Guidelines for Physicians

Natural disasters such as the one experienced by the Gulf Region are difficult to predict and prevent. Such disasters can greatly disrupt our lives. Hurricane Katrina has had serious consequences; however, we as a nation are committed to fight back and help our fellow citizens in overcoming the huge challenge that has befallen them. This booklet is intended to provide useful information regarding the first-line management of some not-so-commonly encountered diseases by American physicians in such situations.

The table below lists some common diseases that may occur during such a situation and briefly outlines their signs, symptoms, and therapeutic recommendations.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Signs and Symptoms</th>
<th>Therapies/ Antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascariasis</td>
<td>Passing worms, in stool or coughed up; Low-grade fever; Cough, bloody sputum; Wheezing; Shortness of breath; Urticaria; Vomiting; Abdominal pain</td>
<td>Albendazole; Mebendazole; Ivermectin; Piperazine citrate; Pyrantel pamoate; Metronidazole; Thiabendazole</td>
</tr>
<tr>
<td>Botulism*</td>
<td>Intestinal features: Nausea; Vomiting; Cramps; Diarrhea (loose, watery) Neurological features: Droopy eyelids; Blurry vision; Disorientation; Dysphagia; Dypsnea</td>
<td>Trivalent equine antitoxin; Guanidine hydrochloride</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Fever; Headache; Nausea and vomiting; Myalgia; Abdominal cramps; Tenesmus; Watery, frequently bloody stools</td>
<td>Erythromycin; Ciprofloxacin; Clindamycin; Doxycycline; Levofloxacin; Ceftriaxone; Gentamycin; Imipenem; Cilastatin</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease</th>
<th>Signs and Symptoms</th>
<th>Therapies/ Antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera*</td>
<td>Severe, watery diarrhea; Nausea and vomiting; Muscle cramps; Dehydration; Hypovolemic shock; Fever, convulsions, and extreme drowsiness or even coma in children</td>
<td>Tetracycline; Doxycycline; Ciprofloxacin; Erythromycin; Trimethoprim and sulfa-methoxazole; Norfloxacin; Furazolidine rehydration (Oral or intravenous)</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Diarrhea, usually watery; Stomach cramps; Nausea and vomiting; Fever; Headache; Loss of appetite</td>
<td>Paromomycin; Azithromycin; Nitazoxanide; Antidiarrheal agents; Loperamide hydrochloride; Diphenoxylate and Atropine Octreotide; Somatostatin analogue</td>
</tr>
</tbody>
</table>

*Diseases of priority
<table>
<thead>
<tr>
<th>Disease</th>
<th>Signs and Symptoms</th>
<th>Therapies/Antibiotics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dengue</strong></td>
<td>High fever (up to 105°F); Chills; ‘Breakbone’ aching headache, retro-orbital pain, arthralgia; Myalgia; Swollen lymph nodes; General weakness; Nausea; Vomiting; Rash; Children get nontypical symptoms</td>
<td>Effective mosquito control of <em>Aedes aegypti</em>; Early clinical diagnosis; Analgesics; Fluid replacement therapy</td>
</tr>
<tr>
<td><strong>Dysentery</strong></td>
<td>Bloody diarrhea; Vomiting; Fever (life-threatening if untreated)</td>
<td>Ampicillin; Cotrimoxazole; Tetracycline; Ciprofloxacin</td>
</tr>
<tr>
<td><strong>Giardia</strong></td>
<td>Profuse, watery, greasy foul-smelling diarrhea (alternating with constipation in chronic cases); Weight loss; Fever; Loss of appetite; Bloating; Abdominal cramping; Flatulence; Sulfur-tasting burps; Occasional nausea and vomiting</td>
<td>Metronidazole, Tinidazole; Albendazole; Nitazoxamide</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>Fatigue; Loss of appetite; Nausea and vomiting; Abdominal pain; Icterus; Muscle pain; Itching</td>
<td>Use of Immunoglobulin (IG) Hepatitis A vaccine</td>
</tr>
<tr>
<td><strong>Hookworm infection</strong></td>
<td>Dry cough; Fever, pruritic dermatitis; Hemoptyis; Loss of appetite; Nausea, vomiting; Diarrhea; Abdominal discomfort; Flatulence; Pallor; Fatigue; Eggs and blood in the stool</td>
<td>Albendazole; Mebendazole; Ivermectin; Piperazine citrate; Pyrantel pamoate; Levamisole</td>
</tr>
<tr>
<td><strong>Legionellosis</strong></td>
<td>Fever; Chills; Productive or nonproductive cough; Abdominal pain; Diarrhea; Confusion</td>
<td>Erythromycin; Levofloxacin; Trovafloxacin; Azithromycin; Clarithromycin; Ofloxacin; Sparfloxacin; Doxycycline</td>
</tr>
<tr>
<td><strong>Leptospirosis</strong></td>
<td>No symptoms in some cases; High fever; Severe headache; Chills; Muscle aches; Vomiting; Flu-like symptoms; Jaundice; Conjunctivitis; Red eyes; Diarrhea; Rash</td>
<td>Penicillin G; Doxycycline; Erythromycin; Amoxicillin</td>
</tr>
<tr>
<td><strong>Disease</strong></td>
<td><strong>Signs and Symptoms</strong></td>
<td><strong>Therapies/Antibiotics</strong></td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td>Chills, fever and sweating that recur every, 1, 2, or 3 days; Nausea; Headache; Jaundice; Fatigue; Myalgia; Vomiting; DIarrhea; Anemia; Renal failure; Seizures; Mental confusion; Coma or death</td>
<td>Chloroquine; Quinine; Quinidine; Pyrimethamine; Sulfadoxine; Primquine; Halofantrine; Artemether; Artesunate; Proguanil; Tetracycline</td>
</tr>
<tr>
<td><strong>Trachoma</strong></td>
<td>Conjunctivitis; Discharge from the eye; Swollen eyelids; Turned-in eyelashes; Swelling of lymph nodes just in front of the ears; Cloudy cornea</td>
<td>Azithromycin; Doxycycline</td>
</tr>
<tr>
<td><strong>Trichuriasis</strong></td>
<td>Mild infestations are frequently asymptomatic. Severe infestations may cause bloody diarrhea. Long-standing blood loss may lead to iron-deficiency anemia. Rectal prolapse is seen in severe cases.</td>
<td>Mebendazole; Albendazole</td>
</tr>
<tr>
<td><strong>Typhoid</strong></td>
<td>Sustained fever as high as 103° to 104°F; Headache; Abdominal pain; Loss of appetite; Rash of flat, rose-colored spots</td>
<td>Amoxicillin; Trimethoprim and sulfamethoxazole; Ciprofloxacin; Cefotaxime; Azithromycin; Ceftriaxone; Cefoperazone; Ofloxacin; Dexamethasone</td>
</tr>
<tr>
<td><strong>West Nile Virus</strong></td>
<td>Fever; Skin rash; Enlarged lymph nodes; Neck stiffness; Disorientation; Convulsions; Paralysis</td>
<td>Supportive fluids; Respirator support</td>
</tr>
<tr>
<td><strong>Influenza</strong></td>
<td>Fever, Fatigue; Dry cough; Sore throat; Runny nose; Nausea, vomiting; Diarrhea; Pneumonia</td>
<td>Antivirals; Influenza vaccine</td>
</tr>
<tr>
<td><strong>Diphtheria</strong></td>
<td>Sore throat; Fever; Hoarse voice; Barking cough; Stridor; “Bull-neck” appearance; Rash or ulcers</td>
<td>Active immunization; Antitoxin; Antibiotics; Fluids; Oxygen; Booster shots</td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
<td>Lockjaw (trismus); Opisthotonos; Seizures; Irritability; Fever</td>
<td>Active immunization; Booster shots; Tetanus immunoglobulin; Wound debridement; Sedation; Muscle relaxants; Respiratory support</td>
</tr>
</tbody>
</table>

*Diseases of priority*
**DIARRHEA**

Contamination of drinking water and food in situations of water logging can lead to an outbreak of diarrhea. The most common causes of acute diarrhea are infectious agents (viruses, bacteria, and parasites).

