

## 5.9 RUBELLA

### NOTIFIABLE

#### RECOMMENDATIONS

##### Offer test for rubella immunity to:

- All women of childbearing age

##### Vaccinate (MMR):

- All children (two doses)
- Non-pregnant seronegative women of childbearing age (one dose)
- All children and non-pregnant adults from low income countries without documented evidence of rubella vaccination should be offered one dose of MMR vaccine; two doses may be required to fully protect against measles and mumps

Rubella is usually a mild disease caused by the toga virus. It is important because of its potential to cause serious congenital defects in the developing foetus.<sup>(1)</sup>

### Epidemiology

Most rubella infections occur in winter or early spring. Individuals with rubella are most infectious from 1 week before to 1 week after onset of the rash. In Ireland, rubella notification rates have decreased since the introduction of rubella vaccine in 1971. In order to prevent rubella transmission, all children are recommended vaccination with a rubella containing vaccine.

### Rationale for assessment

The rationale for assessing vaccination status of new entrants is:

- Rates of immunity to rubella are lower in some countries from which migrants originate.<sup>(2)</sup>
- Close living conditions facilitate transmission.<sup>(2)</sup>
- The risk of serious consequences in pregnant women.<sup>(1)</sup>
- The test is simple and reliable.
- Rubella has been targeted for elimination from Ireland.<sup>(3)</sup>
- Rubella is preventable by vaccination.<sup>(4)</sup>

### Assessment

The following indications for rubella assessment and vaccination are based on the Immunisation Guidelines for Ireland 2013.<sup>(3)</sup>

Rubella assessment should be offered to:

- All women of childbearing age. Satisfactory evidence of protection would include documentation of having received at least one dose of rubella containing vaccine or a positive antibody test (IgG level >10IU/mL) for rubella.

### Vaccination

- All children at 12 months of age should be offered MMR vaccine with a second dose at 4-5 years of age.
- Children and adults of migrant or ethnic communities, or coming from low-income countries are less likely to have received rubella vaccination. Without documented evidence of rubella vaccination they should be offered one dose of MMR vaccine. Two doses may be needed for protection against measles and mumps.<sup>(5)</sup>
- All seronegative non-pregnant women of childbearing age should be offered 1 dose of MMR vaccine. Two doses may be needed to protect against measles and mumps.

- Healthcare workers who are non-immune should be offered 1 dose of MMR vaccine. Two doses may be needed to protect against measles and mumps.

**Note A:** MMR vaccine can be given to those who have a history of measles, mumps or rubella infection.<sup>(6)</sup>

**Note B:** Pregnancy should be avoided for 1 month after MMR vaccine.<sup>(6)</sup>

#### References

- (1) Rubella and congenital rubella. In: Heymann D, editor. Control of communicable diseases manual. 18th ed. Washington: American Public health Association; 2004. P. 464-8.
- (2) World Health Organization. WHO vaccine-preventable diseases: monitoring system. Global summary. Geneva; 2004.
- (3) National Immunisation Advisory Committee. Irish Immunisation Guidelines 2013.  
Available from: <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html>
- (4) Heymann D. Control of communicable diseases manual. 19th ed. Washington: American Public health Association; 2008.
- (5) National Immunisation Advisory Committee. Irish Immunisation Guidelines 2013. Chapter 20 Rubella.  
Available from: <http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/immunisationguidelines.html> (accessed 09/01/2014).
- (6) National Immunisation Advisory Committee. Immunisation Guidelines for Ireland 2013. Chapter 12 Measles.  
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