

Occupational Health advice for non-immune pregnant women who are contacts of one or more highly suspected or confirmed case of parvovirus B19 infection (B19)

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VERSION HISTORY

VERSION	DATE	SUMMARY OF CHANGES
1.0	24 th July 2024	First agreed document.

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If you have any queries relating to this guidance document, please contact rgdu@hpsc.ie.

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List of Abbreviations

B19 parvovirus B19

1.0 Introduction

This document sets out occupational health advice for pregnant women in the healthcare and non-healthcare setting who have been exposed to parvovirus B19 (B19).

1.1 Key Changes to this Guidance

This is the first version of this guidance.

2.0 Purpose

The purpose of this guidance is to provide occupational health advice for those advising pregnant women who have been exposed to B19.

3.0 Background

An increase in detections of parvovirus B19 has been seen in Ireland and internationally in 2024. An ad hoc Expert Advisory Group was established to review the epidemiology, to provide occupational health advice, and advice on testing pregnant women with exposure to one or more highly suspected or confirmed cases of B19. This document sets out the occupational health advice.

4.0 Guidance

The advice is set out separately for pregnant healthcare workers, and for those working in childcare and primary schools, including those working in congregate settings where children are living.

4.1 Healthcare worker

If a pregnant healthcare worker (HCW) < 22/40 gestation has an exposure to a confirmed or highly suspected case of B19, antenatal booking bloods can be tested for parvovirus immunity. The HCW can request this directly via their obstetrician. The possible results and actions required are outlined below:

- immune- no action required
- non-immune (and exposed). Follow-up as directed by obstetrics.
- acute infection. Initial management as per treating physician advice and follow-up as directed by obstetrics. See [parvovirus-b19-in-pregnancy.pdf \(hse.ie\)](#)

Non-immune pregnant HCWs < 22/40 gestation should not be allocated to work with confirmed or highly suspected cases of B19. Appropriate infection, prevention and control advice, including PPE, hand hygiene and droplet precautions should be adhered to at all times by all HCWs including those non-immune pregnant HCWs < 22/40 gestation. In the event of an outbreak, non-immune pregnant HCWs < 22/40 gestation should not be allocated to work within the outbreak setting. Following a risk assessment conducted by management, these HCWs may need to be allocated to alternative duties away from the outbreak setting.

4.2 Childcare or primary school worker

If a pregnant childcare or primary school worker < 22/40 gestation has an exposure to a confirmed or highly suspected case of B19, antenatal booking bloods can be tested for parvovirus immunity. GP can liaise with their obstetrician to arrange. The possible results and actions required are outlined below:

- immune- no action required
- non-immune (and exposed). Follow-up as directed by obstetrician.

- acute infection. Initial management as per treating physician, advice and follow-up as directed by obstetrics.

If a case of B19 occurs in the workplace of a pregnant childcare or primary school worker who is not immune to B19, a risk assessment should be undertaken, which will consider the medical and obstetric history, gestational age, setting (childcare or primary school), and whether exposure is to a single case or if an outbreak is ongoing.

- If exposure is to a **single case** or highly suspected case, there is no need to stay off work after the index case has developed a rash, if there is no other medical indication to stay off work, as advised by their doctor/obstetrician. The index case is no longer infectious at the time of rash onset. This advice applies at any gestational age. Appropriate infection prevention and control advice ([respiratory](#) and [hand hygiene](#)) should be provided. For more specific advice, contact the local Department of Public Health.
- If exposure is to an **outbreak**, the non-immune pregnant worker should stay off work until the outbreak is declared over, or the pregnancy has reached 22 weeks gestation. If there is a medical reason to remain off work beyond these indications, this will be advised by her doctor/obstetrician. Appropriate infection prevention and control advice ([respiratory](#) and [hand hygiene](#)) should be provided. For more specific advice, contact the local Department of Public Health.

The advice for childcare and primary school workers also applies to pregnant women working in a congregate setting where children are living. Congregate settings refer to a range of facilities where people (most or all of whom are not related) live or stay overnight and use shared spaces (e.g., common sleeping areas, bathrooms, kitchens) such as: homeless shelters, refuges, group homes and State-provided accommodation for refugees and applicants seeking protection.

5.0 Bibliography

[Algorithm for the follow up of women exposed to possible Parvovirus B19](#)

[Clinical Guideline Programme for Obstetrics and Gynaecology Clinical Practice Statement, June 2024](#)