**Symptoms of acute infectious diarrhea**
- Nausea
- Vomiting
- Frequent watery, malabsortive, or bloody stools, depending on the specific pathogen

**When to Consider Intravenous Rehydration Therapy?**
- Severe dehydration with cardiovascular involvement (ie, hypotension or shock)
- Failure of oral rehydration because of persistent vomiting
- High stool output
- Monosaccharide malabsorption, evidenced by the presence of glucose or reducing substances in the stool and a significant increase in the stool volume following administration of the ORS

**Medications**
Empiric treatment is indicated in those patients who have suspected invasive bacterial infection.

**For the prevention of diarrhea:**
- In appropriate instances (eg, in order to quell outbreaks), prophylactic agents, such as trimethoprim-sulfamethoxazole and bismuth subsalicylate, can be used
- Physicians should use their judgment when using opioid derivatives, such as loperamide, which can be useful in ameliorating symptoms
- Do not use opioid derivatives in febrile dysentery patients (eg, those infected by *Shigella*), as these agents may prolong the disease

**Diet in a patient with diarrhea**
- Total food abstinence is unnecessary
- Encourage the patient to frequently drink tea, fruit drinks, “flat” carbonated beverages, and soft, easily digested foods such as bananas, rice, crackers, and soups
- Avoid dairy products because transient lactase deficiency can be caused by enteric viral and bacterial infections
- Avoid caffeinated beverages and alcohol, which can enhance intestinal motility and secretions

**CHOLERA**

**Causative organism: Vibrio cholerae**
- Most cases of infection are mild
- Death can occur if the patient is not rehydrated in time

**Symptoms**
- Acute watery diarrhea
- Profuse “rice water” stools
- No fever, no abdominal cramps
- Vomiting and leg cramps common
CHOLERA (continued)

Disease duration and infectivity
- Symptoms of cholera can last up to 2-3 days
- Patients are infectious from the onset until a few days after recovery
- Cholera is confirmed when *Vibrio cholerae* is isolated from the stool of any patient with diarrhea

Steps in the management of cholera
- Assess for dehydration on the basis of symptoms mentioned earlier in the section on diarrhea
- Rehydrate the patient; 80%-90% of the patients can be rehydrated with oral rehydration alone
- Severe dehydration may require IV therapy with Ringer’s lactate
- Use antibiotics only in severe cases of dehydration
- Feed the patient and educate the family

HEPATITIS A

Causative organism: Hepatitis A virus (HAV)
- A fairly mild disease that does not progress to a chronic stage
- Patients may have no symptoms at all
- When symptoms are present, the onset may be sudden

Symptoms
Patients infected with HAV characteristically have abrupt onset of symptoms, which can include the following:
- Fever
- Malaise
- Anorexia
- Nausea

The clinical features of hepatitis A are summarized below:

Hepatitis A: Clinical Features

<table>
<thead>
<tr>
<th>Jaundice by age group:</th>
<th>&lt;6 yrs</th>
<th>&lt;10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>6-14 yrs</td>
<td>40%-50%</td>
<td></td>
</tr>
<tr>
<td>&gt;14 yrs</td>
<td>70%-80%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rare complications:</th>
<th>Fulminant hepatitis</th>
<th>Cholestatic hepatitis</th>
<th>Relapsing hepatitis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Incubation period:</th>
<th>Average 30 days</th>
<th>Range 15-50 days</th>
</tr>
</thead>
</table>

| Chronic sequelae:     | None                |

Complications include:
- Fulminant hepatitis, in which the case fatality rate can be greater than 50% despite medical interventions

Transmission of HAV
- Transmission generally occurs when susceptible persons ingest an item that has been contaminated with the feces of an infected person
- Close personal contact is the most common mode of HAV transmission, as demonstrated by infections among household and sexual contacts of persons with hepatitis A, as well as among children in daycare center outbreaks
- Contaminated food and water can also serve as vehicles of HAV transmission
- HAV transmission can occur when an infected food handler directly handles uncooked or cooked foods

DIARRHEA DUE TO NORWALK VIRUS INFECTION

Causative organism: Norwalk virus
The virus was first identified in 1972 after an outbreak of gastrointestinal illness in Norwalk, Ohio. Later, other viruses with similar features were described and called Norwalk-like viruses. These have since been grouped in genus Norovirus belonging to the calicivirus family. Also known as “Stomach flu” or “viral gastroenteritis.”

