New Zealand Paediatric Surveillance Unit

CONGENITAL RUBELLA PROTOCOL

Study Objectives:

- 1. To more accurately define the present incidence of congenital rubella in New Zealand
- 2. To evaluate the reasons why mothers of children with congenital rubella have not been effectively vaccinated
- 3. To monitor the outcome of the rubella vaccination programme.

CASE DEFINITION AND REPORTING INSTRUCTIONS

Any child or adolescent up to 16 years of age who in the opinion of the notifying paediatrician has definite or suspected congenital rubella, with or without defects, based on history, clinical and laboratory findings.

Please report any new patients with definite or suspected congenital rubella who you have seen this month to NZPSU through our monthly reporting surveys or via email to nzpsu@otago.ac.nz.

Follow-up of positive returns:

A questionnaire requesting further details will be forwarded to practitioners who report a case

Background:

Congenital rubella is a potentially vaccine preventable condition. The existing mechanisms to ascertain cases of congenital rubella are inadequate. As most infants and children with congenital rubella are seen at some stage by a paediatrician the NZPSU will provide a useful mechanism for obtaining information on congenital rubella.

Factors that may lead to a suspicion of congenital rubella are:

- Single or multiple congenital anomalies, particularly sensorineural deafness, cataracts, retinopathy, glaucoma, microphthalmia, microcephaly and congenital heart disease. Other manifestations, include growth retardation, meningoencephalitis, hepatosplenomegaly, jaundice, interstitial pneumonitis and thrombocytopenia
- A history of viral illness (with or without rash) during pregnancy and/or a history of known maternal contact with rubella, especially in the first trimester of pregnancy
- Diagnosis or rubella during pregnancy, by a significant rise in specific rise in specific antibody titre between acute and convalescent phase serum specimens, the presence of rubella specific IgM indicating a recent infection, or isolation of rubella virus.

Diagnosis of congenital rubella is confirmed by:

- The detection of specific IgM antibodies in a serum during the first months of life
- The persistence of rubella-specific IgG antibodies in a child aged 6 to 12 months, or in a child up to 2 years who has not been vaccinated
- Isolation of the virus which may be shed from the throat and urine for as long as a year.

Investigators:

Professor Peter McIntyre, Epidemiologist Professor Ben Wheeler, Paediatrician, University of Otago, Dunedin P.O. Box 913

Tel: 03 556 6024

Email: nzpsu@otago.ac.nz

THANK YOU FOR YOUR HELP AND SUPPORT

THE RESULTS OF THIS SURVEILLANCE WILL BE INCLUDED IN THE ANNUAL REPORT OF THE NZPSU WHICH WILL BE AVAILABLE ON THE NZPSU WEBSITE AND CAN BE REQUESTED DIRECTLY FROM NZPSU