

Slapped Cheek Disease

Community and Public Health

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Slapped Cheek Disease is a common childhood viral infection caused by human parvovirus B19. It is also known as Fifth Disease.

Slapped cheek can spread rapidly in childcare centres and schools and outbreaks tend to occur in the winter and spring. Epidemics occur every three to seven years.

What are the symptoms?

Symptoms appear 4 to 20 days after becoming infected. The early symptoms can last for 2 to 3 days and include headache, body ache, sore throat, mild fever and chills.



Children then develop a bright red rash on their cheeks that looks almost like slap marks. This characteristic rash is often followed by a lace-like rash on the body, arms and legs that may be itchy. The rash usually lasts 7 to 10 days, but may reappear with heat (such as during bathing) or stress over the next few weeks.

Adults are less likely to have the rashes but sometimes get swollen and painful joints, especially in the hands and feet. This joint pain and swelling usually last for 1 to 2 weeks if it occurs, but may last for several months.

How is it caught or spread?

The virus lives in the nose and throat and is spread by respiratory droplets when an infected person sneezes or coughs. It can also be transferred from mother to a developing foetus.

Affected children are usually infectious before the onset of the rash and are probably not infectious after the rash appears. People with impaired immunity may be infectious for months or years.

People do develop a lasting immunity that protects against future infection from the virus.

How is it treated?

There is no specific treatment for this disease. Treatment of the symptoms may be needed such as fever, pain and itching.

People with immune problems may need special medical care, including treatment with immunoglobulin (antibodies) to help their bodies get rid of the infection.

How is spread prevented?

Frequent and thorough hand washing is the most effective way of avoiding infection. This is especially important after coughing and sneezing.

Who is at risk?

The infection is usually mild, and both children and adults get better without any problems.

Specialist advice should be sought if a person with immunodeficiency or a blood disorder becomes infected. This is because people with these conditions are likely to develop problem complications.

Pregnant women who may have been in contact with a case of parvovirus infection should consult their doctor. This is because infection during pregnancy (especially during the first half) can cause a fatal form of anaemia in the unborn child.

Pregnant women with sick children at home are advised to wash hands frequently and avoid sharing eating utensils.

Staying away from school or preschool

Most children are no longer contagious by the time they are diagnosed, so they can attend preschool or school.

However you may want to keep children home if they feel unwell.

For further information, contact:

- Your local doctor or practice nurse;
- Your local Public Health Nurse; or
- A Health Protection Officer at Community and Public Health.

Other resources available on childhood illnesses:

- Campylobacter, E. coli and Salmonella
- Conjunctivitis
- Hand, foot and mouth
- Impetigo
- Ringworm
- Rotavirus
- Threadworms

Image sourced from National Health Service (NHS) UK website.

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