



FIFTH DISEASE PROTOCOL			
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<i>Revision #:</i>	<i>0</i>	<i>Board Approval:</i>	<i>Director’s Council</i>

1.0 Purpose

The Hamilton-Wentworth Catholic District School Board (HWCDsB) will ensure that all reasonable efforts are made to protect the health and well-being of employees and those they serve by creating employee awareness of Fifth Disease and preventing and/or minimizing the spread of Fifth Disease in the workplace. Employees will be provided with the necessary education, resources, and support to protect themselves and those they serve against the contraction of Fifth Disease. It is the responsibility of all employees that they avail themselves any preventative measures as required for their specific positions by applicable legislation.

2.0 Scope

This procedure applies to all work sites, buildings and schools, owned or leased by the HWCDsB. It is applicable to all employees, students, volunteers, contractors and visitors.

3.0 Definitions

Fifth Disease -Fifth disease is a mild viral infection more common among elementary school children than adults. It is caused by the human parvovirus B19 that causes flu-like symptoms and a rash that looks like a “slapped-cheek”. It is called Fifth Disease because it was fifth on a list of common childhood illnesses. It is so common in children that approximately 50% of the adult population is immune because they had it has a child.

4.0 Background

Fifth Disease is spread from person to person through contact with respiratory secretions of an infected person and has an incubation period of 4-14 days.

The disease is most often not diagnosed until a rash appears on the child’s face. The child is considered to be contagious up to the time that the facial rash develops but by the time the rash appears the child is usually no longer contagious.

Consequently, other children will have been exposed prior to an outbreak being detected. The outbreak can only be considered finished once 20 days have passed with no further confirmed cases.

The disease is relatively harmless and in fact is not reportable to the Hamilton Public Health Unit; however it may present risks to the fetus of a pregnant woman during the first 20 weeks of gestation. Usually there is no serious complication for a pregnant employee or their baby since most women are already immune to the virus; however some women may not have immunity. As such, there is a very small risk that the unborn child may develop anemia before birth. This occurs in less than 5% of all pregnant women who are infected and do not have immunity.

There is no vaccine or medicine that prevents parovirus B19 infection. Excluding persons with Fifth Disease from work, school or other settings is not likely to prevent the spread of the virus since they are contagious before they develop symptoms.

In order to ensure consistent information to schools regarding Fifth Disease, a letter was sent to the Chair of the Disability Management Committee for the Ontario Association of School Board Officials from Ontario's Medical Officer of Health, Dr. Sheela Basrur stating:

“The Society of Obstetricians and Gynecologists of Canada state in their clinical guideline that the current research suggests that pregnant women do not reduce their risk of infection by leaving the workplace. In the view of high prevalence of parvovirus B19 infection, the low incidence of ill effects on the fetus and the fact that avoidance of classroom teaching can decrease but not eliminate the risk of exposure, routine exclusion of pregnant women from the workplace where the virus is occurring is not recommended.”

Employees who are absent from the workplace to prevent exposure to Fifth Disease are not eligible for coverage by the Workplace Safety and Insurance Board (WSIB). However, if an employee contracts the disease and is able to provide proof of exposure in the workplace, there may be entitlement to WSIB benefits.

In the case of a pregnant teacher, the following protocol has been developed to ensure that the Board is responding in a responsible fashion and to ensure that the teachers are treated in a fair and consistent manner.

5.0 Applicable Legislation/Standards/Sources

Occupational Health and Safety Act
Immunization of School Pupils Act
Education Act
Health Protection and Promotion Act
Centre for Disease Control and Prevention
Hamilton Public Health

6.0 Prevention

One of the best precautions to prevent the spread of Fifth Disease is proper hand washing and general cleanliness. The availability of waste receptacles will help prevent contamination. In risk areas, where bodily fluids are prominent, adherence to gloves, masks, or other personal protective equipment is required.

It is recommended that any female employee who is contemplating pregnancy should take the blood test to establish their immunity status prior to becoming pregnant.

7.0 Roles and Responsibilities

7.1 Principals and Supervisors:

- 7.1.1 Educate the staff, students, and parents about the symptoms of Fifth Disease and the measures that should be taken to reduce exposure;
- 7.1.2 Request that symptoms or concerns be reported to the principal, manager, or supervisor;
- 7.1.3 Request that parents obtain medical diagnosis to confirm whether or not the disease is present;
- 7.1.4 Respect the health privacy rights of students by not sharing the student's name; and
- 7.1.5 Inform staff of the outbreak through signage and consistent messaging.

