

NATIONAL STANDARD METHOD

# INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

VSOP 30

Issued by Standards Unit, Department for Evaluations, Standards and Training  
Centre for Infections



UK Clinical Virology Network



*Association of Medical Microbiologists*  
*Association of Medical Microbiologists*  
*Association of Medical Microbiologists*



**INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES**

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 1 of 12  
Reference no: VSOP 30i4

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# STATUS OF NATIONAL STANDARD METHODS

National Standard Methods, which include standard operating procedures (SOPs), algorithms and guidance notes, promote high quality practices and help to assure the comparability of diagnostic information obtained in different laboratories. This in turn facilitates standardisation of surveillance underpinned by research, development and audit and promotes public health and patient confidence in their healthcare services. The methods are well referenced and represent a good minimum standard for clinical and public health microbiology. However, in using National Standard Methods, laboratories should take account of local requirements and may need to undertake additional investigations. The methods also provide a reference point for method development.

National Standard Methods are developed, reviewed and updated through an open and wide consultation process where the views of all participants are considered and the resulting documents reflect the majority agreement of contributors.

Representatives of several professional organisations, including those whose logos appear on the front cover, are members of the working groups which develop National Standard Methods. Inclusion of an organisation's logo on the front cover implies support for the objectives and process of preparing standard methods. The representatives participate in the development of the National Standard Methods but their views are not necessarily those of the entire organisation of which they are a member. The current list of participating organisations can be obtained by emailing [standards@hpa.org.uk](mailto:standards@hpa.org.uk).

The performance of standard methods depends on the quality of reagents, equipment, commercial and in-house test procedures. Laboratories should ensure that these have been validated and shown to be fit for purpose. Internal and external quality assurance procedures should also be in place.

Whereas every care has been taken in the preparation of this publication, the Health Protection Agency or any supporting organisation cannot be responsible for the accuracy of any statement or representation made or the consequences arising from the use of or alteration to any information contained in it. These procedures are intended solely as a general resource for practising professionals in the field, operating in the UK, and specialist advice should be obtained where necessary. If you make any changes to this publication, it must be made clear where changes have been made to the original document. The Health Protection Agency (HPA) should at all times be acknowledged.

The HPA is an independent organisation dedicated to protecting people's health. It brings together the expertise formerly in a number of official organisations. More information about the HPA can be found at [www.hpa.org.uk](http://www.hpa.org.uk).

The HPA aims to be a fully Caldicott compliant organisation. It seeks to take every possible precaution to prevent unauthorised disclosure of patient details and to ensure that patient-related records are kept under secure conditions<sup>1</sup>.

More details can be found on the website at [www.evaluations-standards.org.uk](http://www.evaluations-standards.org.uk). Contributions to the development of the documents can be made by contacting [standards@hpa.org.uk](mailto:standards@hpa.org.uk).

The reader is informed that all taxonomy in this document was correct at time of issue.

*Please note the references are now formatted using Reference Manager software. If you alter or delete text without Reference Manager installed on your computer, the references will not be updated automatically.*

## Suggested citation for this document:

Health Protection Agency (2009). *Investigation of pregnant women exposed to rash illnesses*. National Standard Method VSOP 30 Issue 4. [http://www.hpa-standardmethods.org.uk/pdf\\_sops.asp](http://www.hpa-standardmethods.org.uk/pdf_sops.asp).

### INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 2 of 12  
Reference no: VSOP 30i4

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# INDEX

**STATUS OF NATIONAL STANDARD METHODS ..... 2**

**INDEX..... 3**

**AMENDMENT PROCEDURE ..... 4**

**FIGURE 1: PREGNANT PATIENT IN CONTACT WITH RASH ILLNESS..... 5**

**FIGURE 2: INVESTIGATION OF ERYTHROVIRUS (PARVOVIRUS) B19V IN PREGNANT WOMEN EXPOSED TO RASH ILLNESS..... 6**

**FIGURE 3: INVESTIGATION OF RUBELLA IN PREGNANT PATIENT OF UNKNOWN RUBELLA IMMUNITY STATUS EXPOSED TO RASH ILLNESS ..... 7**