Symptoms
- Nausea and vomiting
- Low-grade fever
- Diarrhea (watery, nonbloody)
- Stomach cramps
- Severe illness or hospitalization is uncommon

Symptom appearance and recovery
- Symptoms usually appear in 1 to 2 days after infection
- Infected persons usually recover in 2 to 3 days
- No serious or long-term health effects are observed

Diagnosis and treatment
- Laboratory diagnosis is difficult
- Diagnosis is often based on the combination of symptoms and the short time of illness
- There is no specific treatment for this infection
- The general guidelines for the management of acute diarrhea will apply to this infection as well
- Ensure that the patient does not get dehydrated
HEPATITIS A (continued)

Prevention of Hepatitis A
- Hygiene (eg, hand washing)
- Sanitation (eg, clean water sources)
- Hepatitis A vaccine (preexposure)
- Immunoglobulin (pre- and postexposure)

Treatment
- No specific treatment exists for hepatitis A
- Abstinence from alcohol and drugs during recovery is necessary
- Most cases resolve spontaneously
- Postexposure prophylaxis with immunoglobulin (IG) is effective if administered within 14 days of exposure. The primary routine indication for postexposure prophylaxis is for household or other intimate contacts of persons with hepatitis A.

In addition, post-exposure prophylaxis might be indicated when hepatitis A cases occur in some institutional settings (eg, child daycare centers) and after some common source exposures (eg, persons who ate food prepared by an infected food handler). Local and/or state health departments should be consulted regarding the use of IG for post-exposure prophylaxis in these settings.

WEST NILE VIRUS INFECTION

Causative organism: West Nile virus
West Nile virus (WNV) is a potentially serious illness. About 80% of those infected with WNV do not have any symptoms at all. The WNV causes milder symptoms in some people (West Nile Fever). "Neuroinvasive disease" is the most severe type of disease as it affects the nervous system. The specific types of neuroinvasive disease are: West Nile Encephalitis, West Nile Meningitis, or West Nile Meningoencephalitis.

Transmission of WNV
- The most common mode of spread is by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds
- In a few cases, the virus has also been transmitted through blood transfusions, organ transplants, breastfeeding, and even during pregnancy from mother to baby
- The virus does not spread through casual contact such as touching a person with the virus

Symptoms
- Fever
- Fatigue
- Dry cough
- Sore throat
- Runny or stuffy nose
- Nausea
- Vomiting
- Diarrhea

Transmission
- From person to person, in respiratory droplets of coughs and sneezes
- The virus can also spread when a person touches respiratory droplets on another person or an object and then touches their own mouth or nose before washing their hands

Complications include:
- Bacterial pneumonia
- Bronchitis
- Sinusitis and ear infections
- Dehydration
- Worsening of chronic diseases, such as asthma, diabetes, or congestive heart failure

INFLUENZA

Causative organism: Influenza virus
The Influenza virus infects the respiratory tract in humans. Influenza, or “flu”, is a contagious illness. There is abrupt onset of constitutional and respiratory signs and symptoms. Most people recover in 1 to 2 weeks, but some may develop life-threatening complications.

Symptoms
- Fever
- Fatigue
- Dry cough
- Sore throat
- Runny or stuffy nose
- Nausea
- Vomiting
- Diarrhea

Management
- There is no specific treatment for WNV infection
- Severe WNV illness (such as unusually severe headaches or confusion) usually requires hospitalization
- Supportive treatment includes intravenous fluids, help with breathing, and nursing care
- Use insect repellants and wear protective clothing when outdoors
- Drain standing water to prevent breeding of mosquitoes

Complications include:
- Bacterial pneumonia
- Bronchitis
- Sinusitis and ear infections
- Dehydration
- Worsening of chronic diseases, such as asthma, diabetes, or congestive heart failure
INFLUENZA (continued)

Treatment
- Medications to relieve the symptoms of flu
- Antiviral drugs (amantadine, rimantadine, oseltamivir, zanamivir)
- Ensure that the patient does not get dehydrated
- Influenza vaccine is the single best way to prevent flu

DIPHTHERIA

Causative organisms: Corynebacterium diphtheriae
Diphtheria is an acute bacterial disease that affects the mucous membranes of the respiratory tract (respiratory diphtheria), skin (cutaneous diphtheria), and occasionally other sites (eyes, nose, or vagina). Most life-threatening cases occurred in inadequately immunized persons.

