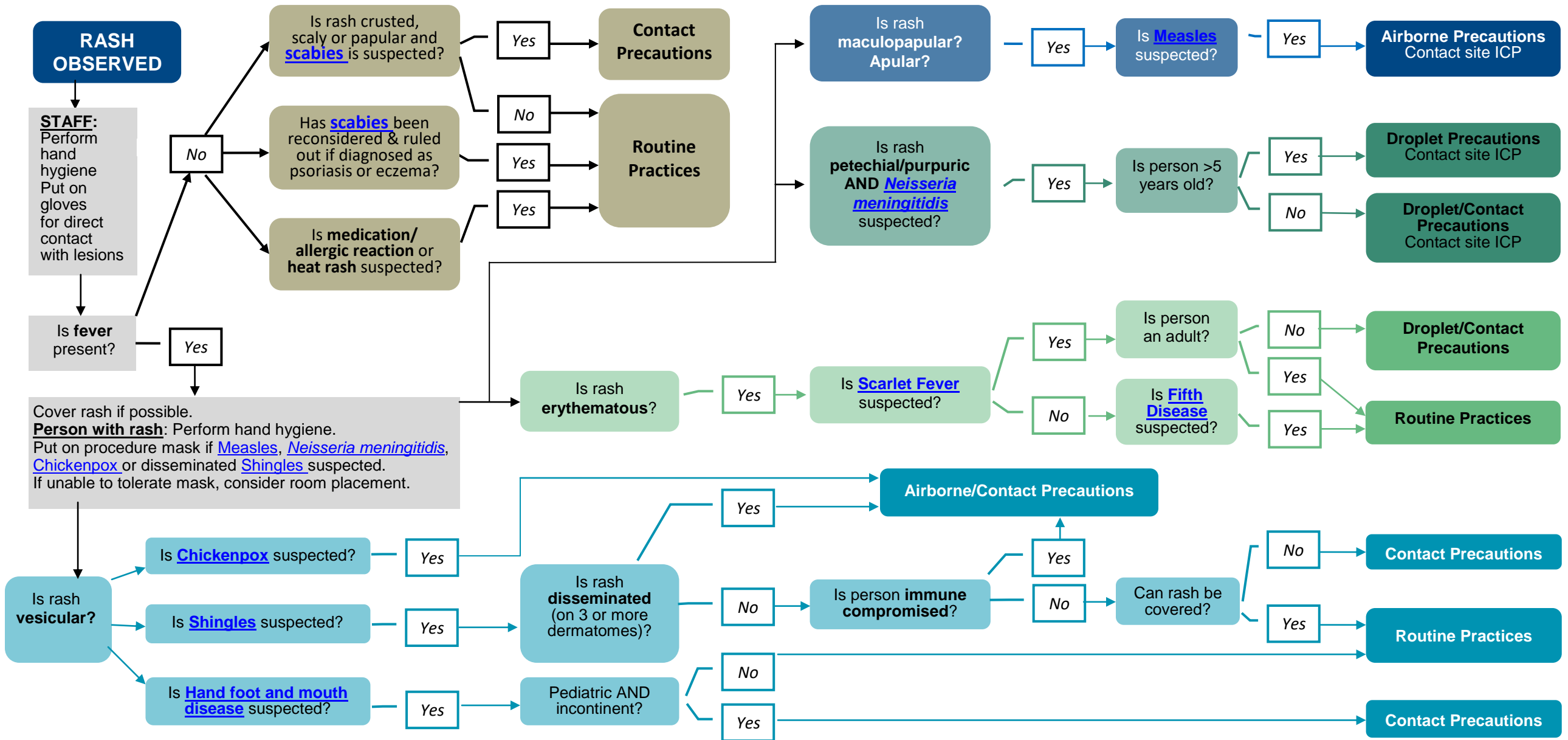


Infectious Rash Infection Prevention and Control Measures Algorithm

Issued: November 2019



Algorithm includes initial IP&C highlights only, not treatment recommendations. Consider differential and additional diagnoses; if suspected cause/the answer "No" is not shown, use best clinical judgment.

This algorithm includes highlights of some common or consequential infectious rashes. It is not exhaustive and is intended to be used as a guideline with clinical judgment and risk benefit analysis. People who heavily contaminate the environment or are Immune compromised may require additional measures. See [Microorganism, Infectious Diseases Table](#) or [Clinical Presentation and Empiric Precautions Table](#)



Norwegian (Crusted) Scabies rash



Typical Scabies rash



(papular: small, red, raised lesions)

Localized Shingles rash



(vesicular: small fluid filled sacs)

Disseminated Shingles rash



(vesicular: small fluid filled sacs)

Neisseria meningitidis rash



(petechial/ purpuric: tiny or large, purple or red spots that do not blanch)

Image courtesy [American Academy of Pediatrics](http://AmericanAcademyofPediatrics.org)

Fifth Disease rash



(erythematous: many red, pink and pale rings that blanch)

Measles rash



(maculopapular: small, flat, red areas and small, red, raised lesions)

Image courtesy [Centres for Disease Control and Prevention](http://CentresforDiseaseControlandPrevention.org)

Chicken Pox rash



(vesicular: small fluid filled sacs)

Image courtesy [Infectious Diseases Society of America](http://InfectiousDiseasesSocietyofAmerica.org)