**PURPOSE:**

Parvovirus is spread via the respiratory tract through droplets and secretions, but can be spread via blood products and vertical transmission. It is a common contagion in children. Parvovirus B19 infections have been associated with, although infrequently, spontaneous abortions and stillbirths. Therefore fetal protection in the pregnant health care workers is essential.

The purpose of the present policy is to provide guidelines for the appropriate management of patients with Erythema Infectiosum (EI) /Human Parvovirus B19 and for the protection of CHLA patients and pregnant health care workers.

**PROCEDURE:**

1. Patients should be placed in Combined-Droplet Precautions.

1. Combined-Droplet Precautions must be enforced for the duration of the illness.
2. Patients with chronic underlying conditions should remain in Combined-Droplet isolation for the duration of the hospitalization.

4. Pregnant employees **should not** care for parvovirus patients with aplastic anemia crisis. They also should not take care of immunocompromised patients with chronic parvovirus infection.

5. Presence of IgG antibodies correlates with immunity or a lower risk of infection.

**REFERENCES:**

1. American Academy of Pediatrics. “The Red Book: Report of the Committee on Infectious Diseases”, 2015.
2. APIC Text of Infection Control and Epidemiology, 4th edition. Chapter 88: Parvovirus, 2014.

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*