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EXPOSURE TO FIFTH DISEASE IN PREGNANCY

Fifth Disease (erythema infectiosum, parvovirus B19) is a common viral infection seen in children. Children often present with high fever and a red rash on their cheeks (“slapped-cheek” appearance). Most adults have been exposed to this disease as children and are now immune and cannot be re-infected.

If you are exposed to a child diagnosed with Fifth disease, blood tests can be done to check your immunity. If you are immune, no further testing is needed and neither you nor your baby is at risk from the exposure. If you are not immune, further blood tests will be done 3 to 4 weeks later to see if you have been infected. If testing remains negative, you have not been infected but are still at risk if you are exposed in the future.

If you do become infected, symptoms may include rash, fever, aching in the joints, and fatigue. The risk to your baby is small. If you are infected prior to 16 weeks, your risk of miscarriage increases 5-10%. There is also a risk your baby will develop hydrops fetalis (where the baby retains too much fluid) due to being very anemic. This risk is greatest before 20 weeks of pregnancy, but the risk of this occurring is less than 3%.

If you are infected, we recommend weekly ultrasounds to ensure that hydrops has not developed. This is done for 10 weeks; if the ultrasound is normal at week 10 the risk to the baby is extremely small. There has not been shown to be any long-term risk to the baby if you develop this infection.

Your risk of acquiring an infection is greatest from your own children. It is NOT recommended that women who work with children (teachers, daycare providers) stop working, but do inform us if you have been exposed.