

RUBELLA (GERMAN MEASLES)

I. DEFINITION:

Rubella is usually a mild febrile viral disease associated with a diffuse punctate and maculopapular rash. Children can present with few or no symptoms. However, adults may present with a prodrome of a low-grade fever, headache, malaise, mild coryza, and conjunctivitis. Lymphadenopathy is the most common clinical feature preceding rash onset by 5-10 days. Up to 50% of rubella infections are subclinical. Rubella is important as infections occurring during pregnancy are associated with congenital malformations, spontaneous abortions and intrauterine deaths.

II. ETIOLOGY:

See Epi Manual.

III. CLINICAL FEATURES:

See Epi Manual.

IV. LABORATORY STUDIES:

Contact the Acute Disease Service (ADS) Epidemiologist-On-Call (405-271-4060) prior to obtaining lab specimens. Ensure that anyone possibly susceptible to measles or rubella is not accidentally exposed while the specimens are being obtained. Clinical diagnosis of rubella is unreliable, so cases must be confirmed through laboratory testing.

- A. Advise the client's primary healthcare provider to order IgM and IgG rubella tests. IgM should be obtained >4 days after rash onset.
- B. The second IgG blood specimen should be obtained approximately 14 days after the initial specimen.
- C. In situations where laboratory testing cannot be obtained by the client's primary healthcare provider or an alternative clinic (in a timely fashion or due to costs) for persons suspected of having rubella who are at high risk of complications or of exposing others, the public health nurse should immediately notify the ADS Epidemiologist-on-Call and discuss laboratory testing of the client through the OSDH contract reference laboratory. Testing a person suspected of having rubella should only be completed by approval after consultation with the ADS Epidemiologist-on-Call.
- D. If testing is conducted using the OSDH contract reference laboratory, specimens will be collected per contract laboratory specifications. Instructions for specimen collection, documentation, and transport to the contract reference laboratory will be provided by the ADS Epi-on-Call to the public health nurse prior to collection.
- E. In certain instances, other laboratory specimens may be requested for testing. Other laboratory specimens may include throat swab, nasopharyngeal swab, or urine.
- F. For exposure during pregnancy, determine immune status and refer healthcare provider to recommendations in *Red Book* for post-exposure immunization if susceptible.

REFERENCES

American Public Health Association. Control of Communicable Diseases Manual, 19th Heymann D, ed. Washington DC, 2008, pp. 529-534.

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Atkinson W, Hamborsky J, Wolfe S, eds. 12th ed., second printing. Washington DC: Public Health Foundation 2012, pp. 275-290. Available online at: <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

Centers for Disease Control and Prevention. Rubella. Manual for the Surveillance of Vaccine-Preventable Diseases, 5th ed., 2012. Available online at <http://www.cdc.gov/vaccines/pubs/surv-manual/chpt14-rubella.html>.

American Academy of Pediatrics. Rubella. In: Pickering LK, Baker CJ, Kimberlin DW, Long SS, eds. *Red Book: 2012 Report of the Committee on Infectious Diseases*. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012: 629-634.