



...for Parents and Caregivers



**Immunisation
Advisory
Centre**
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Rubella

Fact Sheet for Parents & Caregivers

What is rubella?

Rubella, also known as German Measles, is caused by a virus. It is usually a mild disease, but when it occurs in pregnant women during the first trimester of pregnancy it can result in severe damage to the developing baby.

What are the symptoms of rubella?

There is a brief widespread rash, swollen lymph glands and painful joints. (The latter occur mainly in adults.) Rubella infection without symptoms is common.

Because the rubella rash looks similar to other rashes, the only sure way to diagnose rubella is by a blood test.

How serious is rubella?

•Rubella is usually a mild disease in children, but adults tend to have more complications, including temporary painful or swollen joints. Rubella may also occasionally present as a more severe illness, indistinguishable from measles. Encephalitis (inflammation of the brain) occurs in 1 of 6,000 cases. Rubella is of serious concern if contracted in the early stages of pregnancy, as it is highly likely to cause severe abnormalities in the developing baby. These include cataracts, deafness, heart abnormalities, mental retardation and behavioural problems. These abnormalities are referred to as Congenital Rubella Syndrome.

How do you catch rubella?

Rubella is spread from person to person by airborne respiratory secretions (coughing and sneezing). The incubation period varies from 14 to 23 days. Infants with Congenital Rubella Syndrome should be considered infectious until they are one year old.

How common is rubella?

The number of rubella cases has fallen dramatically since the vaccine became available in 1969. Prior to this, extensive outbreaks of rubella occurred every 6-9 years. The last such outbreak started in Europe in 1962/1963 and spread to the USA and other countries including New Zealand in 1964/1965 causing many cases of Congenital Rubella Syndrome.

Thirteen cases of rubella were reported in New Zealand in 2005. Outbreaks of rubella continue to occur both in New Zealand and in nearby Pacific Island countries.

Who is most at risk from rubella?

The unborn baby is most at risk. Those who do not have a prior history of rubella immunisation (or of confirmed rubella disease) and women born between 1965 and 1967 and immigrant women of child bearing age, who have not received rubella or MMR (measles, mumps, rubella) vaccine are also at risk.

How do you prevent rubella?

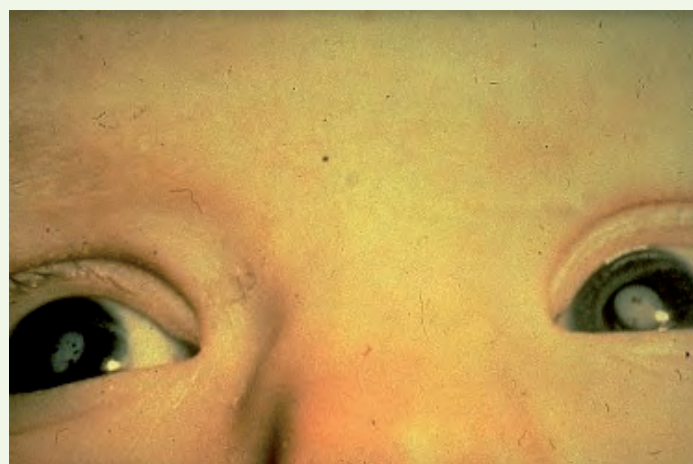
Rubella vaccine, as contained in the MMR (measles, mumps, rubella) vaccine is the best method of prevention. There is no specific treatment – symptomatic treatment only. Cases of rubella must be kept away from early childhood services or school for 7 days after the rash appears.

Vaccines and vaccination against rubella

The measles, mumps, rubella vaccine (MMR) is given as part of the standard immunisation schedule at 15 months and 4-5 years of age. In New Zealand there is no single rubella vaccine available.

How effective is the vaccine against rubella?

Rubella vaccine, as contained in the MMR vaccine, is 95-96% effective at preventing disease. Those who are not protected after the first MMR dose almost always develop protection after the second dose.



Cataracts caused by congenital rubella syndrome
(Photo Courtesy of Centers for Disease Control and Prevention)

Who should get the vaccine?

In New Zealand, the first dose is offered at 15 months as maternal antibodies passed from mother to baby antenatally, may inactivate vaccine given to younger infants.

The second dose is offered at 4-5 years. All women of childbearing age who are susceptible to rubella should have at least 1 dose of MMR vaccine.

Who shouldn't have the vaccine?

The general contraindications, which apply to all immunisations, apply to the MMR vaccine:

- Anyone who has experienced anaphylaxis to a previous dose of MMR or any measles containing vaccine, or to neomycin or gelatin should not receive the vaccine
- Immune suppressed individuals, and anyone who has received immunoglobulin or a blood transfusion within the last 11 months.
- Pregnant women should not receive the vaccine, and
- Women are advised to avoid pregnancy for one month following the MMR vaccine.
- HIV infected individuals who are severely immune compromised
- Babies under 12 months can't be vaccinated except in a disease outbreak situation and on advice from a Medical Officer of Health.

Who should seek more advice before having the vaccine?

Anyone who has had a serious reaction after a previous dose of MMR vaccine should seek professional advice before being vaccinated. Egg allergy is no longer considered a contraindication (rather a precaution depending on the severity of the allergic reaction) to MMR vaccine.

Is the vaccine safe?

The risk of MMR vaccine causing serious harm is extremely small (refer to the table below for side effects). MMR vaccine is far safer than getting rubella (or measles or mumps) infection.

FAQs

Does MMR vaccine cause rubella?

Although the vaccine virus is excreted, extensive efforts to identify transmission to susceptible contacts have been unsuccessful. A recently immunised contact is not a risk to a pregnant woman.

Can the MMR vaccine cause autism?

There is no evidence that the MMR vaccine causes autism, Crohns disease or ADHD.

Does the MMR vaccine contain thiomersal (or mercury)? No.

Rubella

A contagious virus spread by respiratory droplets which causes rash, fever, swollen glands, joint pain, and can cause severe abnormalities in the unborn baby.

Effects of Disease

- For women in early pregnancy, 85% of babies infected during the first eight weeks after conception will have a major congenital abnormality such as deafness, blindness, brain damage, or a heart defect.
- 5 in 10 cases of rubella develop a rash and painful swollen glands
- 5 in 10 adolescents and adults have painful joints (temporary)
- 1 in 6,000 develops inflammation of the brain

Side Effects of Vaccine

- Local reactions are rare. The most common reaction is mild rash and fever (<5%)
- Aseptic meningitis from the mumps component (1 per 100,000)
- Encephalitis (1 per million)
- Anaphylaxis (<1 per million)

Vaccines are prescription medicines. Talk to your nurse, doctor or midwife about any risks and the benefits of immunisation.

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