of **Viral Skin Infections**, respectively, aimed at addressing the different lines of treatment after thorough review of medical and economic evidence by CHI committees.

For further evidence, please refer to CHI **Viral Skin Infections** full report. You can stay updated on the upcoming changes to our formulary by visiting our website at https://chi.gov.sa/AboutCCHI/CCHIprograms/Pages/IDF.aspx

Our treatment algorithm offers a robust framework for enhancing patient care and optimizing treatment outcomes across a range of treatment options, holding great promise for improving healthcare delivery.



Dosing of antiviral agents for treatment of herpes zoster*¶◇

Agent	Dose
Valacyclovir	1000 mg PO three times daily
Famciclovir	500 mg PO three times daily
Acyclovir	800 mg PO five times daily
Acyclovir	10 mg/kg IV every 8 hours

Figure 1: Initial management of adults with uncomplicated herpes zoster

This algorithm is intended for adults with localized, uncomplicated herpes zoster
IV: intravenously; PO: orally.

* There is no specific age cut off to decide when someone who presents after 72 hours may benefit from treatment. However, immunity to varicella-zoster virus (VZV) wanes with increasing age and can be severely impaired in those of advanced age.

¶ For nonpregnant patients who warrant oral therapy, we prefer treatment with valacyclovir or famciclovir because of their lower dosing frequency compared with acyclovir. For pregnant patients, we prefer acyclovir since there is the most experience with this medication in pregnancy. Treatment should continue until all lesions have crusted (typically 7 days for immunocompetent patients; 7 to 14 days for immunocompromised patients).

Δ For patients at high risk for dissemination, we initiate intravenous acyclovir. Patients can switch to an oral agent after clinical improvement; treatment should continue until all lesions have crusted (typically 7 to 14 days).

[1]

[1] UpToDate. Initial management of adults with uncomplicated herpes zoster. Accessed December 1, 2023. https://www.uptodate.com/contents/image?rank=1~94&source=graphics_search&imageKey=ID%2F143355&search=varicella%20treatment

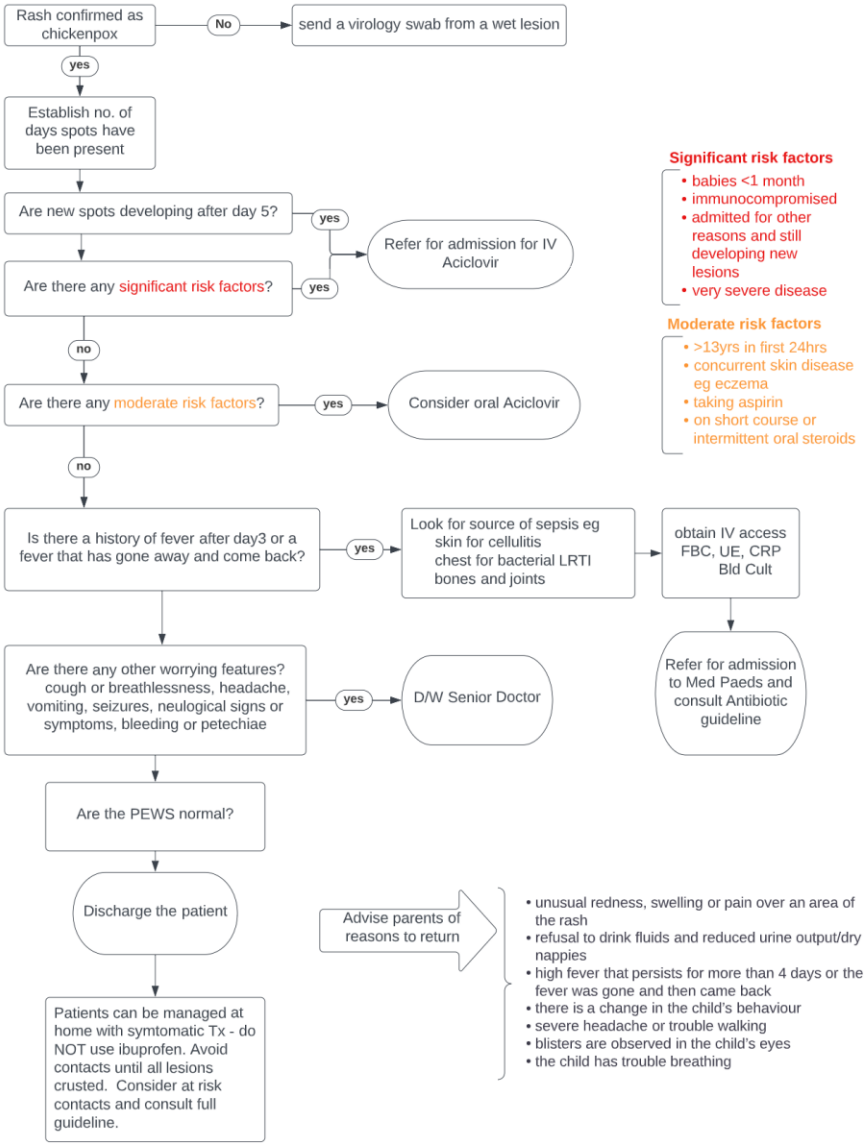
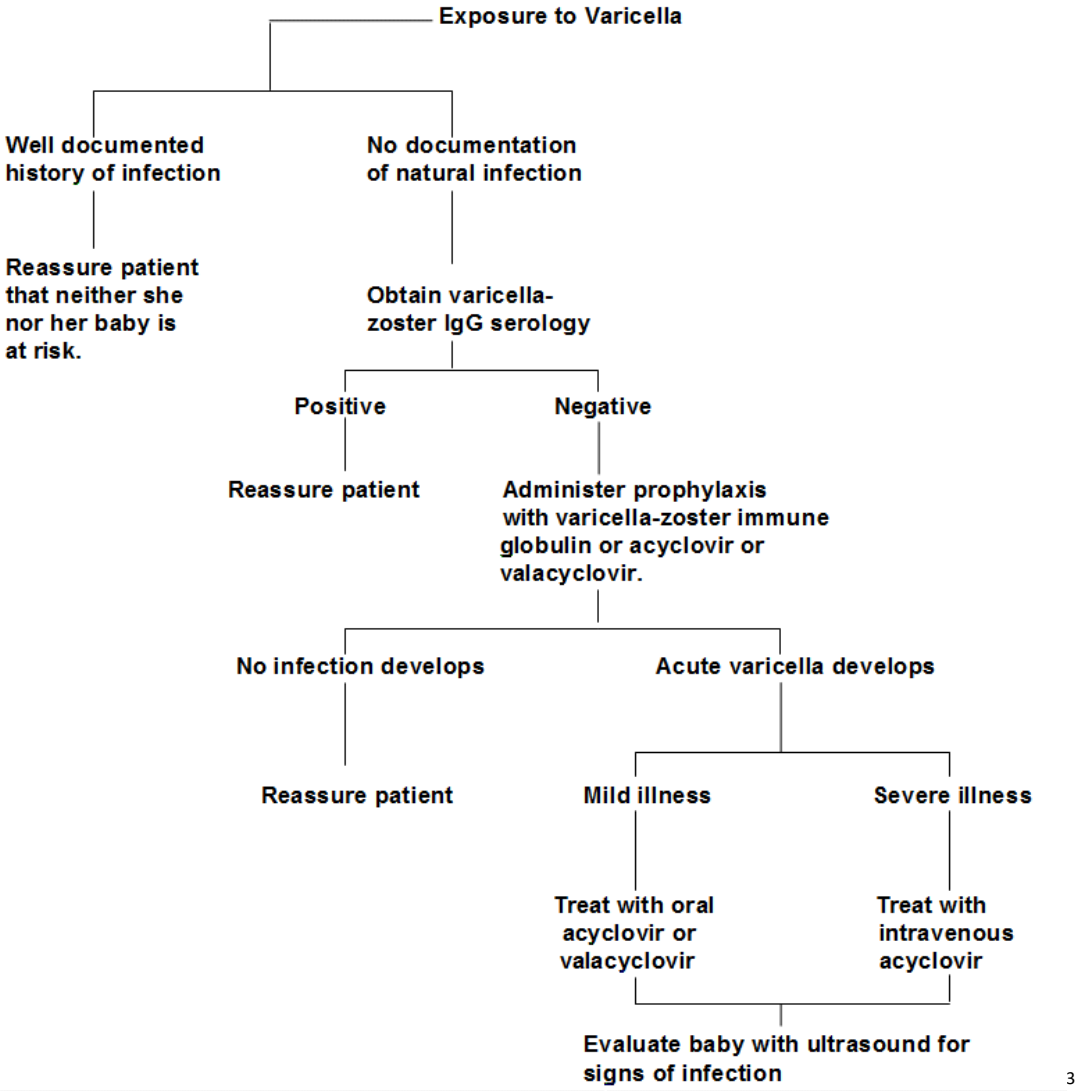