Symptoms
- Sore throat
- Moderate fever (rarely >103°F) and chills
- Hoarseness of voice, barking cough
- Cervical lymphadenopathy
- Swollen neck (“bull-neck” appearance)
- Stridor, difficulty breathing
- Cyanosis
- Skin lesions: Scaling rash or chronic nonhealing ulcers with a gray membrane

Complications
- Myocarditis
- Neuropathies
- A characteristic grayish-black, fibrous membrane in localized infection in the throat

Treatment
- Hospitalization, immediate treatment with diphtheria antitoxin, appropriate antibiotics, and supportive care
- A dose of a diphtheria toxoid-containing vaccine should be given during the convalescent period
- Active immunization and booster shots for all contacts of the infected person
- Intravenous fluids, oxygen, cardiac monitoring
- In case of airway obstruction, endotracheal intubation and/or removal of obstructing membrane

TETANUS

Causative organism: Clostridium tetani
Tetanus is caused by a neurotoxin produced by anaerobic tetanus bacilli that grow in contaminated wounds. Wounds contaminated with dirt/feces/saliva, deep wounds, burns, crush injuries or those with necrotic tissue in particular are “tetanus-prone.” However, tetanus can also occur with apparently clean superficial wounds, insect bites, chronic wounds and infections, and intravenous drug use. Tetanus infection causes 3 clinical syndromes:
- Generalized
- Localized
- Cephalic

Symptoms
- Trismus (spasm of the jaw muscles or “lockjaw”)
- Painful spasms of neck, chest, back, and abdominal muscles, causing opisthotonos (arching of body)
- Tetanic seizures
- Irritability
- Fever
- Dysphagia
- Uncontrolled urination and/or defecation

Treatment
- Tetanus is a medical emergency requiring hospitalization
- Immediate treatment with antitoxin: tetanus immunoglobulin (human TIG, or equine antitoxin)
- Muscle relaxants, antibiotics, sedatives
- Aggressive wound care: Thorough cleaning of all injuries and wounds and removal of dead or severely injured tissue (debridement)
- Bedrest in a nonstimulating environment (dim light, reduced noise, and stable temperature)
- Oxygen, endotracheal tube, and mechanical ventilation as respiratory support
- Active tetanus immunization provides protection for 10 years
- Booster immunization if more than 10 years have passed since the last booster
HEPATITIS B AND HEPATITIS C INFECTION

Causative organisms: Hepatitis B and Hepatitis C viruses
Hepatitis B and C are similar kinds of liver infection that are caused by viruses.

Transmission

- By contact with infected blood or other body fluids of people who have hepatitis B or C infection
- Blood transfusions
- Intravenous drug users
- Unprotected sex
- Health care workers, such as nurses, lab technicians, and doctors, are at particular risk if they are accidentally stuck with a needle that was used on an infected patient

Symptoms

- Headache
- Fatigue
- Nausea and vomiting
- Abdominal pain
- Jaundice
- Clay-colored stools
- Dark urine

Complications

- Cirrhosis of the liver
- Liver carcinoma
- Liver failure

Treatment

Hepatitis C infection: Interferon alone or in combination with ribavirin

Hepatitis B infection: Adefovir dipivoxil, interferon alfa-2b, pegylated interferon alfa-2a, lamivudine, and entecavir

Follow Universal Procedures: Use of protective barriers (gloves, gowns, aprons, masks, or protective eyewear), adequate precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices

Hepatitis B vaccine can prevent hepatitis B infection. There is no vaccine to prevent hepatitis C.

SKIN AND SOFT TISSUE INFECTIONS

A wide variety of organisms can cause skin infections. Wounds in contact with soil and sand can become infected. Wounds can also be infected after exposure to standing water and ocean water. Infected wounds may be prone to tetanus. Irritant dermatitis is the most common type of contact dermatitis; it results from contact with acids, alkaline materials (eg, soaps and detergents), solvents, or other chemicals.

