Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · PAEDIATRICS

Slapped cheek syndrome

mild in most children, but three groups need to know

Slapped cheek syndrome is a common, mild viral infection of childhood producing bright red cheeks and then a lacy rash on the body. For most children it needs nothing at all. It matters for three specific groups: pregnant women, people with certain blood disorders, and anyone immunosuppressed.

Seek medical advice promptly if

- you are **pregnant** and have been in contact with slapped cheek, or developed a rash
- the affected person has **sickle cell disease, thalassaemia, spherocytosis** or another chronic haemolytic anaemia
- the affected person is **immunosuppressed** or having chemotherapy
- a child becomes **very pale, breathless, unusually tired or floppy**
- there is a **high fever, drowsiness** or the child seems seriously unwell

Parvovirus B19 temporarily switches off red cell production. In healthy people this passes unnoticed; in someone whose red cells already have a short lifespan it can precipitate a sudden severe anaemia needing transfusion. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

What it looks like

- A few days of **mild cold-like symptoms**, headache, a slight fever and sometimes a sore throat.
- Then **bright red cheeks**, as though the child has been slapped — more obvious on lighter skin, and easily missed on darker skin.
- A day or two later, a **pink, lacy or net-like rash** on the arms, trunk and thighs, which may be mildly itchy.
- The body rash characteristically **fades and returns for several weeks**, brought out by heat, sunlight, exercise or a bath. This is normal and does not mean the illness has come back.
- Some children have no rash at all; some have joint aches.

Once the rash appears, they are no longer infectious

This is the opposite of most childhood rashes and it surprises people. The infectious period is the week **before** the rash, while it looks like an ordinary cold. By the time the cheeks are red, the child can no longer pass it on. There is therefore **no need to keep a child off school or nursery** once the rash has appeared, provided they feel well enough. Excluding them achieves nothing.

Care at home

- Usually nothing is needed at all.
- Paracetamol or ibuprofen if there is fever, headache or joint discomfort.
- Fluids, and rest if they want it.
- Keep the skin cool and avoid hot baths, which bring the rash out more vividly.
- Antihistamine or an emollient if the rash is itchy.

In pregnancy

Most pregnant women are already immune — around half to two thirds have had it in childhood without knowing. If you are not immune and catch it, particularly **before 20 weeks**, there is a small risk of miscarriage or of anaemia in the baby, which is treatable if detected.

- If you are pregnant and have been in contact with slapped cheek, or you develop a rash or joint pains, **contact us or your midwife promptly**.
- A **blood test** establishes whether you are already immune and whether you have a recent infection.
- If infection is confirmed, extra ultrasound scans monitor the baby, and treatment is available if needed.
- There is no vaccine and no specific treatment, so knowing your status is the useful step.

In adults

Adults often get little or no rash but do get **joint pain and stiffness**, typically in the hands, wrists, knees and ankles, sometimes symmetrical enough to be mistaken for rheumatoid arthritis. It usually settles within one to three weeks, though a minority have symptoms for months. Anti-inflammatories help. It does not cause lasting joint damage.

> **Book an appointment if** you are pregnant and have been exposed, you have a blood disorder or are immunosuppressed, an adult has persistent joint pains after a rash, or you would simply like the diagnosis confirmed. We can arrange immunity testing and see children seven days a week.

Immunity testing and same-day appointments

Children and expectant mothers seen seven days a week on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Paediatrics** · **Women's health** · **Blood tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-081

This leaflet is based on current NHS and UKHSA guidance on parvovirus B19 infection. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.