**FIGURE 4: INVESTIGATION OF MEASLES IN A PREGNANT PATIENT OF UNKNOWN MEASLES IMMUNITY STATUS EXPOSED TO RASH ILLNESS ..... 8**

**FIGURE 5: INVESTIGATION OF PREGNANT PATIENT WITH RASH ILLNESS ..... 9**

**RELEVANT NATIONAL STANDARD METHODS ..... 10**

**ACKNOWLEDGEMENTS AND CONTACTS ..... 11**

**REFERENCES ..... 12**

**INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES**

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 3 of 12

Reference no: VSOP 30i4

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# AMENDMENT PROCEDURE

<b>Controlled document reference</b>	<b>VSOP 30</b>
<b>Controlled document title</b>	<b>Investigation of pregnant women exposed to rash illnesses</b>

Each National Standard Method has an individual record of amendments. The current amendments are listed on this page. The amendment history is available from [standards@hpa.org.uk](mailto:standards@hpa.org.uk).

On issue of revised or new pages each controlled document should be updated by the copyholder in the laboratory.

Amendment Number/ Date	Issue no. Discarded	Insert Issue no.	Page	Section(s) involved	Amendment
4/ 27/05/2009	3	4	1	<b>Front page</b>	Redesigned and title amended
			All	<b>All</b>	Department name changed from ESL to DEST
			5-9	<b>Figures 1 - 5</b>	Algorithms from VSOP 31-34 incorporated into document and title amended accordingly

## INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 4 of 12  
Reference no: VSOP 30i4

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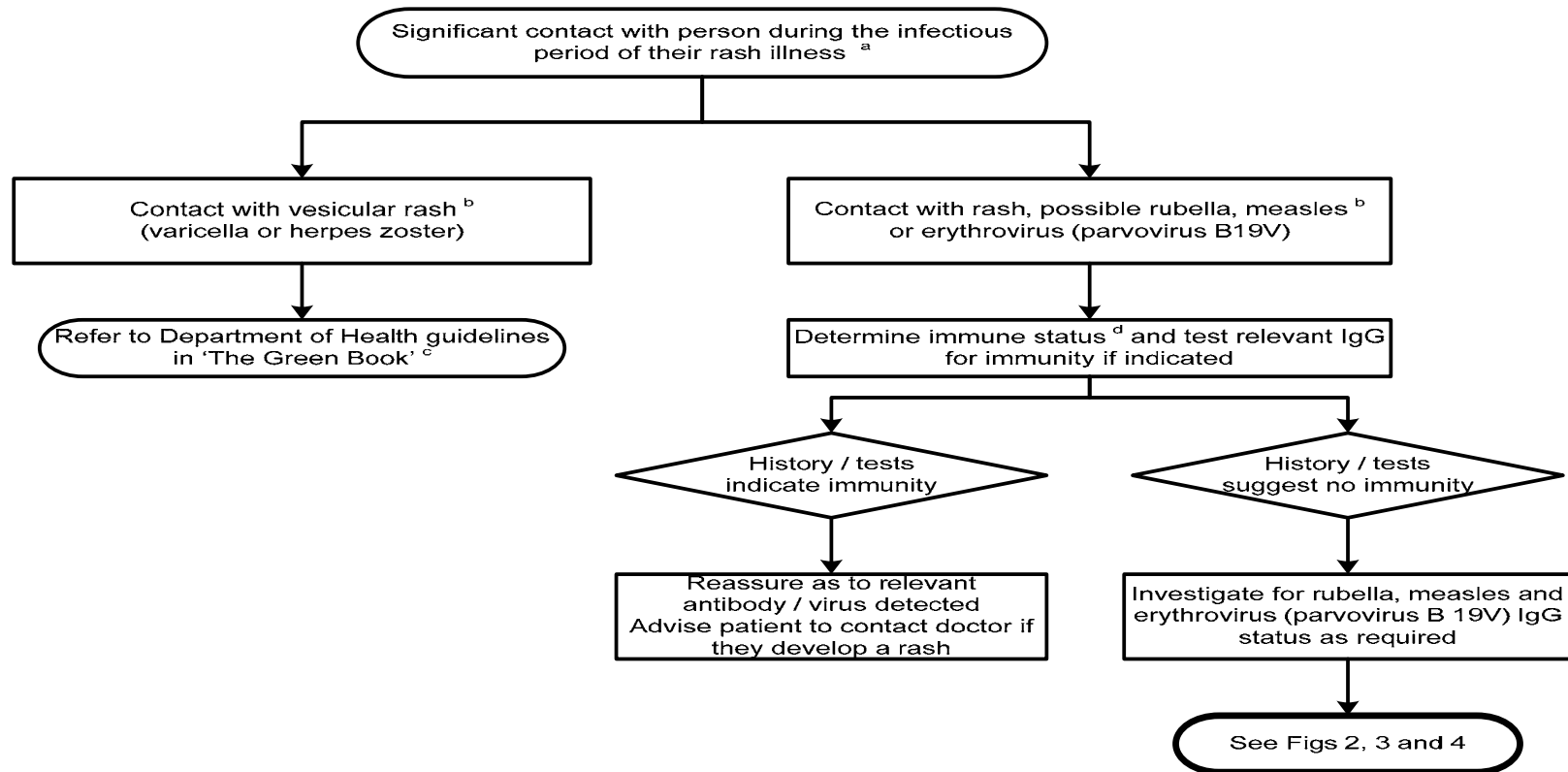
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# FIGURE 1: PREGNANT PATIENT IN CONTACT WITH RASH ILLNESS

