Change Notification for the UK Blood and Tissue Services

Notification date 8 September 2026
Effective date 6 October 2026
Implementation To be determined by each Service

CN 38-2026

Parvovirus B19

	Content changed	Type of change	Guidelines affected
1	Parvovirus B19	New entry	**Bone marrow**
2	Parvovirus B19	New entry	**Cord blood**

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Note: this document indicates inserted and ~~deleted~~ text. This formatting will not apply in the published text.

1. Parvovirus B19

Guidelines affected	Reason for change
Bone marrow	This is a new entry.

Essential information

Includes	Human parvovirus B19, slapped cheek syndrome, erythema infectiosum, fifth disease.

Scenarios

▼ Affected individual

Obligatory	**Must not donate.**
Discretionary	1. If it is more than 6 months following confirmed infection and resolution of acute clinical symptoms, if present, accept 2. If it is more than 4 weeks but less than 6 months following confirmed infection and resolution of acute clinical symptoms, if present, refer to a Designated Clinical Support Officer. An individualised risk assessment will be required jointly with the Transplant Centre. See **Additional information** below.

▼ Close contact with an affected individual

Obligatory	**Must not donate if:** Less than 3 weeks since contact with an individual with suspected or confirmed parvovirus B19 infection. This includes individuals diagnosed through blood donation screening.
Discretionary	1. If the donor has a definite past history of parvovirus B19 infection (IgG positive in a sample taken prior to the exposure), accept. 2. If any contact in the previous 3 weeks has only been with someone in the post-infectious phase (i.e. after the rash has appeared), accept.

Supporting information

See if relevant	• Infectious diseases, contact with
Additional information	Parvovirus B19 is a viral infection which occurs most commonly in children. The virus can be transmitted through droplet spread (respiratory), or from mother to baby, or via blood transfusion. Outbreaks of parvovirus B19 occur every 3 to 4 years during the late winter and early spring period. Following exposure, the incubation period is 14 to 21 days. Infection may be asymptomatic or may result in a mild self-limiting illness presenting with fever, malaise, upper respiratory tract symptoms and abdominal pain. Children often develop a bright red facial rash ('slapped cheek') 1 to 2 weeks later, followed after a few days by a light pink rash on the chest, stomach, arms and thighs. Adults have similar symptoms but are less likely to have a facial rash. Adults are also more likely to have joint pain (polyarthropathy), especially in the hands, wrists, feet and ankles. Rashes and joint pain can persist for several weeks or months after someone has recovered from the infection and do not prevent donation. Individuals with parvovirus B19 are infectious during early stages of infection, before and while experiencing systemic and upper respiratory tract symptoms. Once a rash has appeared, an individual is no longer infectious through the respiratory route. People who have recovered from parvovirus B19 infection have lifelong immunity to the virus. Parvovirus B19 may cause more serious illnesses, including transfusion-dependent anaemia and bone marrow failure (aplastic crisis) in non-immune individuals who are also immunocompromised. If acquired during pregnancy, parvovirus B19 may result in severe foetal anaemia (hydrops fetalis), miscarriage and stillbirth. Note that due to the potential risk of bone marrow failure in the context of allogeneic bone marrow or peripheral blood stem cell (PBSC) transplant, the standard deferral period after parvovirus B19 infection is necessarily much longer for bone marrow or PBSC donors than for whole blood and components donors (6 months rather than 4 weeks). Although a drop in plasma viral load of several orders of magnitude is typically seen within 4 weeks of initial infection, viral DNA can remain detectable for months or years. Current knowledge indicates that after a certain period has elapsed from the point when peak viral load and peak IgG titres have been reached, parvovirus B19 virus infectivity in blood is unlikely. There is currently insufficient data to guarantee at which point transmission by hematopoietic progenitor cell transplant would not occur following a primary infection. Measurement of IgG, IgM and sequential viral load are helpful to inform assessment of risk from the donation. A precautionary approach is generally advised, with individualised risk assessment being carried out jointly with the Transplant Centre for any donors who are between 4 weeks and 6 months following confirmed parvovirus B19 infection.

2. Parvovirus B19

Guidelines affected	Reason for change
Cord blood	This is a new entry.

Essential information

Includes	Human parvovirus B19, slapped cheek syndrome, erythema infectiosum, fifth disease.

Scenarios

▼ Affected individual

Obligatory	**Must not donate if:** The donor has had confirmed parvovirus B19 infection at any time during the current pregnancy.
Discretionary	If the infection was not during the current pregnancy and clinical symptoms, if present, have resolved, accept.

▼ Close contact with an affected individual

Obligatory	**Must not donate if:** Less than 3 weeks since contact with an individual with suspected or confirmed parvovirus B19 infection. This includes individuals diagnosed through blood donation screening.
Discretionary	1. If the donor has a definite past history of parvovirus B19 infection (IgG positive in a sample taken prior to the exposure), accept. 2. If any contact in the previous 3 weeks has only been with someone in the post-infectious phase (i.e. after the rash has appeared), accept.

Supporting information

See if relevant	• Infectious diseases, contact with

Additional information	Parvovirus B19 is a viral infection which occurs most commonly in children. The virus can be transmitted through droplet spread (respiratory), or from mother to baby, or via blood transfusion. Outbreaks of parvovirus B19 occur every 3 to 4 years during the late winter and early spring period. Following exposure, the incubation period is 14 to 21 days. Infection may be asymptomatic or may result in a mild self-limiting illness presenting with fever, malaise, upper respiratory tract symptoms and abdominal pain. Children often develop a bright red facial rash ('slapped cheek') 1 to 2 weeks later, followed after a few days by a light pink rash on the chest, stomach, arms and thighs. Adults have similar symptoms but are less likely to have a facial rash. Adults are also more likely to have joint pain (polyarthropathy), especially in the hands, wrists, feet and ankles. Rashes and joint pain can persist for several weeks or months after someone has recovered from the infection and do not prevent donation. Individuals with parvovirus B19 are infectious during early stages of infection, before and while experiencing systemic and upper respiratory tract symptoms. Once a rash has appeared, an individual is no longer infectious through the respiratory route. People who have recovered from parvovirus B19 infection have lifelong immunity to the virus. Parvovirus B19 may cause more serious illnesses, including transfusion-dependent anaemia and bone marrow failure (aplastic crisis) in non-immune individuals who are also immunocompromised. If acquired during pregnancy, parvovirus B19 may result in severe foetal anaemia (hydrops fetalis), miscarriage and stillbirth. Note that due to the potential risk of bone marrow failure in the context of umbilical cord blood (UCB) transplant, the standard deferral period after parvovirus B19 infection is necessarily much more stringent for UCB donors than for whole blood and components donors, with a recommendation to defer prospective UCB donors who have had parvovirus B19 infection at any time during the current pregnancy. Although a drop in plasma viral load of several orders of magnitude is typically seen within 4 weeks of initial infection, viral DNA can remain detectable for months or years. Current knowledge indicates that after a certain period has elapsed from the point when peak viral load and peak IgG titres have been reached, parvovirus B19 virus infectivity in blood is unlikely. There is currently insufficient data to guarantee at which point transmission by hematopoietic progenitor cell transplant would not occur following a primary infection. In addition, there is limited data on the course of parvovirus B19 infection during pregnancy. It is therefore recommended that donors who have had confirmed parvovirus B19 infection at any time during the current pregnancy should be deferred on a precautionary basis. Expert virologist advice should be sought for any cases with concerns over potential parvovirus B19 transmission risk.