Infection Prevention and Control (IPC)

Standard Operating Procedure for
FIFTH DISEASE / PARVOVIRUS B19 /
ERYTHROVIRUS B19
(SLAPPED CHEEK SYNDROME)
in a healthcare setting

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<table>
<thead>
<tr>
<th>Title:</th>
<th>Standard Operating Procedure (SOP) for Parvovirus B19 (Slapped Cheek Syndrome) in a Healthcare Setting</th>
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<td>Owner:</td>
<td>Infection Prevention and Control</td>
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<td>Approved By:</td>
<td>Robert Wilson, Infection Control Manager</td>
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### Revision History:

<table>
<thead>
<tr>
<th>Version:</th>
<th>Date:</th>
<th>Summary of Changes:</th>
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<tbody>
<tr>
<td>v01.2</td>
<td>April 2018</td>
<td><strong>1.0 Period of communicability</strong>  7-10 days before the rash develops, until one day after the rash appears.  Patients who are suffering an aplastic crisis (a temporary cessation of red cell production) are highly infectious during this crisis for a week following the onset of symptoms.  <strong>Individuals most at risk</strong>  Pregnancy  <strong>2.2 Patient Placement</strong>  Patients who are suffering an aplastic crisis are highly infectious during this crisis for a week following the onset of symptoms.  <strong>3.0 Visitors</strong>  Those who are non-immune (never been infected) should be advised not to visit</td>
<td>Lorraine Pollock</td>
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<tr>
<td>v01.3</td>
<td>May 2018</td>
<td>Minor changes to PPE and Actichlor</td>
<td>Sharon Leitch</td>
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Policy Statement
It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.

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REFERENCES
1.0 GENERAL INFORMATION

Organism | Slapped Cheek Syndrome or Fifth Disease is caused by Human Parvovirus B19/Erythrovirus B19. It does not frequently present in healthcare. It is a viral infection associated with fever and a distinctive bright red rash on both cheeks. It can also be associated with a lace-like rash on trunk and extremities. The facial rash is less common in adults; however they may experience joint pain. Symptoms may last for around 1-3 weeks. The virus is transmitted mainly through respiratory secretions, although may be transmitted through blood components / blood products.

<table>
<thead>
<tr>
<th>Incubation period</th>
<th>Variable. 4-20 days to development of rash</th>
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<tr>
<td>Period of communicability</td>
<td>• 7-10 days before the rash develops, until one day after the rash appears • Patients who are suffering an aplastic crisis (a temporary cessation of red cell production) are highly infectious during this crisis for a week following the onset of symptoms.</td>
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<tr>
<td>Individuals most at risk</td>
<td>• Children under 10 • Pregnancy</td>
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<td>Informing the IPCT</td>
<td>Following implementation of all relevant infection prevention and control precautions you must inform the Infection Prevention and Control Team (IPCT) by phoning (01563) 825765 or by emailing the IPCT mailbox <a href="mailto:InfectionControl@aapct.scot.nhs.uk">InfectionControl@aapct.scot.nhs.uk</a></td>
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2.0 INFECTION CONTROL PRECAUTIONS FOR SLAPPED CHEEK SYNDROME

2.1 Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs), Section 1 of the Health Protection Scotland (HPS) National Infection Prevention and Control Manual, must be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not to ensure the safety of those being cared for, as well as staff and visitors in the care environment.

SICPs are the fundamental IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Potential sources of infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.
2.2 Transmission Based Precautions (TBPs)

TBPs are implemented in addition to SICPs to provide further protection when Slapped Cheek Syndrome is known or suspected. TBPs are categorised by the route of transmission of the infectious agents (some infectious agents can be transmitted by more than one route). Parvovirus is cross transmitted via respiratory secretions; therefore the following TBPs are required:

- **Droplet precautions**
  Used to prevent and control infections spread over short distances (at least 3 feet (1 metre)) via droplets (>5μm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

| Patient Placement | Patients with suspected/confirmed infection should be isolated in a single room with ensuite facilities and:
| - The door should remain closed. If this is not possible, a risk assessment **must** be included in the nursing notes e.g. patient at risk of falls
| - An isolation notice must be placed on the outside of the door
| - Patient should remain isolated until one day after rash appears
| - Patients who are suffering an aplastic crisis are highly infectious during this crisis for a week following the onset of symptoms

| Personal Protective Equipment | Routine care:
| - Plastic aprons and disposable gloves should be worn when in direct contact with the patient or the patient’s immediate environment
| - Surgical facemask and if there is risk of splashing or spraying from blood/body fluids, include eye protection (goggles or full face visor)