(See [QSOP 55 – Investigation of Vesicular Rashes](#) and [QSOP 56 – Investigation of Red Rashes](#))

This document is restricted to viruses with clear management intervention during pregnancy



Note: Advise patient to contact doctor if they develop a rash

## INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 5 of 12

Reference no: VSOP 30i4

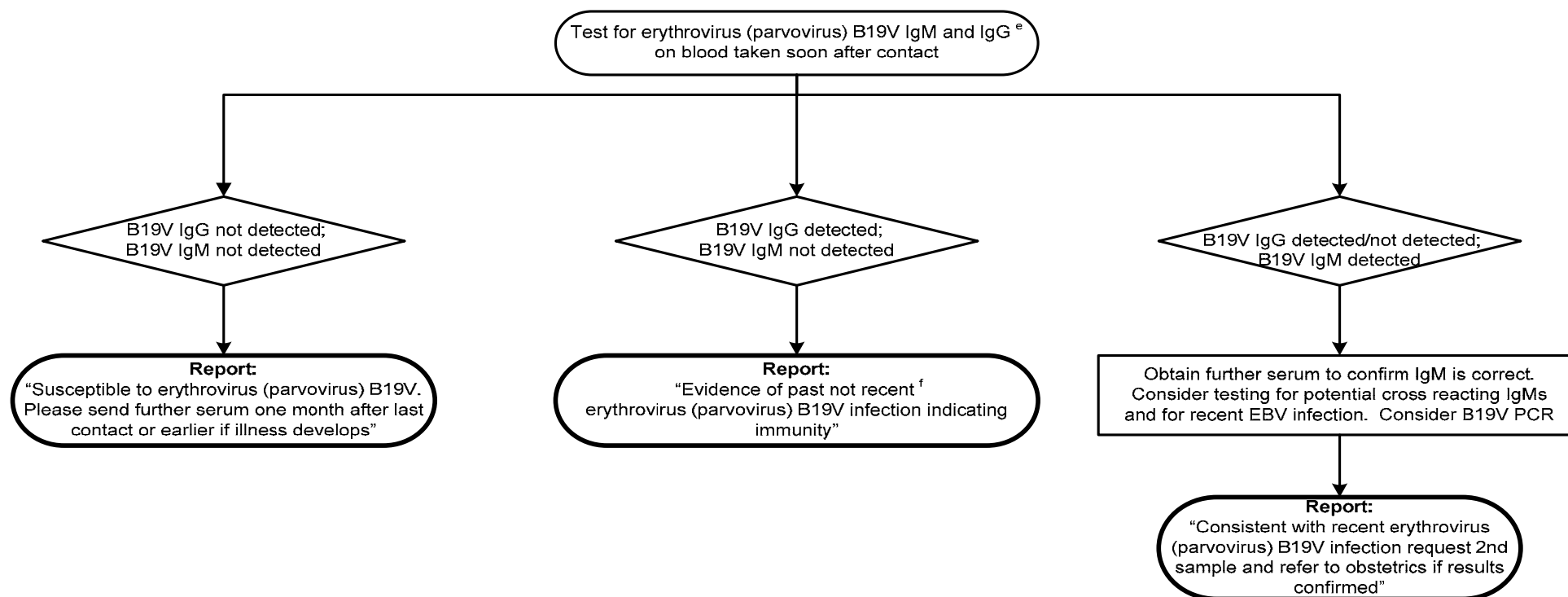
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## FIGURE 2: INVESTIGATION OF ERYTHROVIRUS (PARVOVIRUS) B19V IN PREGNANT WOMEN EXPOSED TO RASH ILLNESS

