

Important Health Notice

Information for Health Care Professionals

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Rubella Outbreak in Southern Ontario

Highlights:

- **Information about the outbreak of Rubella**
- **Risk of Rubella to pregnant women**
- **Advice on diagnosing Rubella**

Dear Colleagues

As of 3 May, 56 confirmed cases of Rubella have been reported from Oxford County, Haldimand-Norfolk and Brant County health units. All cases developed in non-immunized persons.

Approximately 94% of the reported cases occurred in children aged ≤ 18 years. Adult cases have been relatives of students.

The Ministry of Health and Long-Term Care is assisting the three health units in the public health response to the outbreak. Outbreak control efforts are directed at reducing further spread of the disease and to ensure pregnant women are tested for immunity against the disease.

Predominant symptoms have included rash, fever, swollen glands, conjunctivitis, joint pain, muscle aches and coryza. The incubation period for Rubella ranges from 14 to 21 days.

Rubella is very contagious. The Rubella virus is spread by airborne droplets or direct contact with nasal or throat secretions of infected persons. Rubella is communicable from 7 days prior to the onset of rash to 7 days after the onset of rash.

Risk to pregnant women

The major concern of Rubella infection is when a woman acquires the disease during pregnancy. It can lead to severe consequences to the fetus such as miscarriage, fetal death, or Congenital Rubella Syndrome (CRS) which may include congenital heart disease, cataracts, deafness and intellectual disability. Eighty-five percent of CRS cases result from maternal infection during the first trimester of pregnancy. Infected infants may shed the Rubella virus for months after birth.

The primary goal of vaccination against Rubella is to prevent infection during pregnancy. Vaccination is recommended for all women of childbearing age who do not have documented proof of prior immunization and who do not demonstrate detectable antibodies from natural infection or prior immunization. The vaccine should not be administered during pregnancy.

Rubella screening should be included in routine prenatal care. Women who are susceptible to Rubella on prenatal testing should be offered Rubella immunization after delivery. Pregnant women who believe they may have been exposed to a person with Rubella symptoms should have serological testing for susceptibility or early infection, and appropriate counselling.

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Diagnosis of Rubella

Clinicians should consider a diagnosis of Rubella in any person with a maculopapular rash, low-grade fever and adenopathy (cervical, suboccipital or post-auricular). Laboratory diagnosis of Rubella is required.

Serological testing of Rubella infection can be performed in two ways:

- a) By detection of positive Rubella specific IgM on a blood specimen obtained within 28 days after the rash onset (preferably at least 5 days after the onset of the rash) OR
- b) By demonstration of a significant rise in Rubella specific IgG between acute and convalescent sera. The acute serum is taken within 7 days of onset of symptoms and a convalescent specimen is taken after approximately two weeks. A significant rise in IgG is indicative of recent infection.

Generally, testing for specific IgG is performed in conjunction with IgM testing in order to provide a more definitive diagnosis.

When requesting Rubella specific IgM testing, please provide relevant clinical information and the purpose of the testing. If the results of testing in a patient with known or suspected exposure to Rubella shows low or negative IgM and IgG, repeat testing in one to two weeks should be ordered.

It is recommended that individuals working in health care settings have documented evidence of immunization against Rubella. Health care workers should ensure infection control precautions are being consistently maintained, and use appropriate personal protective equipment (e.g., surgical mask and eye protection).

Health care workers who may be pregnant and who might be at risk of contracting Rubella should consult with their health care provider.

For further information

Public Health Agency of Canada information about Rubella is available at:

http://www.phac-aspc.gc.ca/dird-dimr/vpd-mev/rubella_e.html

CDC information about Rubella virus and pregnancy:

http://www.cdc.gov/ncidod/diseases/submenu/sub_rubella.htm

MOHLTC Healthcare Providers Hotline: 1 800 212-2272

Sincerely,

(original signed by)

Dr Sheela Basrur, Chief Medical Officer of Health

(original signed by)

Allison J. Stuart
Director, Emergency Management Unit