

SMFM Update on Human Parvovirus B19 in Pregnancy

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On August 13, 2024, the Centers for Disease Control and Prevention (CDC) issued a <u>Health</u> <u>Alert Network (HAN) Health Advisory</u> (CDC HAN) to notify healthcare providers, public health authorities, and the public about recent increases in human parvovirus B19 activity in the United States.¹

The Society for Maternal-Fetal Medicine (SMFM) continues to monitor the human parvovirus B19 activity closely and will provide updated guidance as necessary. The following are interim clinical considerations.

Introduction

Parvovirus B19 is a seasonal respiratory virus transmitted through respiratory droplets by people with symptomatic or asymptomatic infection.¹ Acute parvovirus B19 infection during pregnancy can be associated with adverse fetal outcomes, including severe fetal anemia, nonimmune hydrops, and fetal demise.¹ People who are immunocompromised or have certain blood disorders (eg, sickle cell disease) can face serious complications, including transient aplastic crises, encephalitis or other neurologic manifestations, and myocarditis.^{1,2}

Screening, Testing and Treatment

Although routine screening for parvovirus B19 immunity is not recommended during pregnancy, maternal-fetal medicine subspecialists and other obstetric care clinicians should consider serologic testing in the following situations^{1,2}:

- Pregnant people who present with symptoms compatible with parvovirus B19 infection (ie, fever, myalgia, malaise, reticular rash, and/or arthralgia following a viral illness);
- Pregnant people with suspected fetal anemia or nonimmune hydrops; or
- Asymptomatic pregnant people following confirmed exposure to parvovirus B19.

Immune patients (positive result for immunoglobulin G (IgG) antibody and negative result for immunoglobulin M (IgM) antibody) can be counseled regarding protective immunity and the unlikely risk of adverse fetal outcomes.³ Nonimmune patients (negative results for both IgG and IgM antibodies) can be monitored for symptom development or seroconversion.³ Treatment for acute infection in the pregnant individual is supportive, and management includes monitoring for

and treating severe fetal anemia.^{1,4} Currently, there is no available vaccine to prevent parvovirus B19 infection.¹

Prevention

Maternal-fetal medicine subspecialists and other obstetric care clinicians should provide counseling stressing the importance of core prevention strategies^{4,5} including:

- Wearing a mask;
- Handwashing;
- Cleaning frequently touched surfaces;
- Limiting physical contact with sick people;
- Avoiding sharing food and drink, and
- Covering coughs and sneezes.

References

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