(See [QSOP 55 – Investigation of Vesicular Rashes](#), [QSOP 56 – Investigation of Red Rashes](#))



### INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

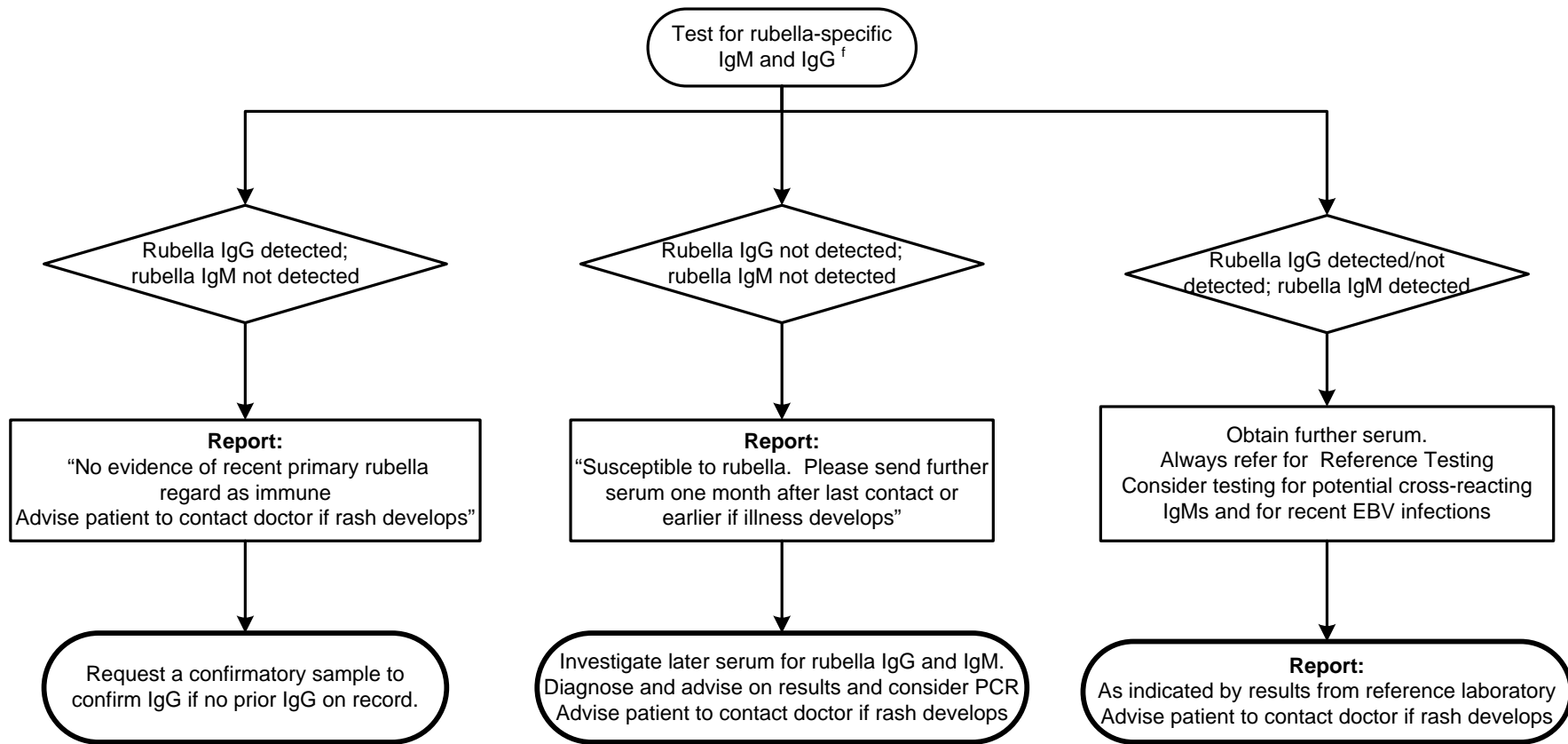
Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 6 of 12  
Reference no: VSOP 30i4

