Guidance for Clinicians

Checklist: Managing Patients Suspected of Having Rubella

The purpose of this checklist is to provide clinicians step-by-step guidance for evaluating patients suspected to have rubella to reduce the spread of rubella and facilitate Public Health investigations.

For questions, please call the Epidemiology Unit in the Los Angeles County Department of Public Health Vaccine Preventable Disease Control Program (VPDC) at (213) 351-7800

Monday to Friday 8:30am – 5:00pm

After business hours/weekends - (213) 974-1234, option 8 - Administrative Officer on Duty (AOD)

Step 1. Immediately isolate patients with an acute febrile rash, using Airborne Transmissible Disease precautions[1]

☐ Patients suspected of having rubella should also be assessed for measles. Refer to Check List: Managing Patients Suspected of Having Measles for guidelines.

☐ Airborne precautions should be followed in healthcare settings until an alternate diagnosis of measles has been ruled out. After measles has been ruled out, patients suspected of having rubella may be isolated under droplet precautions.

Step 2. Determine if the patient has rubella-like symptoms[2]

☐ Assess if patient has any of the following symptoms and obtain onset and resolution dates:

- Maculopapular rash (fainter than a measles rash) that starts on the face and progresses from head to feet, becomes generalized in 24 hours, and lasts a median of 3 days
- Low-grade fever
- Headache
- Conjunctivitis
- Rhinitis
- Lymphadenopathy
- Arthralgia or arthritis (common in adult women, rarely in children or males)[2]

★ Clinical diagnosis of rubella is unreliable; cases **must** be lab-confirmed. Maculopapular rash occurs in 50-80% of people infected with rubella. The rash resembles many other rash illnesses.[3] Consider rubella in unvaccinated patients, especially if the person recently travelled internationally or was exposed to a confirmed rubella case.

☐ Ask whether the patient is pregnant or planning to become pregnant. Serious birth defects, known as Congenital Rubella Syndrome (CRS), are most common if infected early in the pregnancy.

Step 3. Assess for rubella immunity and ask about exposure risk factors

☐ Determine whether patient has one of the following to indicate probable rubella immunity:

- At least 1 documented MMR dose that was administered on or after first birthday
- Documented IgG (+) test for rubella

☐ Ask about exposure risk factors. In the past 2 months, have they had:

- Contact with a known rubella case or with an ill international visitor with a rash
- International travel or travel through an international airport especially in areas where rubella circulates widely e.g., Africa, East and South Asia.

Step 4. Collect rubella specimen

☐ If patient meets criteria of having rubella-like symptoms and is not vaccinated, obtain the following specimen for laboratory testing only to confirm suspected cases of acute rubella infection:
- Rubella RT-PCR Nasopharyngeal -OR- Rubella RT-PCR Throat swab
- Rubella RT-PCR Urine: Collect if measles is also suspected.
- Serum for IgM/IgG: 7-10 mL in a red or gold top serum separator tube. Separate serum from clot within 1 hour or as soon as possible.
- **Routine IgM screening of asymptomatic or unexposed pregnant persons is not recommended.**

☐ Complete the laboratory form for each specimen collected at the links above.

☐ Refrigerate serum (2-8°C) within 8 hours of collection and transport refrigerated on cold packs to the laboratory as soon as possible.

☐ Upon approval by Public Health, the Public Health Laboratory will advise and assist with specimen handling and courier pick up. **Specimens that arrive at PHL without prior VPDC or AOD approval may experience significant delays in testing.**

Step 5. Identify exposed persons at high risk of rubella complications and any high-risk settings

☐ Identify whether the patient has been in recent contact with any of the following while unmasked:
- Pregnant women who are at risk of developing CRS
- Infants <12 months of age
- Immunocompromised persons
- Persons unimmunized for rubella
- Healthcare workers (including staff at facility)

Step 6. Instruct patient to remain isolated at home until 7 days after rash onset

☐ Patients are **not** allowed to attend school or work, participate in any social or academic activities, or attend large public gatherings or venues for 7 days after rash onset, or until rubella is ruled out. It is important to isolate from all pregnant persons who are at risk for CRS.

Step 7. Report the patient suspected of having rubella to Public Health

☐ Inform the case-patient that Public Health may be in contact to provide rubella-related assistance to them and their family/friends.

☐ Fax the following to Public Health at **(213) 351-2782:**
- ✓ Patient demographics
- ✓ All lab results assessing rash-like illness
- ✓ Medical records
- ✓ Immunization records
- ✓ Travel history in the last 2 months

References

1. Title 8 California Code of Regulations: ATD Standards (CDPH)
2. CDPH Rubella Quicksheet
3. B73 - Exanthems, Differential Diagnosis