

Disease	Age	Season	Incubation/ Prodrome	Morphology	Distribution/ Features	Findings	Diagnosis	Management
measles 1 st d. (rubeola) paramyxovirus-RNA)	infants to young adults	Winter & Spring	1 week, high fever, URI symptoms, conjunctivitis	erythematous macules & coalescing papules	face first, then covers whole body; non-pruritic	Koplik spots, cough, fever, photophobia, SM, LAD	acute & convalescent hemagglutinin serology	report to public health, oral vitamin A
rubella , 3 rd disease (rubella virus)	>15 YO usually non-vaccinated	Spring	15-21 days, fever; absent or low grade, malaise, cough	rose-pink non-confluent papules	face first, then moves to body	LAD; post-auricular & occipital, H/A, malaise	rubella IgM or acute & convalescent hemagglutinin	reportable, avoid exposure to pregnant women
erythema infectiosum ; 5 th disease (parvovirus B19-ssRNA)	5-15 years	Winter & Spring	rare (fever, malaise, h/a)	'slapped cheeks' reticulate or maculopapular erythema	arms & legs, but may be generalized	waxing & waning rash, occasional arthritis, H/A, malaise	clinical, acute & convalescent serology	
roseola , 6 th disease, exanthem subitum (HSV 6 & 7)	6 months-3 year	Spring & Fall	5-15 days. High fever for 3-5 days	maculopapular rash appears after fever declines	trunk, neck, generalized; lasts hours to days	cervical & postauricular adenopathy	usually clinical	
HIV (human immunodeficiency virus)	adults > children	---	fever, malaise, sore throat, diarrhea	roseola-like hemorrhagic macules	upper body, palms, soles	LAD	acute & convalescent HIV serology	
chickenpox (varicella-zoster virus)	1-14 years	late fall to spring	none	macules, papules rapidly become vesicles, erythematous base, crusts	scalp & face more profuse on trunk than extremities	pruritus, fever, oral lesions	clinical, Tzanck prep, DIF or viral culture	aspirin contraindicated (risk of Reye's s.)
Enterovirus (coxsackie, echo, polioviruses)	children	leading cause of summer & fall exanthems	3-5 days. Occasional fever	pleomorphic; macular, papular, petechial, purpura, vesicles	generalized, may be acral	low-grade fever, occasional myocarditis, aseptic meningitis, pleurodynia, malaise	clinical, viral culture from throat, rectal swab	petechiae or purpura may indicate meningococemia
Epstein-Barr virus	young children to adolescents	any	fever, LAD, sore throat	macular, papular, morbilliform	trunk, extremities	cervical LAD, HSM	Monospot; EBV nuclear antigen acute/convalescent IgG-viral capsule antigen	
Gianotti-Crosti s. (HBV, coxsackie virus, EBV)	1-6 years	any	none	papules, papulovesicles, may coalesce	face, arms, legs, buttocks, spares torso	occasional LAD, hepatosplenomegaly	clinical; hepatitis B & EBV serology	

asymmetric flexural exanthem of childhood (virus unknown)	children				extensor surface joint involvement, generalizes in 3-4 days	low grade fever, diarrhea, abdominal pain, LAD; cervical, axillary, inguinal		
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Exanthems; bacterial and rickettsial

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SSSS (<i>S aureus</i> epidermolytic toxin)	neonates, infants	any	none	abrupt onset, tender erythroderma	diffuse with perioral & perinasal scaling	fever, conjunctivitis, rhinitis	clinical; culture of <i>S aureus</i> from systemic site	neonate: if blistering present, hospitalize, IV nafcillin
toxic shock s. (Staphylococcal toxin)	adolescent/ young adult	any	none	macular erythroderma	generalized	hypotension, fever, myalgia, diarrhea, vomiting	clinical definition criteria, isolation of <i>S aureus</i> cervix	treat hypotension
scarlet fever (2 nd disease) (β -streptococcus)	children	fall to spring	acute onset with fever, sore throat	diffuse erythema with sandpaper texture	facial flushing with circumoral pallor, linear erythema in skin folds	exudative pharyngitis, palatal petechiae, abdominal pain	throat culture	penicillin
meningococemia	< 2 years	winter to spring	malaise, fever, URI symptoms	papules, petechiae, purpura	trunk, extremities, palms, soles	temp > 40° C, meningismus, circulatory collapse	blood culture, lumbar puncture	STAT IV penicillin, treat for shock
RMSF (<i>Rickettsia rickettsii</i>)	any	summer	fever, malaise	macular, papular, petechial rash	wrists, ankles, palms, soles, later trunk	CNS, pulmonary, cardiac lesions	serology	treat presumptively
Kawasaki d. (etiology unknown)	6 months to 6 years	winter to spring	irritability	polymorphous-papular morbilliform, erythema with desquamation	generalized, often with perineal accentuation	conjunctivitis, chelitis, glossitis, peripheral edema, LAD	clinical	IV Ig, salicylates

adapted from; Williams ML, Frieden IJ. Dermatologic disorders. In: Grossman M, Dieckman RA, eds. Pediatric Emergency Medicine: A Clinician's Reference. Philadelphia: JB Lippincott, 1991.