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**FIGURE 3: INVESTIGATION OF RUBELLA IN PREGNANT PATIENT OF UNKNOWN RUBELLA IMMUNITY STATUS EXPOSED TO RASH ILLNESS**



**INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES**

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 7 of 12

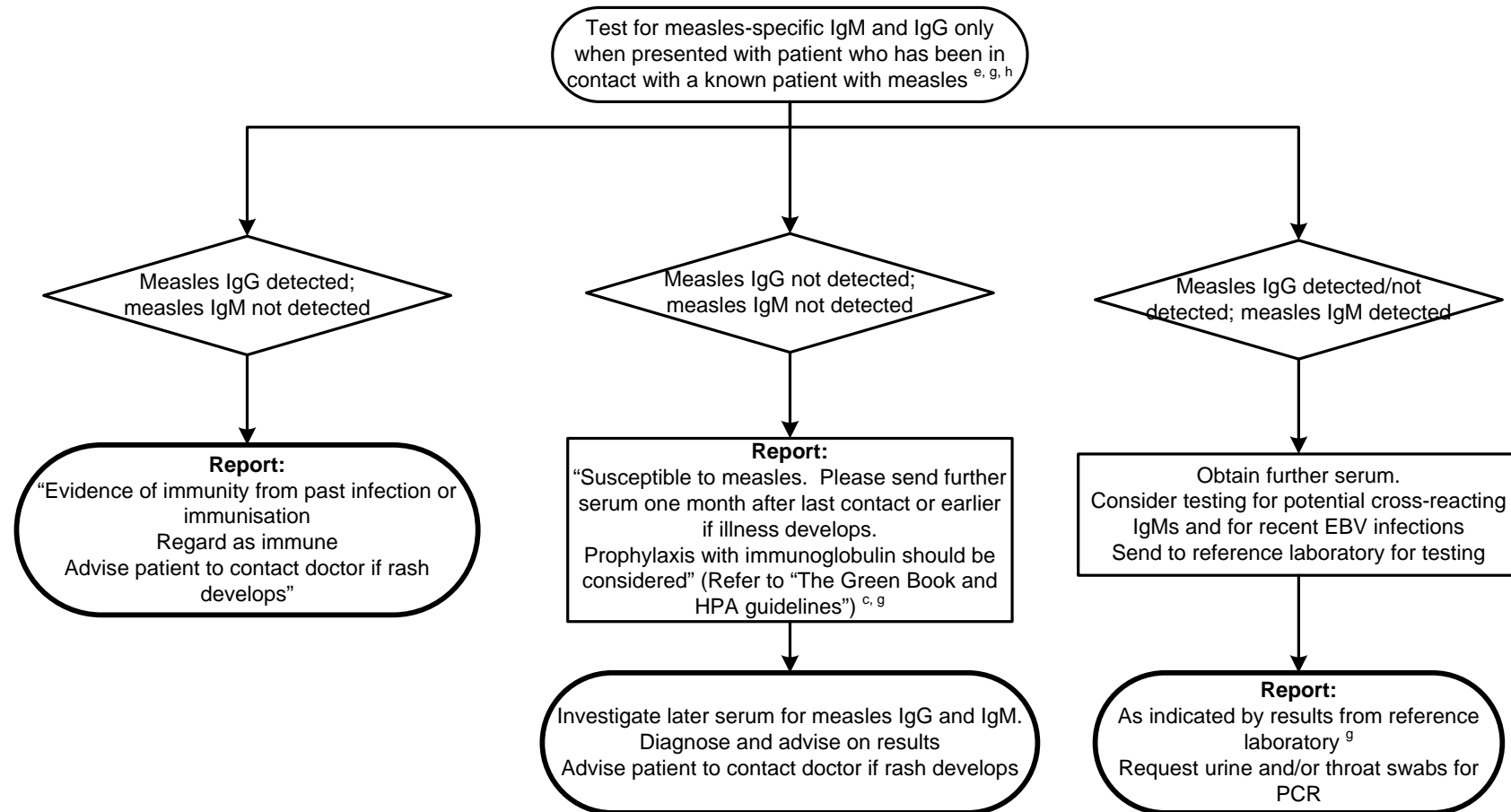
Reference no: VSOP 30i4

