# 1.7 Rubella


## Summary

Number of cases, 2014: 3
Number of confirmed cases, 2014: 0


In 2014, three cases (0.07/100,000) of rubella were notified in Ireland while there were no cases in 2013. The three cases were in the age groups 1-2 years, 5-9 years and 15-19 years.

Of the three cases, one was classified as probable with country of infection Poland and two were classified as possible cases.

The probable case tested weakly positive for rubella IgM in the laboratory. The case was unvaccinated, their clinical details fitted the case definition and the case reported contact with friends in Poland diagnosed with rubella.

Both possible cases met the possible rubella case classification; however, the clinicians felt they were unlikely to have rubella. Unfortunately in both cases efforts to obtain samples failed. One of these cases had country of infection recorded as Ireland while country of infection was not recorded for the second case. One case had received one dose of MMR and one was unvaccinated.

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, timely diagnostic samples 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 antibody response (IgG) 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 National Virus Reference Laboratory (NVRL). The NVRL is the WHO accredited National Measles Rubella laboratory for Ireland. 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 require the identification of rubella virus specific antibody response (IgM); again laboratory results need to be interpreted according to the vaccination status. 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.

Accurate and detailed information on all notified rubella cases is needed to monitor progress as part of the WHO European Measles and Rubella Elimination Strategy. HPSC is currently working with the HSE Areas and the NVRL to improve rubella surveillance data.

The figures presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) system on 26th November 2015. These figures may differ slightly from those published previously due to ongoing updating of data on CIDR.

WHO require information on discarded rubella cases i.e. rubella cases investigated and who were found not to meet the case definition. The HSE Areas reported the number of discarded CIDR cases to HPSC. For 2014, nine cases were discarded from CIDR as following investigation they were not considered to be rubella cases. Discarded cases are not available in CIDR for reporting and are therefore not included in the analysis above.

The NVRL is the WHO accredited National Measles Rubella laboratory for Ireland. Laboratories that perform measles/rubella investigations in their own laboratories are requested to send all positive samples for measles or rubella to the NVRL for confirmatory testing. In addition, a selection of negative specimens should also be referred. Genotyping is undertaken on a selection of specimens.