



FREQUENTLY ASKED QUESTIONS: RUBELLA



1. What is rubella?

Rubella is a mild but very contagious disease caused by the rubella virus. Rubella, also called German measles and three day measles, has a worldwide distribution and can affect people of all ages. Infection with rubella during pregnancy can lead to birth defects or miscarriage.

2. What are the symptoms of rubella disease?

i) Acquired Rubella

Symptoms of rubella are mild and usually appear after an incubation period ranging from 11 to 21 days. Between 20% and 50% of infected persons do not show clinical signs.

Children:

- Rash that begins in the face before moving to the trunk and limbs, is the first sign. The rash is pink and is fainter than measles rash
- Low fever
- Swollen lymph nodes in the neck.

Older children and adults:

- Headache
- Loss of appetite
- Mild conjunctivitis (inflammation of the membrane of the eye, which presents as red and watery eyes)
- Pain and swelling in the joints
- Maculopapular rash that begins on the face and move down the body.

Complications following infection with rubella can include:

- Arthritis
- Encephalitis

ii) Congenital rubella syndrome (CRS):

Infection with rubella during early pregnancy can lead to congenital rubella syndrome. Although foetal infection with rubella may occur throughout pregnancy, the effects are more severe if the infection occurs during the first trimester.

Complications of CRS include

- Deafness
- Eye defects
- Neurologic abnormalities such as mental retardation.

3. Why is rubella a health problem in South Africa and the world?

Rubella is a disease of man with no animal reservoirs and its distribution is worldwide. It usually occurs in a seasonal pattern (i.e. in temperate zones during late winter and spring). Before the introduction of vaccination, the average age at which children were infected varied between 6-12 years in the developed world and 2-8 years in urban areas of developing countries. The susceptibility of women of childbearing age varies from country to country, but reflects socioeconomic status of the susceptibles. The highest risk of CRS is found in countries with high susceptibility rates among women of childbearing age.

In developing countries, statistics of CRS are rare, but since most of them do not offer rubella vaccination, it is assumed that congenital rubella is high. In South Africa there were 857 rubella cases reported for the year 2004. As the disease is not notifiable, the majority of the rubella cases are detected as a result of increased vigilance for measles. Up to the end of June 2005, 183 cases of rubella had been reported. The burden of rubella and CRS in South Africa are probably overshadowed by measles.

4. Who is at risk?

- Babies less than 1 year of age
- Household contacts of persons infected with rubella
- Immunocompromised individuals
- Young women of childbearing age
- Young adults

5. How is rubella transmitted?

- Nose and throat secretions of infected persons
- Airborne droplets from infected persons

6. How do I know if I have or have had rubella?

Many illnesses produce rash that may mimic rubella rash. The only reliable means of confirming rubella or CRS is by performing laboratory tests on blood, urine, or cerebrospinal fluid.

7. What is the treatment following rubella infection?

There is no specific treatment for rubella or CRS. Patients with rubella should drink plenty of liquids. Infants with CRS should be treated for the specific problem.

8. How is rubella prevented?

Immunisation with a highly efficacious and safe rubella vaccine is the best way to prevent rubella. In countries where it is available, rubella vaccine is given in combination with measles and mumps vaccines as MMR.

9. Who should get the rubella vaccine?

- Children under the age of twelve months
- To prevent CRS, women of childbearing age should be the primary target group for rubella vaccination.

10. How and when is the rubella vaccine given?

- Rubella vaccine is given by injection to the right thigh in babies less than one year old
- For older children and young adults the vaccine is given to the right arm
- Only one dose is required and can be given at 9 months as part of MMR or at a later stage as a monovalent.

11. Should HIV positive individuals be vaccinated?

Asymptomatic HIV-infected infants can receive rubella vaccine at 9 months of age. Adults who are asymptomatic can also be vaccinated. Individuals who have symptomatic HIV infection, but are not severely immunocompromised, may be considered for vaccination.

12. What are the side effects of the rubella vaccine?

The rubella vaccine is very safe. The most common side-effects are soreness at injection site, fever and rash. Severe reactions to rubella vaccine are rare.

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