COMMON RASHES / ILLNESSES IN CHILDREN

**MEASLES (RUBEOLA)**
- Maculopapular eruption that usually begins on the face and spreads to the trunk and extremities. Rash lasts five to six days.
- Prodrome of fever, followed by cough, coryza and conjunctivitis for two to four days. Fever can exceed 104°F.

**MUMPS**
- Characterized by unilateral or bilateral parotitis. Typically no rash.
- Parotitis usually appears within the first two days of illness, and symptoms decrease after about one week.
- Low-grade fever, malaise, headache and loss of appetite may appear before onset of swelling.

**RUBELLA (GERMAN MEASLES)**
- Rash generally starts on the face and spreads down the body. Rash is maculopapular and lasts three to five days. May resemble measles, but rash is milder and not confluent.
- Symptoms in younger children are mild; older children may have a one- to five-day prodrome with low-grade fever.

**VARICELLA (CHICKENPOX)**
- Initial rash consists of macules that progress quickly to papules, vesicles, pustules and scabs. First appears on the head and is more pronounced on the trunk than extremities.
- Appears in successive crops with lesions in different stages over a period of two to four days and may be pruritic.
- Mild prodrome of fever and malaise may occur one to two days before rash onset.

**ROSEOLA INFANTUM (EXANTHEM SUBITUM)**
- Sudden onset of high fever, 102°F to 105°F, lasting three to five days.
- As fever subsides, a rash begins on neck and trunk and spreads to extremities and lasts one to two days. Rash is erythematous macular or maculopapular. Lesions are discreet and two mm to five mm in diameter and blanch on pressure.
- May be accompanied by mild cough, coryza, headache, abdominal pain and mild inflammation of the pharynx and tonsils.

**SCARLET FEVER (SCARLATINA)**
- Rash is often first noticed on the trunk and rapidly spreads to cover entire body. Rash appears as red and finely punctate, fades on pressure and almost always leads to desquamation.
- The face may appear flushed. Deep red lines may appear in the skin folds of the joints. The tongue may be coated yellowish white, then become red and swollen, leading to “strawberry tongue” appearance.

**KAWASAKI SYNDROME (MUCOCUTANEOUS LYMPH NODE SYNDROME)**
- Illness usually begins with a fever, which may be high and spiking and lasts one to two weeks, followed by a raised, deep-red, plaque-like rash, typically over the trunk but often widespread and including the extremities.
- Rash is maculopapular with multiforme-like lesions and may resemble scarlet fever. Rash is often accompanied by painful edema of the hands and feet.
- Patients may also develop conjunctivitis; dry, cracked lips; a red “strawberry tongue”; erythema of the oropharynx; and cervical lymphadenopathy.

**FIFTH DISEASE (ERYTHEMA INFECTOSUM)**
- Begins with a nonspecific illness which often goes unrecognized. Some patients may develop fever, coryza, headache, nausea and diarrhea.
- Two to five days later, rash begins as solid, bright red area of eruption on the cheeks (“slapped cheek” appearance).
- May include a second-stage rash on the trunk and limbs within a few days. As the rash fades, it may have a typical lacy appearance, and may recur.

To contact the Health Department or order more posters (and other materials for providers), call the Provider Access Line at (866) 692-3641.