

INFECTIONS DURING PREGNANCY – A QUICK REFERENCE

DISEASE	MODE OF TRANSMISSION	SIGNS & SYMPTOMS	PRE-PREGNANCY PROTECTION	PROTECTION DURING PREGNANCY	POST EXPOSURE FOLLOW-UP
Chickenpox (Varicella) Chickenpox and Pregnancy fact sheet	-Highly contagious virus. -Incubation period, 10-21 days. -Person-to-person by direct contact, droplet or airborne, and by indirect contact with articles freshly soiled with discharges from vesicles (blisters). -Contagious before rash appears, and continuing until all lesions have crusted over. -Once acquired, immunity is lifelong.	-Mild fever followed in a day or two by a rash, which may be very itchy. Red spots soon turn into fluid filled vesicles. -More severe disease in immunocompromised and people over 12 years old.	-If not previously infected with chicken pox should consider a blood test to determine immunity. -Non-immune women of childbearing age should highly consider varicella vaccine. Two doses at least 4 weeks apart required. -Should NOT become pregnant for one month after second needle.	-If immune, no precautions are necessary. -If not immune and aware of chickenpox cases in community avoid contact with these individuals. -DO NOT VACCINATE if pregnant.	-If exposed and unsure of immune status, consult a physician immediately. A blood test to determine immunity should be done. If a woman is susceptible, an injection of varicella-zoster immune globulin (VZIG) may be given within 96 hours to help prevent severe infection. -Medications may be recommended for the pregnant woman in her 2 nd or 3 rd trimester.
Fifth Disease (Parvovirus B19) Fifth Disease and Pregnancy fact sheet	-spread through secretions of the mouth and nose (i.e., sneezing and coughing, touching used facial tissue) -transmission from mother to fetus is possible. -Contagious before rash appears.	-Mild illness. Rash in children 'slapped cheek', lace-like rash on trunk and extremities. -Rash is not typical or absent in adults. -Adults may develop joint pain, which can last for days to months to years.	-At least 50% of young adults have developed immunity -No vaccine available. -If concerned can undergo blood testing to determine immunity.	-Good handwashing is very important. -Cover nose and mouth while sneezing and coughing, and carefully dispose of used facial tissues. -Do not share eating utensils. -Outbreaks in child care and schools indicate wider spread in the community, therefore, exclusion from childcare settings is not recommended as this only slightly decreases the risk of exposure.	-Consult a physician. May want to consider blood testing to determine immunity. -No vaccine or drug treatment available. -Even if infected, unlikely to be passed on to fetus. -If infection occurs in first half of pregnancy, less than 10% risk of fetal hydrops and fetal death.
Influenza Influenza	-Droplet, direct or indirect contact. -Contagious one day before onset of symptoms to 3-5 days after onset of symptoms in adults, 7-10 days after onset in children.	-Fever, headaches, muscle pain, extreme fatigue, sore throat, runny nose, and cough.	-Pregnancy can increase the risks of complications and hospitalization from Influenza. -Should get vaccinated if planning a pregnancy during Influenza season (Oct – April) -Inactive vaccine is approx. 70-90% effective in healthy adults.	-Good handwashing is very important. -Vaccination is considered safe during any stage of pregnancy.	-If you have flu-like symptoms consult a physician. -The medication Tamiflu® is recommended for pregnant and postpartum women. -Be cautious with over-the-counter medications, and always consult a physician or pharmacist before taking any over-the-counter medications.
Toxoplasmosis Toxoplasmosis and Pregnancy fact sheet	-A parasite, which can infect all mammals, but is commonly carried in cats and excreted in their feces. -From eating raw or undercooked infected meat (pork or mutton). -Pregnant women may pass on to fetus through placenta. -Not spread from person to person except in utero (from mom to baby).	-Usually, symptoms are present, but may experience malaise, fever, sore throat, and muscle pain. Swollen lymph nodes are the most common sign. -Infection can resemble a mononucleosis-like illness.	-Daily changing of cat litter is a good idea, as the toxoplasma parasite does not become infectious for 1-2 days after passage. -No vaccine available.	-Good handwashing is very important. -Avoid activities which expose you to cat feces (litter boxes, gardening), or at the least, wear gloves and wash hands thoroughly after removing the gloves. -Cook meat thoroughly, wash fruits and vegetables, wash hands and clean surfaces properly.	-Consult a physician. Blood testing of the fetus or detection of the parasite in fetal blood or amniotic fluid can determine if infection of the fetus has occurred. -If the mother is infected, treatment is recommended. -Babies born infected usually have no symptoms at birth but can develop impairments in childhood.