7.2 Parents/Guardians:

- 7.2.1 Remove the student from school to rest and seek a medical assessment as required;
- 7.2.2 Inform the principal and teacher of a medical diagnosis identifying a suspected or confirmed case of Fifth Disease.
- 7.2.3 Comply with the medical professional’s advice for returning to school.

7.3 Employees:

- 7.3.1 Personally manage health information and recommended hygiene practices are followed on a daily basis;
- 7.3.2 Inform the principal, manager or supervisor of any health issues communicated to them by parents;
- 7.3.3 Respect the health privacy rights of students by not sharing information with colleagues;
- 7.3.4 Proactively consult with their physician regarding potential health risks and immunities and if there is a need for an accommodated work location.

8.0 Procedures for a confirmed case of Fifth Disease

- 8.1 The principal will notify all staff members of the outbreak through an e-mail or voicemail message indicating there is a confirmed case of Fifth Disease in the school.
- 8.2 The principal will give to staff and send home the “*Fifth Disease Information sheet*”, Appendix A.
- 8.3 The principal will add a web and voice announcement on Smart Find Express to alert any occasional or casual staff. *If this is not done and the occasional or casual staff accepts the job, only to arrive at the school and discover there is a confirmed case of Fifth Disease, the occasional or casual staff will leave the school and be paid for a half day which is charged to the school’s budget.*
- 8.4 The principal will post a sign on the entrance door indicating there is a confirmed case of Fifth Disease as well as at the sign-in book near the front door. A sample sign is located in Appendix E. This sign may be removed after 20 days of no new confirmed cases.

- 8.5 Pregnant staff should be encouraged to consult with their physician immediately about possible exposure as well as to determine their level on immunity. These staff will be given the “*Fifth Disease Advisory for Pregnant Employees*”, Appendix B, to review with their physician. Immunity to the disease and recent infection is determined by a blood test. The physician should request the blood work be ordered “Stat” so a verbal report will be available in 24 hours using the “*Fifth Disease Expedited Testing for Immunity*”, Appendix C; this test will be at no cost to the Board.
- 8.6 If the teacher leaves the school on the day of being informed of the confirmed case to attend a doctor’s appointment, they may access their sick time bank (provided they have enough sick days available).
- 8.7 If the physician recommends that the employee be removed from the worksite while awaiting test results, they will be re-assigned to another Board location by the Human Resources department.
- 8.8 An employee who has been tested and found susceptible to Fifth Disease and whose doctor has determined that they are at risk of health problems will be re-assigned to another location in the school or to another board location until the outbreak has been deemed over (20 days with no confirmed cases).
- 8.9 If an employee found susceptible to an infectious disease does not wish to remain in a school for fear of potential exposure or be re-assigned, an employee may apply for an unpaid leave of absence for the period requested.
- 8.10 During PD days, schools with confirmed cases of Fifth Disease should make themselves unavailable for use.
- 8.11 Employees with pregnant spouses will not be excluded or re-assigned.
- 8.12 Any employee who is found to have immunity from Fifth Disease is required to report to work immediately.

9.0 Appendices

- Appendix “A” Fifth Disease Fact Sheet
- Appendix “B” Fifth Disease Advisory for Pregnant Employees
- Appendix “C” Fifth Disease Expedited Testing for Immunity
- Appendix “D” Fifth Disease Procedures Flow Chart
- Appendix “E” Sample Signage for posting on doors

10.0 Related Procedures

- #001 Employee Accident/Incident Reporting Procedure
- #026 Communicable Disease Procedures

Revision History

Date	Revision #	Reason for Revision
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Facts about Fifth Disease (Erythema Infectiosum)

What is it?

Fifth Disease is an infection of the respiratory system. It is caused by a virus called parovirus B19. This virus is spread the same way as a cold virus does:

- On the hands of someone who has the infection
- On something that has been touched by someone who has the infection
- In the air, after an infected person has breathed or sneezed

The infection starts as a very red rash on the cheeks, making the face look like it has been slapped. 1 to 4 days later, a red, lace-like rash appears, first on the arms and then on the rest of the body. The rash may last from 1-3 weeks and may be accompanied by a fever.

The illness is often very mild. Sometimes the child may not even feel sick. Adults usually get a more severe case, with fever and painful joints. At least 50 % of adults have had Fifth Disease in childhood and will not get it again if exposed to a child with the infection.

The infection may be more serious for:

- Children with sickle cell anemia or certain other chronic forms of anemia. Fifth Disease can make the anemia more severe.
- Pregnant women, because there is a very small risk that their unborn children may develop anemia before birth.

