CASE DEFINITION

Riot-Control Agents

Clinical description

Cutaneous exposures of riot-control agents might produce dermal burns and rash (1-6). However, the majority of exposures to riot-control agents occur by inhalation. If a rapid onset of the following signs and symptoms occurs, the clinical description for an exposure to a riot-control agent has been met: 1) lacrimation and 2) one respiratory effect (i.e., nose or throat irritation, cough, or suffocation or choking sensation).

Laboratory criteria for diagnosis

- **Biologic**: No biologic marker for exposure to riot-control agents is available.
- **Environmental**: No method is available for detecting riot-control agents in environmental samples.

Case classification

- **Suspected**: A case in which a potentially exposed person is being evaluated by health-care workers or public health officials for poisoning by a particular chemical agent, but no specific credible threat exists.
- **Probable**: A clinically compatible case in which a high index of suspicion (credible threat or patient history regarding location and time) exists for riot-control agent exposure, or an epidemiologic link exists between this case and a laboratory-confirmed case.
- **Confirmed**: A clinically compatible case in which laboratory tests (not available for riot-control agents) have confirmed exposure.

The case can be confirmed if laboratory testing was not performed because either a predominant amount of clinical and nonspecific laboratory evidence of a particular chemical was present or a 100% certainty of the etiology of the agent is known.

Additional resources

Riot-Control Agents
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