Outbreaks of Rash Illness – a Systematic Approach

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Objectives

• Review key steps of outbreak investigation
  – Establish the existence of the outbreak
  – Confirm the diagnosis
  – Institute control measures

• Illustrate with case studies
Organization

• Viral / vaccine preventable
  – Rapid diagnosis and institution of control measures
• Viral / non-vaccine preventable
• Bacterial / zoonotic
• Bacterial / other
• Contact dermatitis
• Mass sociogenic illness
Not covered

• STDs
  – Primary HIV infection
  – Disseminated gonorrhea

• Imported and other arboviruses
  – West Nile
  – Chikungunya
  – Dengue
Not covered (continued)

• Other ...
  – Meningococcus
  – Histoplasmosis
  – Adenovirus
  – Cytomegalovirus
  – Epstein-Barr virus
  – Leptospira
  – Salmonella typhi
# Vocabulary

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Definition</th>
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<tr>
<td>Macule</td>
<td>Circumscribed area of skin with a change in normal skin color, but neither raised nor depressed</td>
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<tr>
<td>Morbilliform</td>
<td>Measles-like rash - macular lesions that are red and are usually 2-10 mm in diameter but may be confluent in places</td>
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<tr>
<td>Papule</td>
<td>Solid, raised lesion up to 0.5 cm in greatest diameter</td>
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<td>Petechiae</td>
<td>Pinpoint, round spots that appear on the skin as a result of bleeding under the skin – may appear red, brown or purple.</td>
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<td>Pustule</td>
<td>Circumscribed elevation of skin containing purulent fluid</td>
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<td>Reticular</td>
<td>Macular rash in a net-like or lace-like pattern</td>
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<td>Vesicle</td>
<td>Circumscribed elevated fluid-containing lesion, less than 0.5 cm in greatest diameter</td>
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