Rubella (non-congenital)

Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily in order, when investigating rubella reports. For more detailed information, refer to the rubella disease chapter which can be accessed at: https://www.nj.gov/health/cd/documents/chapters/rubella_ch.pdf

□ Review reported laboratory result(s) to understand what has been reported
- Many rubella cases are created from electronic lab reporting serology results (positive or equivocal IgM). A positive IgM can be indicative of rubella infection, but false positive IgM results are also common. Rubella IgMs are frequently ordered as part of immunity checks ("titers") even though the correct test for immunity is an IgG only. Case investigation is the only way to determine why a test was ordered.
- Rubella is an immediately reportable condition in New Jersey. If the provider office does not respond in a reasonable about of time, please attempt to reach the patient/guardian for interview.

□ Obtain/assess clinical information by interviewing ordering medical provider(s):
- Reason(s) provider ordered test: suspicion of rubella, or checking immunity (for pre-employment, school, pregnancy, etc), or other reason?
- Clinical presentation, asymptomatic vs symptomatic
  - Symptomatic: obtain detailed information about rubella-like symptoms with onset dates
  - Asymptomatic: select "asymptomatic" in signs/symptoms section of case
- Immune status (is rubella immunity documented for the patient?)
  - Was IgG also ordered and what was result (if not already entered into CDRSS)?
    - If patient is pregnant, there may be an IgG documented in patient's medical record from previous pregnancy
  - Check NJIIS for record of rubella vaccine (e.g., MMR); if not available, inquire with provider
    - Document in CDRSS immunization section

PLEASE NOTE:
- If case was asymptomatic, test was ordered for specific purpose of checking immunity (**no** clinical suspicion of rubella), and patient has documented rubella immunity (rubella vaccine and/or positive IgG result), document in CDRSS and close as "Not a Case".
- If case was reported due to suspicion of rubella infection, additional information will be necessary. **Please proceed with case investigation.**

□ Obtain additional clinical and epidemiologic information from the medical provider:
- Level of rubella suspicion (high vs low on differential)
- Alternate diagnoses (e.g., possible drug reactions, influenza, other illnesses)
  - Pending laboratory tests?
- Any known potential exposures to rubella (especially international travel, etc)
- Pregnancy status

□ Interview case/guardian/proxy, obtain:
- Detailed description of rubella-like symptoms with onset dates

- Any new products or medications recently used (e.g., antibiotics)
- Travel/visitors in the month prior to illness onset (local/domestic/international) – include dates and locations
- Assess immune status, attempt to obtain documentation/dates of rubella-containing vaccine – review NJIIS registry
- Ensure case remains in isolation throughout infectious period (through day 7 from rash onset; day of rash onset is considered day 0), unless rubella is ruled out
- Verify patient's preferred contact information for follow-up interview if necessary

□ Report and consult with NJDOH
- Notify NJDOH of suspect rubella case by calling (609) 826-5964 during regular business hours or (609) 392-2020 after business hours or on the weekend.
- Ensure case has been created and updated in the Communicable Disease Reporting and Surveillance System (CDRSS).For high suspicion rubella cases, the NJDOH may require additional information and/or assistance with coordination and submission of specimens for laboratory testing.

□ Contact tracing (if determined necessary)
- Calculate infectious period based on rash onset date (7 days before rash onset through 7 days after rash onset, for a total of 15 days)
- Identify close contacts
  - High-risk susceptibles, including women of childbearing age. Pregnant women, infants under 12 months of age, and immunocompromised individuals should be referred to their obstetrician/healthcare provider.
  - All other susceptibles, individuals without proof of immunity
- Consult with NJDOH about possible exclusion of exposed susceptible individuals (day 7 through 23 from exposure)
- Follow up with close contacts at the end of the incubation period
  - Recommend susceptible individuals receive appropriate rubella vaccination

□ Finalize CDRSS data entry, assign appropriate case classification, and LHD Close case when investigation is complete.
- Illness onset date
- Demographics (including race/ethnicity)
- Signs/symptoms (including onset dates)
- Risk factors
- Hospital admission/discharge dates
- Mortality (whether case was alive or deceased upon discharge)
- Pregnancy status
- Immunizations (specifically only rubella immunizations)
- Assessment of at-risk close contacts

□ As with all communicable disease investigations, please feel free to contact your Regional Epidemiologist or the Disease Subject Matter Expert with any questions