

Incubation period: 4 to 14 days; may be as long as 21 days Period of communicability: Uncertain but before onset of symptoms in children with aplastic crisis	spots appear, symmetrically distributed on upper and lower extremities; rash progresses from proximal to distal surfaces and may last $\geq 1$ week III: Rash subsides but reappears if skin is irritated or traumatized (sun, heat, cold, friction) In children with aplastic crisis, rash usually absent and prodromal illness includes fever, myalgia, lethargy, nausea, vomiting, and abdominal pain Child with sickle cell disease may have concurrent vaso-occlusive crisis	limited arthritis and arthralgia (arthritis may become chronic); more common in adult women May result in serious complications (anemia, hydrops) or fetal death if mother infected during pregnancy (primarily second trimester) Aplastic crisis in children with hemolytic disease or immunodeficiency Myocarditis (rare)	Precautions. Pregnant women need not be excluded from workplace where parvovirus infection is present; they should not care for patients with aplastic crises. Explain low risk of fetal death to those in contact with affected children; assist with routine fetal ultrasound for detection of fetal hydrops.
<b>Exanthem Subitum (Roseola Infantum) (Fig. 6-4)</b>			
Agent: Human herpesvirus type 6 (HHV-6; rarely HHV-7) Source: Possibly acquired from saliva of healthy adult person; entry via nasal, buccal, or conjunctival mucosa Transmission: Year round; no reported contact with infected individual in most cases (virtually limited to children <3 years old but peak age is 6 to 15 months old) Incubation period: Usually 5 to 15 days Period of communicability: Unknown	Persistent high fever $>39.5^{\circ}\text{C}$ ( $103^{\circ}\text{F}$ ) for 3-7 days in child who appears well Precipitous drop in fever to normal with appearance of rash Bulging fontanel Rash: Discrete rose-pink macules or maculopapules appearing first on trunk, then spreading to neck, face, and extremities; nonpruritic; fades on pressure; lasts 1 to 2 days Associated signs and symptoms: Cervical and postauricular lymphadenopathy, inflamed pharynx, cough, coryza	Nonspecific Antipyretics to control fever Complications: Recurrent febrile seizures (possibly from latent infection of central nervous system that is reactivated by fever) Encephalitis Hepatitis (rare)	Use Standard Precautions. Teach parents measures for lowering temperature (antipyretic drugs); ensure adequate parental understanding of specific antipyretic dosage to prevent accidental overdose. If child is prone to seizures, discuss appropriate precautions and possibility of recurrent febrile seizures.
<b>Mumps</b>			
Agent: Paramyxovirus Source: Saliva of infected persons	Prodromal stage: Fever, headache, malaise, and anorexia for 24 hours, followed by	Preventive: Childhood immunization Symptomatic and	Maintain isolation during period of communicability; institute Droplet