Figure 2: Varicella zoster infection (chickenpox): management in children

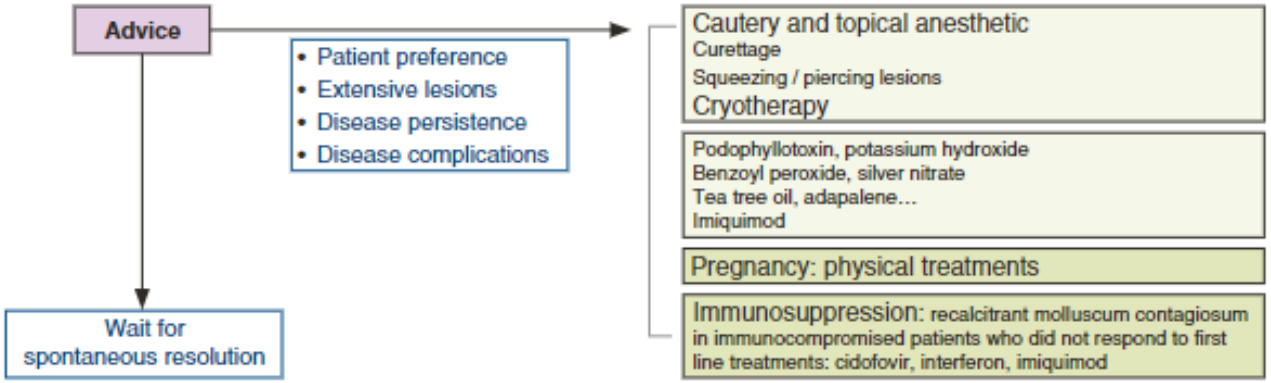
[2] NHSGGC. Varicella zoster infection (chickenpox): management in children. Published 2022. Accessed November 30, 2023. https://www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines/nhsggc-guidelines/infectious-disease/varicella-zoster-infection-chickenpox-management-in-children/



[3]

Figure 3: Diagnosis and Management of Varicella in Pregnancy

[3] Chapman S, Duff P. Varicella in pregnancy. *Semin Perinatol*. 2010;17(6):403-409.



[4]

Figure 4: Management of Molluscum Contagiosum patient

[4] Edwards S, Boffa MJ, Janier M, et al. 2020 European guideline on the management of genital molluscum contagiosum. *Journal of the European Academy of Dermatology and Venereology*. 2021;35(1):17-26. doi:10.1111/JDV.16856