Things staff can do:

- Report any symptoms to your principal.
- Frequent hand washing is a recommended practical method to reduce the spread of the virus.
- A blood test is available to determine the immune status and whether you are infected.
- Raise any personal concerns with your principal.

Things parents can do:

- Watch your child for signs of Fifth Disease if another child has it.
- Contact your physician if your child becomes ill with Fifth Disease and you are pregnant.
- Your child may continue attending the child care facility/school if feeling well enough to take part in the activities. (By the time the rash develops, the child is no longer infectious.)

Fifth Disease Advisory for Pregnant Employees

The following advisory should be shared with your physician if you are considering becoming pregnant, or are pregnant and want to know your immunity status.

The main concerns with Fifth Disease are for the patients with chronic hemolytic anemia, immunocompromised patients and non-immune pregnant women in the first 20 weeks of gestation. Fifth Disease can interfere with red cell production and cause aplastic crisis in those with rapid red cell turn over and hydrops fetalis in fetuses. The virus is communicable before the onset of the rash and is considered non-infectious once the rash appears (in otherwise healthy individuals). Otherwise healthy students with the rash can return to school. The main problem is when outbreaks in schools occur.

Pregnant women in their first 20 weeks, who have had respiratory secretion contact during the communicable period with someone with Fifth Disease, should be serologically assessed. IgM appears with 10-21 days after exposure and lasts 2-10 months. IgG appears 2 weeks after exposure. Interpretation of serology results is as follows:

- IgG positive and IgM negative-already immune and therefore not at risk for infection.
- IgG negative and IgM positive-may have had very recent exposure.
- IgG positive and IgM positive-has had a recent exposure within the previous 10 months.
- IgG negative and IgM negative-is susceptible to infection.

In exposed susceptible women less than 20 weeks gestation, (IgG and IgM negative), serology should be repeated in 2 to 3 weeks to determine if IgM develops. Pregnant women less than 20 weeks with recent evidence of infection (IgM positive) should be referred to an obstetrician who can perform weekly ultrasounds to monitor for the development of hydrops fetalis. The decision to exclude a pregnant teacher less than 20 weeks gestation from work on the basis of an outbreak of Fifth Disease should be made between the woman and her doctor but exclusion is not routinely recommended.

The risk of developing hydrops fetalis is low. Estimates of the risks are as follows:

- Of 100 exposed women-50% are already immune.
- Of the remaining 50 women-20-30% will become infected after an exposure in a setting such as a school; 50% will become infected after a household exposure.
- Of the 10-25 infected women-hydrops fetalis will develop in less than 5%. This occurs more commonly during the first half of pregnancy.

The following website from St. Joseph's Health Care, Perinatal Outreach Program of Southwestern Ontario provides a very good review of Fifth Disease, including the management of exposed, pregnant women.

<http://www.sihc.london.on.ca/sjh/profess/periout/news25.htm#parvo>



Fifth Disease Expedited Testing for Immunity

If you are or could be pregnant, it is in your best interest to inform your doctor that you may have been exposed to Fifth Disease (Parvovirus 19) and to arrange for a blood test to confirm immunity.

All testing for Parvovirus 19 is done at Toronto’s Public Health facility-not Hamilton Public Health. In order to avoid unnecessary delays for results of your immunity to Fifth Disease, please present the following procedure to your physician and laboratory as recommended by Toronto Public Health;

1. Take this procedure with you to your physician and to the laboratory that will be drawing the blood sample.
2. The physician should note on the Ministry of Health requisition **STAT-Exposure to Parvovirus 10 and pregnant and request a verbal result ASAP**. Include a phone number that they can contact you with for the results. The written report will follow within a couple of days.
3. The clinic should be instructed to forward the sample directly to Toronto Public Health for testing.
4. Once results are received, you are advised to seek direction from your treating physician.
5. Results of your immunity should be reported to your principal/manager immediately.
6. Staff with no immunity to Fifth Disease will be re-assigned to alternate locations until the outbreak has passed.

The following laboratories provide direct service to Toronto Public Health.

