

## RUBELLA

("German Measles")

Last revised July 29, 2011

### I. IDENTIFICATION

A. CLINICAL DESCRIPTION: An illness with all of the following characteristics: (1) acute onset of generalized maculopapular rash; (2) temperature of  $> 37.2^{\circ}\text{C}$  ( $> 99^{\circ}\text{F}$ ), if measured; and (3) arthralgia/arthritis or lymphadenopathy or conjunctivitis.

B. REPORTING CRITERIA: Clinical diagnosis.

C. LABORATORY CRITERIA FOR CONFIRMATION:

- Isolation of rubella virus, OR
- Significant rise between acute and convalescent titers in serum rubella IgG antibody level using any standard serologic assay, OR
- Positive serologic test for rubella IgM antibody, OR
- Positive PCR result for rubella virus

D. WISCONSIN CASE DEFINITION:

- Confirmed: An illness that is laboratory-confirmed OR that meets the clinical description and is epidemiologically-linked to a laboratory-confirmed case
- Probable: An illness that meets the clinical description, has noncontributory or no serologic or virologic test results, and is not epidemiologically-linked to a laboratory-confirmed case
- Suspected: Any generalized rash illness of acute onset

### II. ACTIONS REQUIRED / PREVENTION MEASURES

A. WISCONSIN DISEASE SURVEILLANCE CATEGORY I: Report **IMMEDIATELY BY TELEPHONE** to the patient's local health department upon identification of a confirmed or suspected case. The local health department shall then notify the state epidemiologist **immediately** of any confirmed or suspected cases. Within 24 hours submit a case report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report ([F-44151](#)), or by other means.

B. EPIDEMIOLOGY REPORTS REQUIRED:

- *Electronically*- Report through WEDSS, including appropriate disease-specific tabs  
OR
- *Paper Copy*- Acute and Communicable Diseases Case Report ([F-44151](#)).

C. PUBLIC HEALTH INTERVENTIONS:

In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.

Protocol for Disease Management and Investigation of Contacts:

For further detailed information regarding control measures, please see the additional references cited at the end of this document. The Wisconsin Division of Public Health, Immunization Program should also be consulted regarding state-specific guidelines.

- Isolate individuals with confirmed or suspected rubella, excluding them from school, childcare and the workplace for 7 days after rash onset (counting onset of rash as day zero). Recommend these individuals restrict contact with pregnant women and persons without adequate proof of rubella immunity for 7 days after rash onset.
- Identify and vaccinate susceptible contacts who have no contraindications to rubella vaccine.
- Identify susceptible pregnant females, especially those in the first trimester, as soon as possible. Test them serologically for susceptibility or early infection. Ensure women infected during pregnancy receive counseling from an obstetrician about the risks of intrauterine rubella infection.
- Exclude unvaccinated, susceptible persons from school/childcare for 3 weeks after onset of rash in the last reported patient in the school/daycare.
- Exclude healthcare workers without adequate evidence of immunity from work, starting 7 days after exposure to rubella and continuing through either day 21 after last exposure or day 7 after the rash appears. Because no evidence exists that post-exposure vaccination is effective in preventing rubella infection in persons already infected at the time of vaccination, healthcare workers who are vaccinated as a result of an outbreak should be excluded from direct patient care for 23 days (i.e., the longest incubation period) after the last exposure to rubella.

#### D. PREVENTION MEASURES:

Vaccination with MMR (Measles, Mumps, Rubella) vaccine

- **Children** should routinely receive two doses of MMR (measles, mumps and rubella) vaccine. The first dose should be administered at 12-15 months of age and the second dose should be administered at 4-6 years of age (at the time of school entry).
- **Adults** should receive at least one dose of MMR vaccine unless they have acceptable evidence of immunity. For the general public, birth before 1957, documentation of a previous dose of rubella-containing vaccine, or a positive serologic test for rubella antibodies are considered acceptable evidence of immunity.
- **Healthcare workers**
  - Persons born during of after 1957 should receive two doses of MMR vaccine.
  - Persons born before 1957 who have not received at least one dose of rubella-containing vaccine and do not have serologic proof of immunity should be strongly considered for MMR vaccination.

### III. CONTACTS FOR CONSULTATION

#### A. LOCAL HEALTH DEPARTMENT – REGIONAL OFFICES – TRIBAL AGENCIES:

<http://www.dhs.wisconsin.gov/localhealth/index.htm>

#### B. REGIONAL IMMUNIZATION PROGRAM REPRESENTATIVES:

<http://www.dhs.wisconsin.gov/immunization/regiondepts.htm>

C. BCDER/ IMMUNIZATION PROGRAM: (608) 267-9959.

D. WISCONSIN STATE LABORATORY OF HYGIENE  
Communicable Disease Division  
Customer Service: (800) 862-1013 or (608) 262-6386  
Clinical Supplies: (800) 862-1088 or (608) 265-2966

#### IV. RELATED REFERENCES

- "Rubella" DPH Disease Fact Sheet Series. Available at:  
<http://www.dhs.wisconsin.gov/immunization/rubella.htm>
- Heymann DL, ed. Rubella. In: Control of Communicable Diseases Manual. 19th ed. Washington, D.C.: American Public Health Association, 2008: 529-534
- Pickering LK, ed. Rubella. In: Red Book: 2009 Report of the Committee on Infectious Diseases. 28th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2009: 579-584
- Centers for Disease Control and Prevention. Manual for the surveillance of vaccine-preventable diseases. Centers for Disease Control and Prevention, Atlanta, GA, 2008  
<http://www.cdc.gov/vaccines/pubs/surv-manual>
- Atkinson W, ed. Rubella. In: Epidemiology and Prevention of Vaccine-Preventable Diseases. 11th ed. Washington DC: Public Health Foundation, 2009: 257-272  
<http://www.cdc.gov/vaccines/pubs/pinkbook/pink-chapters.htm>
- Measles, Mumps, and Rubella -- Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR 1998; 47(No.RR-8): 1-57  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm>
- Control and Prevention of Rubella: Evaluation and Management of Suspected Outbreaks, Rubella in Pregnant Women, and Surveillance for Congenital Rubella Syndrome. MMWR 2001; 50(No.RR-12): 1-23 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5012a1.htm>