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Rubella (German Measles) <u>Rubella and Pregnancy fact sheet</u>	-Through droplet or direct contact with the nose and throat secretions of an infected person. -Communicable from a week before to 7 days after onset of rash. -Immunity is lifelong after natural infection and usually lifelong after vaccination. Infants born to immune mothers are protected for 6 –9 months after birth.	-In adults, is usually a mild disease characterized by a rash, swollen lymph nodes, and slight fever. -Up to 50% of infections have no symptoms.	-Prenatal screening for Rubella immunity is highly recommended, as immunity from childhood vaccination may decrease over time. -Non immune women of childbearing age should strongly consider vaccination with MMR. If planning to become pregnant, should wait 1 month after receiving MMR.	-Always practice good handwashing. -DO NOT VACCINATE if pregnant. -Immunizing susceptible children in the household is not a risk to the pregnant woman.	-Greatest risks to fetus if infection happens during the 1 st trimester of pregnancy. -If exposed early in pregnancy and not immune, consult a physician immediately. -It is uncertain if Immunoglobulin (IG) can prevent Congenital Rubella Syndrome (CRS) and is not generally recommended, but may be given to suppress symptoms
Listeriosis (Listeria monocytogenes) <u>Listeriosis and Pregnancy fact sheet</u>	-Found widely in environment, especially in food. -Common sources include unpasteurized milk, soft cheeses, prepared meats (hot dogs, pate), undercooked poultry, unwashed raw vegetables. -Bacteria can multiply in contaminated refrigerated foods.	-Maternal infection can be asymptomatic or can be associated with an influenza-like illness - fever, malaise, headache, gastrointestinal symptoms, and back pain. -Symptoms usually develop 3-70 days after exposure to the bacteria	-Always make sure to wash raw vegetables before eating. -Keep uncooked meats separate from ready to eat foods, and avoid unpasteurized dairy products.	-Good handwashing after touching uncooked foods. -Wash raw vegetables and keep raw meats and vegetables separate, avoid unpasteurized dairy, soft cheeses (feta, brie, camembert, and blue-veined cheeses), and smoked fish. -Leftover or ready-to-eat foods (hot dogs) should be reheated until steaming hot (74°C). -May choose to avoid cold cuts although the risk from cold cuts is relatively low. -Click here for website from Health Canada on Food recalls	-If infection is diagnosed during pregnancy, medications are recommended to prevent infection in the fetus which can cause abortion, stillbirth, infection at birth, or meningitis in the infant even if the mother has no symptoms at delivery.

Vaccines and Pregnancy [Vaccines and Pregnancy fact sheet](#)

- Theoretical risks are associated with immunization during pregnancy, although no scientific evidence exists to support this. There is no known risk to the mother or the fetus if immunoglobulin is given during pregnancy.
- Pregnant women should consider vaccination only when the vaccine is unlikely to cause harm, the risk of exposure to the disease is high, and infection would pose a high risk to the fetus and/or the mother.
- Inactivated vaccines and toxoids are generally considered safe during pregnancy. Live vaccines are contraindicated except when exposure and complications from the disease outweigh the risks of vaccination.
- Immunization of family and close contacts of the pregnant woman with a live virus vaccine are not contraindicated and should not be postponed for this reason.

For more information contact the Communicable Disease Division at 519 663-5317 ext. 2330.

References:

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- Public Health Agency of Canada. (2006). Canadian Immunization Guide. (7th ed). National Advisory Committee on Immunization