Canadian Medical Laboratories

130 Wilson	905-529-0801
1 Young	905-527-1182
987 King St. E	905-549-1197
132 Parkdale S	905-547-7326
565 Sanitorium	905-385-0064
613 Upper James	905-389-3731
78 Barton W	905-528-4434
304 Victoria N	905-523-6663

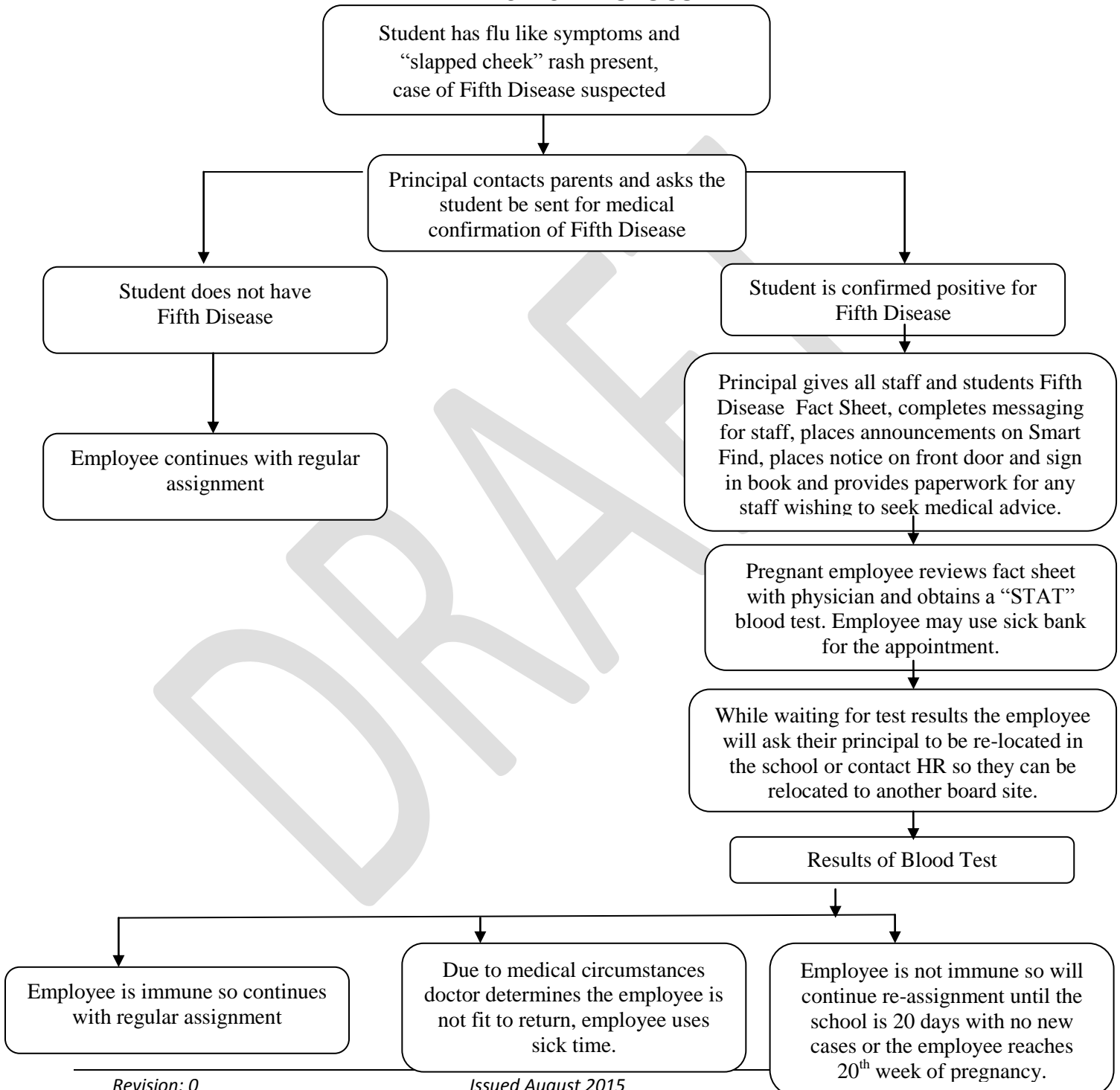
Gamma-Dynacare Medical Laboratories

631 Queenston	905-573-3355
849 Upper Wentworth	905-389-3122

Community Laboratory Services

25 Charlton E	905-521-6052
16 Cross, Dundas	905-627-3814
1119 Fennell E	905-383-0505
505 King W	905-525-1562

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Hamilton-Wentworth Catholic District School Board
Believing, Achieving, Serving

ATTENTION

VISITORS, STAFF AND STUDENTS
THERE HAS BEEN AN OUTBREAK OF

**PLEASE SEE THE OFFICE
SHOULD YOU HAVE ANY
QUESTIONS OR CONCERNS**