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## FIGURE 4: INVESTIGATION OF MEASLES IN A PREGNANT PATIENT OF UNKNOWN MEASLES IMMUNITY STATUS EXPOSED TO RASH ILLNESS



### INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

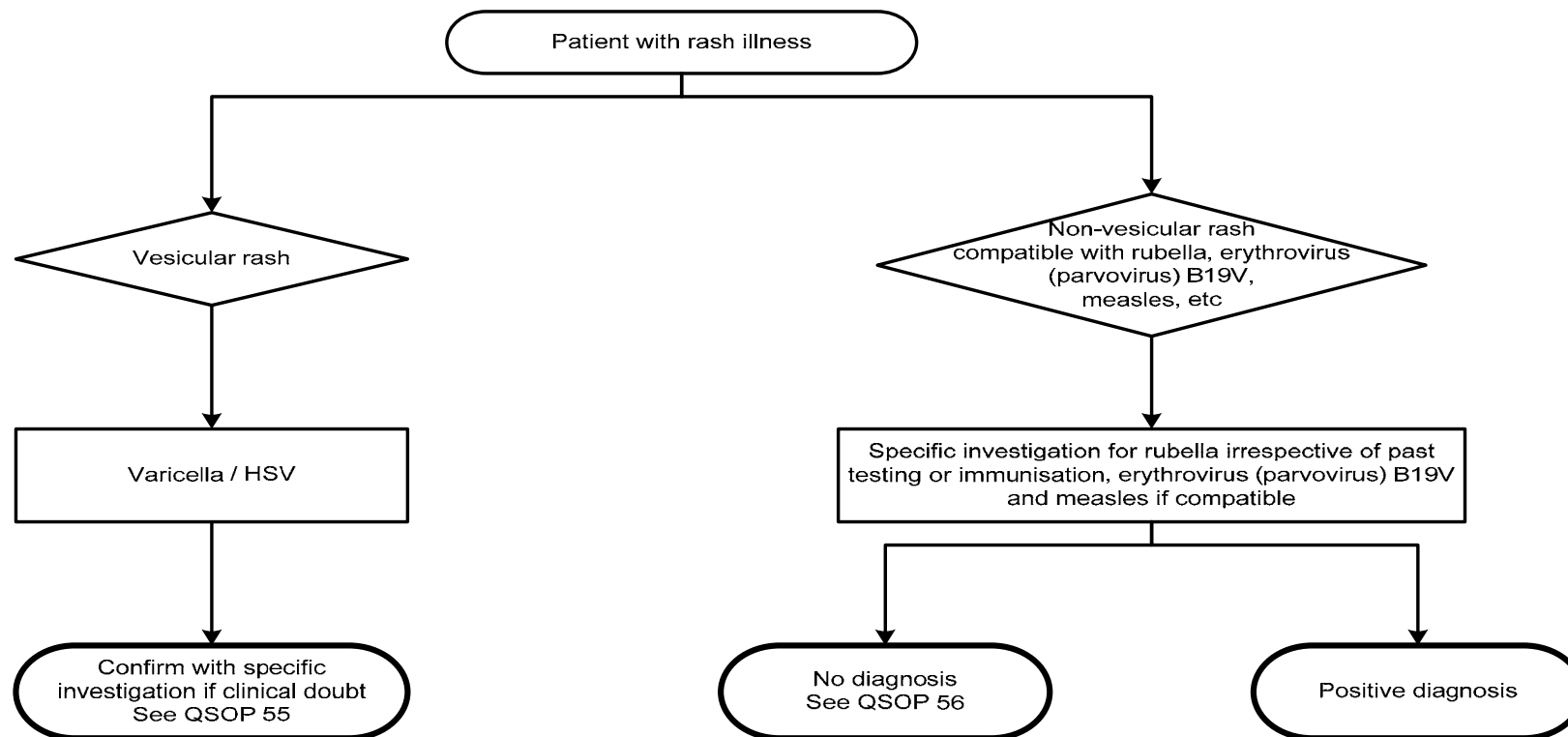
Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 8 of 12  
Reference no: VSOP 30i4

