ROSEOLA INFANTUM
(Exanthema subitum)

INFECTION & TROPICAL MEDICINE DIVISION
**Definition**: Roseola infantum is a common benign infectious disease of infancy characterized by 3 to 5 days of high fever associated with a paucity of physical findings. The temperature falls to normal by crisis and may be accompanied by a morbilliform rash.

**Etiology**: Human herpes virus type 6 (HHV-6) → Yamanishi et al (1988); DNA DS
Fig. 22-1. Schematic diagram illustrating typical clinical course of roseola infantum. Between the third and fourth days the temperature drops to normal, and a maculopapular eruption may appear.
Clinical manifestations:
Incubation period: difficult to determine, the experimental disease → 9 days; in the epidemics → 10 – 15 days

Course: The temperature rises abruptly to 40° – 40.6° C. The infant anorexic and irritable, no evidence of coryza, conjunctivitis, or cough. The fever persists for 3 to 5 days and then falls with the appearance of the rash.
**Fever** : is typically high and continuous, persisting for 3 or 4 days. On the third or the fourth day it drops to normal level.

**Rash** : the appearance of the rash often coincides with the subsidence of the fever on third or fourth day. The lesion are discrete, rose-pink macules or maculopapules, 2 to 3 mm in diameter, fade on pressure, and are similar in appearance to those of rubella. The rash appears on the trunk first and then spreads to the neck, upper extremities, face, and lower extremities. The duration of the eruption is usually 1-2 days. No pigmentation or desquamations.
Other clinical features: The pharynx is mildly inflamed. The tonsils, if present, are usually reddened and occasionally are covered with a follicular exudate. Mild catarrhal otitis media may be present. Lymphadenopathy, particularly of the occipital, cervical, and post-auricular, is a common finding.

Diagnosis: by clinical manifestations, no specific serological or virological tests. WBC count is usually low
Differential diagnosis: all of the diseases with maculopapular eruption

Complications:
1. Convulsive seizures
2. Encephalitis

Prognosis: excellent

Immunity: confers permanent immunity

Epidemiological factors: The age incidence 6 months – 3 year old

Treatment: no specific treatment → self limited disease