



Human pathogen information sheet – hygiene keeps you safe!

What are Ringel rubella?

Ringel rubella are caused by a virus. In addition to scarlet fever, measles, chickenpox and rubella, they are one of the five childhood diseases that cause a rash. Ringel rubella only share their name with rubella. The two diseases are caused by different pathogens. The Ringel rubella virus (*Parvovirus B 19*) occurs only in humans. Often, Ringel rubella progress without being noticed or like a slight cold. If a pregnant woman falls ill, however, the unborn child can suffer damage. In nurseries and schools, cases occur most often in late winter to early summer. Only persons who have never had Ringel rubella before can catch them. After having the disease once, you will be protected throughout your life. You cannot catch it again.

How do Ringel rubella spread?

Person-to-person

When sneezing, coughing or speaking, tiny spittle droplets are passed on from person to person in the air. The viruses can also be passed on via the hands, e.g. when a patient sneezes into his hands and then shakes hands with a healthy person. From the hand, the pathogens can then be spread on the mucous membranes of nose or mouth and cause contagion.

Pregnant women may pass on the pathogens to their unborn child, depending on whether the mother develops symptoms or the disease progresses without being noticed. The unborn child is highly endangered by this.

Via contaminated objects

The pathogens are highly resistant in the environment as well. Affected objects such as door handles or toys can spread the viruses and cause contagion.

Via blood conserves

In rare cases, transfer is possible by blood conserves contaminated with viruses.

What symptoms do the patients show?

Usually, the disease progresses without symptoms, with minor symptoms or with symptoms similar to a flu-like illness, with a fever, swelling of the lymph nodes, headaches and feeling unwell. The disease is easily recognisable by the typical skin rash. The first sign is a large, butterfly-shaped reddening that forms 1 to 2 weeks after infection on both cheeks. One or two days later, blotches of red skin are also seen on the shoulders, upper arms, thighs and buttocks: these can also change their shape and later come to resemble garlands or large rings. The rash starts to fade after 7 to 10 days but can, in the event of stress, exposure to sun or other causes, become pronounced again over the next few days. Rarely, the skin may be itchy and it may occasionally feel “stretched”.

Complications are rare. The disease usually resolves fully on its own without further complications. Occasionally, there may be temporary joint problems or joint inflammation, particularly in women or girls. In persons with a compromised immune system or certain hereditary blood conditions such as thalassaemia or sickle cell anaemia, the disease may occasionally result in a dangerous case of anaemia.

What's the incubation period – and how long are you contagious?

The period between infection and the typical skin rash is approximately 1 to 2 weeks. The danger of infection for others is highest in the days before the skin rash appears. This means that the patient is infectious for others but does not yet know that they are carrying the virus. Once the rash appears, the patient becomes much less contagious. Even if the disease occurs without any symptoms at all, the patient will also be contagious for a few days.

Who is most at risk?

Pre-school children are most at risk for becoming infected with the pathogen. Older children, adolescents and adults may also catch the disease. Among adults, the otherwise usually mild disease will often have a more severe progress. Pregnant women who have not had the disease in childhood are especially at risk, since they have no defence against the pathogen. The virus may be transferred to the unborn child as late as the 20th week of pregnancy. Blood production of the unborn child may be damaged in a life-threatening manner. Miscarriage or stillbirth may be the consequence of this.

Persons with immune deficiencies or who have an acquired or hereditary disease of the blood system are also at greater risk.





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What to do in case of illness?

- ▶ The symptoms usually do not need to be treated, since the disease is usually harmless, particularly in children. The patients should stay in bed if they suffer from fever, muscle or joint pain.
- ▶ Patients should not cough or sneeze into their hands. The best option is to use disposable handkerchiefs that are disposed of immediately after being used. Patients should then wash their hands thoroughly.
- ▶ Patients suffering from fever can take an antipyretic.
- ▶ Once patients are recovering, chapped or flaking skin can be treated with a topical skincare product.
- ▶ Pregnant women who have had contact with patients should seek medical advice from their local GP or attending doctor as soon as possible.
- ▶ Staff working in care facilities for pre-school children in particular must be informed of the potential risks of this pathogen before (or no later than when) starting their employment.
- ▶ Pregnant women without adequate protection against the pathogen should not work in facilities for pre-school children up to and including the 20th week of their pregnancy. For further details, please see the applicable occupational safety and health regulations.

How can I protect myself?

It is very difficult to protect yourself from fifth disease, since the danger of infection is highest before the first symptoms occur. There is no vaccine against fifth disease. Since the pathogen is transmitted via saliva or aerosols and the hands, only basic hygiene precautions can work to reduce the risk of infection.

This includes:

- ▶ Avoid contact with persons who may have become infected with the pathogen.
- ▶ Wash your hands regularly and thoroughly with soap and water.
- ▶ Do not touch your face and specifically your mouth, nose and eyes with unwashed hands.
- ▶ Pregnant women who have no protection against the pathogen should not enter facilities – and particularly day nurseries – where there are cases of the disease.
- ▶ As part of family planning, include a test to confirm your immunity to the pathogen, especially if you have contact with children aged 6 and under as part of your family or work environment.

Where can I find out more?

Your local health authority can provide you with further advice and information, and has considerable experience with handling this disease.

More information on the illness itself is also available online from the Robert Koch Institute (www.kinderaerzte-im-netz.de).

For information on how hygiene can guard against infection, please visit the Federal Centre for Health Education website (www.infektionsschutz.de).



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Editor:

Federal Centre for Health Education, Cologne.
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Drawn up in cooperation with the Bundesverband der Ärztinnen und Ärzte des Öffentlichen Gesundheitsdienstes e.V.

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