



RUBELLA, CONGENITAL

(See also RUBELLA, ACUTE)

1. **Agent:** Rubella virus.
 2. **Identification:**
 - a. **Symptoms:** Congenital rubella syndrome (CRS) is manifested by cataracts, congenital glaucoma, congenital heart disease, microphthalmia, microcephaly, deafness, mental retardation. Thrombocytopenic purpura, hepatosplenomegaly with jaundice, and bone defects may be noted at birth. Occurs in up to 85% of infants born to women experiencing rubella during first trimester of pregnancy. Defects are rare with infection after the 20th week of gestation.
 - b. **Differential Diagnosis:** Other causes of "ATORCH" congenital infection, including AIDS, toxoplasmosis, cytomegalovirus, herpes, and syphilis.
 - c. **Diagnosis:** Clinical syndrome and the presence of IgM-specific antibodies to detect antenatal infection, also virus isolation from the nasopharynx, throat, urine, CSF and the buffy coat of the blood. A persistent high IgG antibody titer after 6-9 months of age is also diagnostic.
 3. **Incubation period:** Not applicable.
 4. **Reservoir:** Human.
 5. **Source:** Maternal viremia.
 6. **Transmission:** Transplacental passage of rubella virus from maternal blood.
 7. **Communicability:** Birth to 9-12 months of age, rarely longer.
 8. **Specific Treatment:** None.
2. **Report Form: CONGENITAL RUBELLA SYNDROME CASE REPORT (CDC 71.17, 3/95 Scanned CA DHS Version 08/03).**
 3. **Epidemiologic Data:**
 - a. Mother's medical history: age at delivery, date of exposure to rubella, date of rubella-like illness, immune globulin prophylaxis, vaccination history, premarital or prenatal screening result.
 - b. Infant's history: anomalies and other clinical findings, age diagnosed.
 - c. Laboratory findings, tests performed, and dates.

CONTROL OF CASE, CONTACTS & CARRIERS

Investigate cases and pregnant female contacts within 7 days.

CASE: Isolate from non-immune pregnant women, non-immune infants and children, and settings where they may be encountered.

Infants with congenital rubella should be considered infectious until they are one year of age unless urine and nasopharyngeal cultures for rubella virus taken after 3 months of age are repeatedly negative. Contact Immunization Program for testing intervals.

Infants with congenital rubella often require multiple visits to medical specialists. Medical appointments should be booked for the last appointment of the day and the child should not be made to wait in the waiting room.

CONTACTS: The goal of rubella case investigation is to prevent exposure of susceptible pregnant women to rubella, and thereby prevent cases of CRS. It is essential that potentially susceptible, exposed pregnant women be identified, evaluated, and counseled. Identify settings where transmission may have occurred (e.g., day care, work, church, school, college, health care facility).

REPORTING PROCEDURES

1. **Reportable.** *California Code of Regulations*, Section 2500. Report case or suspect case within 7 calendar days from the time of identification by mail, telephone, fax, or electronic report.



Ensure that susceptible persons are rapidly vaccinated and maintain active surveillance for 2 incubation periods after the last case's infectious period. All persons at risk who cannot readily provide laboratory evidence of immunity or a documented history of vaccination, on or after their first birthday, should be considered susceptible and should be vaccinated if there are no contraindications.

Immunization of contacts will not necessarily prevent illness or infection from current exposure, but is recommended to provide protection against subsequent exposures should current exposure not result in infection. Immune globulin (IG) is not indicated except possibly in susceptible pregnant women who will not consider abortion under any circumstances. IG's value though has not been established.

1. **Pregnant Contacts:** Draw a blood sample immediately for antibody test to establish immunity if not previously known. Request the laboratory to save an aliquot of frozen blood for future test. If susceptible, re-draw blood 3 weeks later for paired serological testing with first blood specimen. If antibody not detectable in second specimen, repeat test again 3 weeks later. Conduct paired serological test of the first and third blood specimens. If antibody is present in the second or third specimen, but not the first specimen, recent infection is assumed to have occurred. Counsel and/or refer patient to personal physician for possible abortion.
2. **School Exclusion of Un-immunized Contacts:** In schools where a case of rubella has been reported, exclude all persons exempted from rubella vaccination because of medical or personal-beliefs waiver from 7 days after first exposure to 23 days after onset of rash in the last reported case, unless the individual can demonstrate proof of rubella immunity. Immunization after exposure has not been shown to be effective in preventing disease.

CARRIERS: There are rare reports of children with CRS continuing to shed virus for years in nasal secretions.

PREVENTION-EDUCATION

1. Avoid exposure of CRS infants to non-immune pregnant women.

2. Immunize all child and adult susceptibles.
3. Advise women of childbearing age to avoid becoming pregnant for one month after receiving the vaccine. Inadvertent immunization is not an indication for abortion.
4. Educate caretakers on how to disinfect fomites soiled with body secretions.

DIAGNOSTIC PROCEDURES

Clinical and epidemiologic histories are required to aid the laboratory in test selection.

1. **Serology:** Demonstration of rubella-specific IgM antibodies in the infant's cord blood or sera is lab confirmation of rubella. IgM antibody persists for at least 6-12 months in infants with CRS. Documentation of persistence of serum rubella IgG beyond the time expected with passive transfer of maternal antibody is also indicative of CRS.

Container: Serum separator tube (SST, a red-gray top vacutainer tube).

Laboratory Form: Test Requisition and Report Form H-3021 or online request if electronically linked to the Public Health Laboratory.

Test requested: Congenital rubella.

Material: Whole clotted blood.

Amount: 1-2 ml for infant.

Storage: Refrigerate.

2. **Culture:** Virus can be isolated from nasopharyngeal swabs, urine, throat swabs, CSF, blood, and body fluids. Consult with Immunization Program.

Specimen Container: Viral culturette.

Laboratory Form: Test Requisition and Report Form H-3021 or online request if electronically linked to the Public Health Laboratory.

Submission Requirements: Call Virology Laboratory for requirements.

Examination Requested: Rubella isolation.