Aerosol Generating Procedures (AGPs)
| - FFP3 respirator and eye protection (goggles or full face visor)
| - Continue with FFP3 mask for 1 hour following AGP

| Hand Hygiene | Hands must be decontaminated as per your 5 moments for Hand Hygiene:
| 1. Before touching a patient
| 2. Before clean/aseptic procedure
| 3. After body fluid exposure risk
| 4. After touching a patient
| 5. After touching patient surroundings
### Patient Care Equipment

- Where available, use single use/single patient use equipment. All single use/single patient use equipment must be discarded as clinical waste.
- Equipment should be kept to a minimum.
- All shared or reusable equipment must be decontaminated between patients using a chlorine releasing agent e.g. Actichlor™ Plus 1 tablet in 1 litre of water (concentration = 1,000 parts per million (PPM)). Please refer to manufacturers’ instructions for compatibility of product.
- Communal facilities such as baths, bidets and showers should be cleaned and/or decontaminated between all patients.

### Environmental cleaning by Hotel Services

- Enhanced routine cleaning of the patient’s accommodation with a chlorine releasing agent e.g. Actichlor™ Plus 1 tablet in 1 litre of water (concentration = 1,000 PPM), should be undertaken by hotel service staff until instructed otherwise (see Actichlor™ Plus General Environment Poster). It is the responsibility of nursing staff to ensure that domestic assistants are aware of this requirement.
- Following the removal of the patient, the room should have a terminal clean carried out prior to the next patient being admitted.

### Clinical Waste

All waste must be discarded as clinical waste.

### Linen

- All linen should be discarded as infected i.e. placed in a water soluble bag then into a clear plastic bag and lastly into a red laundry bag.
- Labels should be attached to each red linen bag on sealing, clearly stating:
  - Hospital of origin
  - Ward or Department
  - Date

### Safe management of blood and body fluid spillages

Spillages must be decontaminated immediately with a chlorine releasing agent e.g. Actichlor™ Plus using the following dilutions:

- Blood spillages (or bodily fluid with associated blood); 10 Actichlor™ Plus tablets in 1 litre of water (concentration = 10,000 PPM).
- Body fluid spillages (with no associated blood); 1 Actichlor™ Plus tablet in 1 litre of water (concentration = 1,000 PPM).

Remove spillage with disposable paper roll prior to applying a chlorine releasing agent to reduce the risk of chemical reaction.

### Occupational exposure

- Occupational exposure to Slapped Cheek Syndrome can be prevented by adhering to precautions outlined above.
- Contact the Occupational Health Department if you have any concerns regarding exposure to Slapped Cheek Syndrome or require information regarding your current immunisation status, if applicable.
- Pregnant and immunocompromised staff should avoid contact with affected patients.
### Respiratory Hygiene and Cough Etiquette
- Patient should be encouraged to cover their nose and mouth with a tissue when coughing, sneezing or blowing their nose
- If required – when transferring patient, request patient to wear a surgical face mask, unless patient is wearing an oxygen mask

### 3.0 OTHER RELEVANT INFORMATION

| **Transferring Patients** | If possible, do not transfer patient until TBPs are no longer required
- Prior to transfer, staff must inform any receiving ward/department that the patient has a suspected/confirmed infection, as well as a history of specimens taken and Infection Prevention and Control precautions taken
- Prior to transfer, you must ensure the ward receiving the patient has suitable accommodation |
| **Specimens** | Send specimens as clinically indicated (also refer to the Laboratory Handbook). |
| **Care After Death** | A body bag is not required. |
| **Patient Clothing** | Laundry going home, must be placed into a clear bag and then into a patient clothing bag. The Washing Clothes at Home Information Leaflet must be issued. |
| **Visitors** | Those who are immunocompromised, pregnant women and small children should be advised not to visit
- Those who are non-immune (never been infected) should be advised not to visit |
| **Documentation** | Ensure that the patient is fully aware of their infectious status and that the provision of this information has been documented in the notes. |
| **Action to be taken** | Patient confidentiality must be maintained at all times. Information concerning any infection must only be given to others on a need to know basis. |
| **Additional information** | None. |