

**RUBELLA RASH**

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**Abstract:** Rubella is a viral infection that can cause adenopathy, rash, and sometimes systemic symptoms that are usually mild and short-lived. Exposure to rubella during early pregnancy can cause miscarriage, stillbirth, or birth defects.

**Keywords:** rubella, infection, rash

The diagnosis is usually confirmed by clinical examination. These cases are reported to health authorities. Treatment is usually not required. Vaccination is effective for preventive purposes. Rubella is caused by an RNA virus, the rubella virus. The virus spreads through close contact with airborne droplets. The patient can be infected with the rubella virus during the asymptomatic period of infection or 7 days before the onset of the rash and 15 days after its onset; the highest risk period is a few days before the onset of the rash and up to 7 days after its onset. Newborn babies can be infected with rubella for many months after birth.

Rubella is less contagious than measles. The disease gives lifelong immunity. However, among the unvaccinated population, 10-15% of young people who did not have rubella as a child are susceptible to the virus. Currently, the rate of morbidity in the United States due to routine childhood vaccinations is historically low; Since 2004, all cases refer to new immigrants.

Erythema - clinical appearance

Many cases are relieved. After an incubation period of 14-21 days and a prodromal period of 1-5 days, it is usually characterized by low-grade fever, malaise, conjunctivitis, and swollen lymph nodes in adults, but these symptoms may be minimal or absent in children. There will be painful swelling under the neck, behind the ears and in the lymph nodes. At first there will be redness of the throat.

The rash resembles measles, but is less widespread and less elongated; Such a rash is often the first symptom in children. The rash starts on the face and neck and quickly spreads to the body and limbs. Initially, a pale spotted erythema may appear on the face. On the 2nd day, the rash often turns red. Petechiae are formed on the soft palate (Forxheimer's spots), later they are added to the area of hyperemia. The rash lasts 3-5 days.

Symptoms of general intoxication in children are absent or moderate and may include restlessness. Adults usually have no toxic symptoms at all, but fever, malaise, headache, joint

stiffness, transient arthritis, and mild rhinitis are sometimes present. 2 days after the appearance of the rash, the temperature decreases.

If no additional diseases are observed in rubella, it is possible to recover on its own without treatment.

Encephalitis has occurred rarely. Full recovery is common, but encephalitis is sometimes fatal.

Thrombocytopenic purpura and otitis media are rare.

Diagnosis of rubella

Clinical assessment

Serological examination

Rubella may be suspected in patients with characteristic adenopathy and rash. Laboratory diagnostics is very important for pregnant women, patients with encephalitis and newborns.

In addition, for public health purposes, laboratory testing is recommended in all cases of rubella. Between the acute phase and the convalescent period (4-8 weeks), a four-fold increase in antibody titers confirms the diagnosis, as well as a positive result for rubella IgM antibodies. To confirm the diagnosis, the detection of viral RNA can be performed using reverse transcription polymerase chain reaction in a sample taken from the throat, nose, or urine; Genotype analysis is useful in epidemiological studies.

Other diseases can be distinguished from rubella as follows:

Measles: Milder and shorter rashes than measles characterize rubella; there will be moderate and brief signs of intoxication. There are no freckles, no fear of light and no cough.

Scarlet fever: unlike rubella, scarlet fever causes more severe symptoms of intoxication and pharyngitis during the day after the onset of the disease.

Secondary syphilis: In secondary syphilis, the adenopathy is painless and the rash is usually expressed on the palms and soles of the feet. In addition, the causative agent of syphilis is usually easily identified in laboratory diagnostics.

Infectious mononucleosis: Infectious mononucleosis can be distinguished by more severe pharyngitis, prolonged malaise, and atypical lymphocytosis, as well as testing for antibodies to the Epstein-Barr virus.

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