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**FIGURE 5: INVESTIGATION OF PREGNANT PATIENT WITH RASH ILLNESS**



Note: If a person remains susceptible to rubella, measles or chickenpox after the birth of their child, they should consider relevant immunisation

**INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES**

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 9 of 12  
Reference no: VSOP 30i4

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- <sup>a</sup> This algorithm refers to patients whose immunisation status to Rubella is unknown. If a pregnant lady is regarded as immune (see footnote d) she can be reassured that the risk of rubella infection is remote but that she is to return for testing if relevant illness (rash, arthralgia) develops
- <sup>b</sup> Consider enteroviruses
- <sup>c</sup> 'The Green Book':  
[http://www.dh.gov.uk/en/PublicHealth/HealthProtection/Immunisation/Greenbook/DH\\_4097254](http://www.dh.gov.uk/en/PublicHealth/HealthProtection/Immunisation/Greenbook/DH_4097254)  
and HPA measles guidelines:  
[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1238565307587](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1238565307587)
- <sup>d</sup> A person is considered immune if they have been given two doses of a vaccine that protects against rubella and measles or has laboratory evidence of prior immunity and are immunocompetent.
- <sup>e</sup> If available test an earlier sample for IgG and if positive then reassure patient
- <sup>f</sup> If an earlier sample has tested as negative then seroconversion has occurred and need to investigate further
- <sup>g</sup> If exposure to the infection puts the patient at high risk of getting the infection then test serum 2 weeks after exposure and then repeat on fresh serum 4 weeks after exposure. Advise vaccination post pregnancy
- <sup>h</sup> Measles PCR testing of urine and throat swabs may be useful at 10 days post contact (or as few as 7 days in the presence of symptoms)

## RELEVANT NATIONAL STANDARD METHODS

For additional details on specific areas of diagnosis refer to the relevant NSMs available through the Department for Evaluations, Standards and Training web page ([www.hpa-standardmethods.org.uk](http://www.hpa-standardmethods.org.uk)).

Other documents that may be of relevance to this NSM are:

[QSOP 55 – Investigation of Vesicular Rashes](#)

[QSOP 56 – Investigation of Red Rash](#)

### INVESTIGATION OF PREGNANT WOMEN EXPOSED TO RASH ILLNESSES

Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 10 of

12

Reference no: VSOP 30i4

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The National Standard Methods are issued by Standards Unit, Department for Evaluations, Standards and Training, Centre for Infections, Health Protection Agency, London.

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Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 11 of

12

Reference no: VSOP 30i4

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1. Department of Health NHS Executive: The Caldicott Committee. Report on the review of patient-identifiable information. London. December 1997.

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Issue no: 4 Issue date: 27.05 09 Issued by: Standards Unit, Department for Evaluations, Standards and Training, Page 12 of 12

Reference no: VSOP 30i4

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