The various skin and soft tissue infections and their management are summarized below.

Causative organisms
Staphylococci, Streptococci, Aeromonas spp, Pseudomonas spp, Vibrio vulnificus

- Water-borne organisms, such as Aeromonas spp, Pseudomonas spp are often implicated in wound infections
- Vibrio vulnificus is a probable infective organism in coastal waters or from contact with shellfish or marine wildlife

Complications

- Necrotizing soft tissue infections
- Sepsis
- Toxic shock syndrome: Severe, life-threatening infection
- Fall in blood pressure is the hallmark of toxic shock syndrome
<table>
<thead>
<tr>
<th><strong>Bacterial skin infections</strong></th>
<th><strong>Treatment</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Impetigo</td>
<td>Systemic antibiotics</td>
</tr>
<tr>
<td>Small vesicles or purulent-appearing bullae</td>
<td>Topical mupirocin</td>
</tr>
<tr>
<td>Folliculitis</td>
<td>Topical antibiotics (mupirocin, bacitracin)</td>
</tr>
<tr>
<td>Yellow pustules</td>
<td>Parenteral antibiotics</td>
</tr>
<tr>
<td>Furuncles/Boils</td>
<td>Oral cephalaxin</td>
</tr>
<tr>
<td>More aggressive form</td>
<td></td>
</tr>
<tr>
<td>Painful swelling</td>
<td></td>
</tr>
<tr>
<td>Cellulitis</td>
<td></td>
</tr>
<tr>
<td>Pain, fever</td>
<td></td>
</tr>
<tr>
<td>Affected area is red and warm to touch</td>
<td></td>
</tr>
<tr>
<td>Lymphangitic streaking and lymphadenopathy</td>
<td></td>
</tr>
<tr>
<td><strong>NOTE:</strong> If cellulitis does not improve, <em>Aeromonas</em> should be considered, which requires specific antibiotic treatment, such as certain 3rd-generation cephalosporins or sulfamethoxazole-trimethoprim</td>
<td></td>
</tr>
<tr>
<td>Scaling, patchy alopecia with broken hair (black dot)</td>
<td>Griseofulvin</td>
</tr>
<tr>
<td>Inflammatory boggy purulent nodules (kerion)</td>
<td></td>
</tr>
<tr>
<td>Tinea/Ringworm, <em>Tinea capitis</em>, Fungal infection of scalp</td>
<td>Topical imidazoles, Griseofulvin, Itraconazole</td>
</tr>
<tr>
<td>Tinea corporis</td>
<td>Drying powder</td>
</tr>
<tr>
<td>Reddish scaling, ring-shaped lesions with advancing border and central clearing</td>
<td>Washing area with soap and water</td>
</tr>
<tr>
<td>Tinea cruris; “Jock itch”</td>
<td>Griseofulvin/Itraconazole</td>
</tr>
<tr>
<td>Pruritic, discolored rash on groin and perianal areas</td>
<td>Imidazole creams and solutions</td>
</tr>
<tr>
<td>Tinea pedis</td>
<td></td>
</tr>
<tr>
<td>Interdigital infection</td>
<td></td>
</tr>
<tr>
<td>Itchy, vesiculobullous lesions</td>
<td></td>
</tr>
<tr>
<td>Plantar, moccasin-type infection</td>
<td></td>
</tr>
<tr>
<td>Dermatitis</td>
<td>Thorough washing with lots of water to remove any trace of the irritant</td>
</tr>
<tr>
<td>Itching or pruritus</td>
<td>Topical corticosteroid medications to reduce inflammation</td>
</tr>
<tr>
<td>Dry, red, or inflamed skin</td>
<td>Systemic corticosteroids in severe cases; dose is gradually tapered</td>
</tr>
<tr>
<td>Tenderness</td>
<td>Wet dressings and soothing, antipruritic (anti-itch) or drying lotions to reduce other symptoms</td>
</tr>
<tr>
<td>Skin lesions (papules, vesicles, and bullae)</td>
<td></td>
</tr>
<tr>
<td>Lesions may be oozing, draining, or crusting, or may become scaly, raw, or thickened</td>
<td></td>
</tr>
</tbody>
</table>