



*Book Supplement*

**Differential Diagnosis of Herpes Zoster**

Disease	Notes
HSV infection	Clusters of painful vesicles on the skin. HSV can occasionally occur in an elongated distribution that may mimic herpes zoster, anywhere on the skin. Less than 5% of immunocompetent patients with herpes zoster develop a second episode but HIV-infected persons may have multiple episodes. Patients who report multiple recurrences of herpes zoster should have definitive virologic PCR testing (e.g., DFA or viral culture) to distinguish between HSV and VZV. 13% of patients clinically diagnosed with herpes zoster have HSV infection.
Allergic reactions	Contact dermatitis (e.g., reactions to rubber or nickel) or cutaneous reactions to topical medications (e.g., neomycin) can cause localized areas of erythema and vesiculation that may mimic herpes zoster. Contact dermatitis does not usually conform to a dermatomal distribution.
Chemical irritation	Contact with toxic plants (e.g., poison ivy, poison oak) can cause painful skin erythema and vesiculation in a band-like pattern. Dermatitis from topical toxins does not usually conform to a dermatomal pattern.

DFA = direct fluorescent antigen assay; HIV = human immunodeficiency virus; HSV = herpes simplex virus; VZV = varicella-zoster virus.

Table from *Physicians Information and Education Resource (PIER)*, Herpes Zoster module.