

# 1.7 Rubella

## Summary

Number of cases, 2013: 0  
Number of cases, 2012: 9

During 2013, there was interrupted endemic transmission of rubella in Ireland with zero cases of rubella identified in 2013. In 2012 there was also interrupted endemic transmission of rubella. Of the nine cases notified in 2012, none were confirmed, eight were possible and the one probable case had country of infection recorded as United Kingdom.

All rubella cases, including suspected cases, should be notified to the local Department of Public Health. Accurate and detailed information on all notified rubella cases is needed to monitor progress towards the WHO European Measles and Rubella Elimination Strategy (for 2015). During 2013 enhanced surveillance of rubella using the Computerised Infectious Disease Reporting (CIDR) system was implemented.

The diagnosis of rubella based solely on clinical signs and symptoms is often unreliable because there are many other causes of fever and rash illness which may resemble rubella infection. Therefore, diagnostic samples (serum, oral fluid, urine) should always be obtained from patients in order to accurately diagnose rubella. Since 2012 the laboratory criteria for case confirmation of rubella requires the identification of rubella virus specific IgG antibody response in serum or saliva or detection of rubella virus nucleic acid in a clinical specimen or isolation of rubella virus from a clinical specimen. Isolation of rubella virus is not routinely performed in Ireland but can be done following consultation with the laboratory. Laboratory results always need to be interpreted according to the vaccination status and history of recent vaccination. Since 2012 the laboratory criteria for a probable case requires the identification of rubella virus specific IgM antibody response; again laboratory results need to be

interpreted according to the vaccination status. (For a case to meet the probable case classification they must meet the clinical criteria and be either epidemiologically linked to a confirmed case or meet the laboratory criteria for a probable case.) When rubella in pregnancy is suspected, further confirmation of a positive rubella IgM result is required (e.g. a rubella specific IgG avidity test showing a low avidity). In certain situations, such as confirmed rubella outbreaks detection of rubella virus IgM can be considered confirmatory in non-pregnant cases.

The figures presented in this summary are based on data extracted from the CIDR system on 18<sup>th</sup> September 2014. These figures may differ slightly from those published previously due to ongoing updating of notification data on CIDR.

WHO require information on discarded rubella cases ie rubella cases investigated and who were found not to meet the case definition. A method for capturing the number of discarded cases is in place since July 1<sup>st</sup> 2013. The HSE Areas reported the number of discarded CIDR cases to HPSC. For July to December 2013 nine cases were discarded from CIDR as following investigation they were not considered to be rubella cases.