Parvovirus B19

Asymptomatic or mild acute infection in pregnancy may rarely lead to fetal loss or hydrops.

**Indication for testing:**

- Routine or targeted screening of pregnant women for parvovirus B19 is not recommended. Test only for exposure to acute infections or for symptoms consistent with parvovirus B19 infection.

**Timing of Initial Ultrasound Pending Titers:**

- If the patient **knows** when she was exposed to the virus, an ultrasound should be performed two weeks from that date.

- If the patient **does not know** when she was exposed, an appointment for an ultrasound should be given within one week of the physician’s request.

- If the patient is **symptomatic**, an ultrasound should be performed within one week.

**Titers:**

- Should always be obtained as soon as possible to determine if monitoring is required for seroconversion. If results on initial testing are:

  - IgG+, IgM -  assessment is **immune**, no further testing required.

  - IgM-, IgG-  assessment is **at risk** for the disease OR a very early stage of the disease.
    - Ultrasound examinations are performed over three to four weeks with repeat serologic testing in four weeks
    - If IgM+ OR IgG+ on repeat titers, testing is required
    - If negative – no further testing required

  - IgM+ and IgG– or IgM+ and IgG+  assessment is **active disease**.
    - Testing over 8-12 weeks after maternal infection is required.
Fetal Testing:

The ultrasound examination is performed primarily to rule out hydrops and fetal anemia. If the patient has not been scanned before, a rule out anomalies examination should be performed. Serial examinations should be performed every 1-2 weeks for 8-12 weeks after exposure for evaluation for hydrops. Testing for fetal B19 (PCR positive amniotic fluid) is generally reserved for fetuses with hydrops or suspected anemia.

Ultrasound should include assessment for:
- ascites
- cardiomegaly
- fetal MCA peak systolic velocities
- hydrops
- impaired growth
- placentomegaly

Prevention:

Exclusion of pregnant women from workplace during endemic periods NOT recommended.

Reference: