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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Scope: Organisation Wide

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Policy application / Target Audience: Throughout NHS Ayrshire and Arran

Policy Statement: It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.

Last reviewed: September 2017

Agreed by: Infection Prevention and Control Policy Review Group

Electronic approval of consultation process by: Professor Hazel Borland
Nurse Director

Date: September 2017

REFERENCES


## 1.0 GENERAL INFORMATION

| **Organism** | Slapped Cheek Syndrome or Fifth Disease is caused by Human ParvovirusB19/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. |

| **Incubation period** | Variable. 4-20 days to development of rash |
| **Period of communicability** | From a few days before the rash until the rash has faded (about 7-10 days)
| | Patients who are suffering an aplastic crisis can remain infectious for longer periods of time, as can patients who are immunosuppressed or have severe anaemia |
| **Individuals most at risk** | Children under 10 |
| **Notifiable disease** | Not a notifiable disease |
| **Informing the IPCT** | 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 InfectionControl@aapct.scot.nhs.uk |

## 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 no further evidence of rash
|                  | - Contact IPCT for patients with chronic anaemia, aplastic crisis or immunosuppression who may transmit the infection for longer periods

| Personal Protective Equipment | Plastic aprons and disposable gloves should be worn when in direct contact with the patient or the patient’s immediate environment
|                              | Face protection: Surgical facemask and, if risk of splashing or spraying of blood/body fluids, include goggles or full face visor
|                              | FFP3 respirator for Aerosol Generating Procedures (AGPs) prior to development of rash

| 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 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 |
| **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 tablets in 1 litre of water (concentration = 10,000 parts per million (PPM))  
- Body fluid spillages (with no associated blood); 1 Actichlor 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 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.