



# ST ALOYSIUS

## CATHOLIC COLLEGE

12<sup>th</sup> March 2020

Dear Parents/Guardians,

### **Human Parvovirus B 19 (Slapped Cheek Syndrome)**

There has been a case of Human Parvovirus B19 (Slapped Cheek Syndrome) diagnosed within our College at both campuses.

#### **Description**

Human parvovirus is a common viral infection that usually causes a mild illness in children. Symptoms are fever, red cheeks, and an itchy lace-like rash on the body and limbs. This rash appears initially on the face and spreads to the arms and legs. This disease is often known as 'Slapped Cheek Syndrome' because it describes the appearance of the facial rash. The person may also have a cough, sore throat or runny nose. Human parvovirus is transmitted by droplets or by secretions from the nose and throat. Complications are rare.

Usually there are no serious complications for pregnant women. However, pregnant women and people with blood disorders or a depressed immune system should consult their doctor, if they have any concerns.

#### **Incubation Period**

The incubation period is variable, but is usually 4 - 20 days.

#### **Infectious Period**

People are infectious until the rash appears.

#### **Exclusion Period**

Exclusion is not necessary. However, please keep your child at home until they are feeling well. Encourage cough and sneeze etiquette and hand hygiene at home.

#### **Treatment**

There is no specific treatment for human parvovirus (slapped cheek syndrome).

Yours sincerely,

Joseph Sandric  
Acting Principal

# Human parvovirus B19 (erythema infectiosum, slapped cheek syndrome, fifth disease)

## Description

Human parvovirus B19 is a common viral infection that usually causes a mild illness in children. About 20% of infected children will have no symptoms; in others, symptoms include mild fever and muscle aches, followed 2–5 days later by a red rash on the face (hence the name ‘slapped cheek syndrome’) and a lacy red rash on the trunk and limbs. The rash can sometimes be itchy. It will usually disappear after 7–10 days, but can come and go for several weeks, often reappearing in response to heat. Infection provides lifelong immunity.

Human parvovirus can be transmitted to unborn babies if the mother is infected. In less than 5% of these cases, the virus may cause severe anaemia (low red blood cell count) in the baby, resulting in miscarriage. The risk of miscarriage is highest if the mother is infected during the first half of pregnancy. Infants that survive if the mother is infected do not have birth defects.

Animals such as cats and dogs can have other types of parvovirus infections, but they cannot catch human parvovirus from people, and they cannot pass their parvovirus infections to people.

## How does it spread?

Human parvovirus spreads by airborne droplets, secretions from the nose and throat, or exposure during pregnancy.

## Incubation period

The incubation period is variable, but is usually 4–20 days.

## Infectious period

People are infectious until the rash appears.

## Exclusion period

Exclusion is not necessary.

## Responsibilities of educators and other staff

- Advise the parent to keep the child at home until they are feeling well.
- Make sure staff and children practise cough and sneeze etiquette and hand hygiene.
- Ensure that appropriate cleaning practices are being followed in the education and care service.

## Responsibilities of parents

- Keep the child at home until they are feeling well.
- Encourage cough and sneeze etiquette and hand hygiene at home.

## Controlling the spread of infection

- Teach children about cough and sneeze etiquette.
  - Cough or sneeze into your inner elbow rather than your hand.
  - If you used a tissue to cover your nose or mouth when sneezing or coughing, put the tissue in the bin straight away.
  - Clean your hands.
- Ensure that staff practise cough and sneeze etiquette and hand hygiene.
- Ensure that appropriate cleaning practices are being followed.
- Pregnant women who are at risk of exposure can have a blood test to show if they are immune to the virus. More than 50% of women will already have had the infection and developed immunity—these women and their unborn babies are protected from infection and illness. Pregnant women who are not immune should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene. It is not necessary for these women to be excluded if there is a known case of human parvovirus in the education and care service.

## Treatment

There is no treatment for human parvovirus.