

Rubella

INFORMATION

**With special emphasis
for women of
childbearing age**

Who should not have MMR

- Those allergic to the antibiotic neomycin.
- Women who are already pregnant or planning to become pregnant within one month of immunisation.
- Those with any illness or receiving treatment which suppresses the immune system such as cortisone or prednisolone.
- Anyone suffering an acute infection.

For more information

- Discuss with your doctor.
- Ask your local government health office.
- Ask a maternal and child health clinic nurse.
- Family planning clinics have information.
- Immunisation Unit, Victorian Government
Telephone 1300 882 008
or access Web site www.health.vic.gov.au/immunisation
- Rubella Education Nurse, Deafness Foundation
Telephone (03) 9887 8683
Email rubella@deafness.org.au
Web site www.deafness.org.au

Language translations

This pamphlet is available in other community languages from The Deafness Foundation. Language assistance may be gained through the Translating and Interpreting Service (TIS). Free call on 13 1450.

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Deafness Foundation

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Rubella

What is Rubella?

Rubella (also called German Measles) is a highly contagious viral infection common in children but also affecting teenagers and adults. There may be no symptoms or more commonly a slight fever, swollen glands, joint pains and a rash on the face and neck which lasts two or three days. Recovery is always speedy and complete. Rubella infection is most dangerous in the first 20 weeks of pregnancy. As a result, the baby can be born with deafness, blindness, heart defects and intellectual disabilities. This condition is known as the Congenital Rubella Syndrome (CRS).

How is Rubella spread?

Rubella is spread in a similar way to the common cold and can be caught through coughs and sneezes from an infected person. The symptoms of rubella usually take about two weeks to develop and people may not realise they have the disease. During this time, they may spread the disease to others including women in the early stages of pregnancy who do not have immunity. Early pregnancy is the time when the unborn baby is most at risk.

Who gets Rubella?

Anyone can become infected if they have not had the disease, have not been immunised or for some reason fail to develop adequate immunity. Immunisation usually provides protection but 5-10% of those immunised can still catch rubella because they have not developed sufficient levels of antibody.

How can we prevent Congenital Rubella?

CRS and rubella can be prevented! The best way to prevent birth abnormalities is to ensure that all women are immunised against rubella well BEFORE pregnancy. Pregnancy should be avoided for one month following immunisation and women who are already pregnant should not be immunised until AFTER delivery. Immunising all children and non-immune women helps stop the spread in the community.

In Australia, it is recommended that all children have two separate doses of MMR (measles, mumps and rubella) vaccine. One is given at 12 months of age and the second at 4 years of age. **This protects against all three diseases.**

All people born during or since 1966 should check their immunisation status to ensure they have had two doses of MMR vaccine. They have an increased risk of becoming infected themselves and of infecting others. They are encouraged to consider immunisation to protect themselves and the community.

A blood test BEFORE EACH pregnancy is important to check that a woman has adequate immunity to rubella. If immunity is low or absent, the MMR or rubella vaccine should be repeated. A further blood test is done 6-8 weeks later to ensure that the vaccine has provided adequate protection.

Who is most at risk?

People born in countries where routine childhood immunisation was not offered may need rubella immunisation especially if they came to Australia after the age of 4 years. In particular, women born in Asian and African countries are urged to have rubella immunisation before their first pregnancy since many of them will not have protection.

HAVING HAD A RUBELLA INFECTION DURING CHILDHOOD OR LATER ON IN LIFE DOES NOT GUARANTEE PROTECTION AGAINST RUBELLA. A BLOOD TEST BEFORE EACH PREGNANCY IS REQUIRED TO CONFIRM IMMUNITY.

Where is immunisation available?

Your local doctor, family planning clinic, community health centre and local government immunisation service can provide the MMR vaccine.

Reactions – Complications

Reactions to MMR vaccine are much less significant than the complications of rubella infection in pregnancy. The most common reactions are feeling unwell, a low grade fever and possibly a rash six to eleven days after immunisation. People who have been immunised are not infectious to others. Serious reactions to the vaccine, such as inflammation of the brain, are very rare, probably occurring at the rate of one in a million doses, or less. Risks and benefits can be discussed with your doctor.