

## Good Practice and Adverse Drug Reactions

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- A- Two years, after the outbreak of the viral infection of Mpox in the Republic of Congo, was discovered, sporadic cases in other countries around the world including the United States of America, were discovered. It became imperative for the World Health Organization to consider the infection as a “Global Health Emergency”.
- B- A new form “clade 1 b” bring global concern because of the way it spread rapidly. We did discuss the disease in a previous AMHE Newsletter about its transmission by close contacts. It is good to know countries where the virus “clade 1b” has been found: Congo (2 strains clade I and clade I b) and 27,000 cases and 1,100 deaths), Sweden (15 confirmed clade I b type cases), Burundi (61 cases clade Ib and no death), Kenya (1 case clade I b), Rwanda 4 confirmed cases I b), Uganda (2 cases I b).
- C- The CDC (Center for Disease and Prevention) has alerted all healthcare providers of the increase in human parvovirus B19 activity in the United States. Although, it is a seasonal respiratory virus, transmitted through respiratory droplets through symptomatic or asymptomatic by standers. A dozen of Europeans countries have observed also an unusual number of cases. Reports on an increase activity of the parvovirus among pregnant women and especially the one suffering from sickle cell disease, with elevation of the IgM antibodies has been observed as well among children between 5 and 9. Healthcare providers are reminded to provide preventive counseling and test people presenting with fever, cough, rash, arthropathy (joint pain) or a decrease in the reticulocyte count, pregnant people, immune-compromised people, with leukemia, HIV infections etc. or on chemotherapy, people with chronic anemia etc.
- D- Parvovirus B19 remains a seasonal respiratory virus that is transmitted through droplets by symptomatic or asymptomatic individuals. There is no established routine surveillance in the United States but as you can see, countries have observed unusually high numbers of cases. Unfortunately the whole blood neither is screened for parvovirus B19 in the USA because it is rarely transmitted through a transfusion. Immuno-competent children and adult with symptomatic disease, develop a biphasic illness with a first phase

characterized by fever, myalgia and malaise, at the beginning of the infection. This is when the individuals present with the higher viral loads in their respiratory secretions while in the second phase, seven to ten days after, especially children have a characteristic facial rash (erythema infectiosum or slapped cheek) and joint pain (arthralgia). Typical rash on the trunk and facial rashes until the viral load decreases. Ten days later, mild anemia and even leukopenia or thrombocytopenia can be observed. Most people will recover but some may have more severe outcome with myocarditis, hepatitis and encephalitis. Unfortunately, there is no vaccine presently available for parvovirus B19 infection.

- E- Fortunately, the parvovirus infections appear to resolve spontaneously without adverse reactions among pregnant women but there are still risks of adverse fetal reactions like anemia, non-immune hydrops and fetal loss. Others with immune-compromised disease, Leukemia, Organ transplants, HIV or other cancer should be precautious... etc.
- F- It is important to learn about parvovirus B19 infections and seek for medical care if you are pregnant with sickle cell or you have an immunosuppressive disease, chronic anemia, thalassemia or sickle cell, leukemia etc. Always remember that children or adults with parvovirus B 19 infections are no longer contagious once the characteristic trunk or facial eruption appears. They are contagious during the prodromal phase whenever the viral load is higher.

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