

Rubella (German Measles)

This is an infection caused by the rubella virus.

Rubella infection in a woman in the first eight to 10 weeks of pregnancy results in death of or damage to the foetus in up to 90% of cases. Multiple defects are common (for example, deafness, blindness, brain and heart damage, and mental handicap) and late complications are being increasingly recognised.

The risk lowers to about 10-20% if the mother gets rubella at 16 weeks gestation and defects are rare after 20 weeks.

In other people, rubella is a mild disease.

Symptoms when present include:

- > fever
- > headache
- > runny nose
- > conjunctivitis (inflammation of the eyes)
- > rash (colour plate no. 16)
- > swollen glands (especially at the back of the neck)
- > joint pain.

Symptoms, particularly joint pains, are more severe in adults.

Rubella is diagnosed by a blood test. Clinical diagnosis based on the appearance of the rash is not reliable.

Rubella is spread directly by mucous membrane (lining of nose and mouth) contact with infected airborne droplets from the nose and throat, and indirectly by contact with hands, tissues and other articles soiled by infected nose and throat discharges.

Incubation period

(time between becoming infected and developing symptoms)

16 – 18 days with a range of 14 – 23 days.

Infectious period

(time during which an infected person can infect others)

Up to 7 days before and at least 4 days after appearance of the rash.

Treatment

There is no effective antiviral treatment for rubella. Treatment of the symptoms includes plenty of fluids and paracetamol, following the directions on the pack, for fever or joint pain.

! Aspirin should not be given to children under 12 years of age unless specifically recommended by a doctor.

Control of spread

- > Rubella is best prevented by the measles-mumps-rubella (MMR) combination vaccine. Two doses of MMR are recommended for both girls and boys: one at 12 months and the second at four years of age.
- > Vaccination after exposure will not prevent infection.
- > All health care and child care staff (men and women) should be tested for immunity to rubella and if not immune, should be immunised.
- > All pregnant women should be tested for immunity to rubella prior to, or during early pregnancy. If found not to be immune, MMR vaccination is given after delivery of the baby but before discharge from the maternity unit. Rubella vaccine should not be given to a woman known to be pregnant and pregnancy should be avoided for one month after vaccination.
- > All pregnant women with suspected rubella or exposure to rubella should seek specialist obstetric advice, regardless of a history of rubella or rubella vaccination. Rubella re-infection, often without symptoms, can occur in individuals who have had previous infection or vaccination, although foetal damage is very rare in these cases.
- > Anyone with suspected rubella should consult a doctor both to check that the diagnosis is correct and so that contacts (particularly pregnant women) can be advised.
- > A person with rubella should be excluded from school or work until fully recovered or for at least four days after the onset of the rash.

! Rubella is a notifiable disease

- > Immunisation