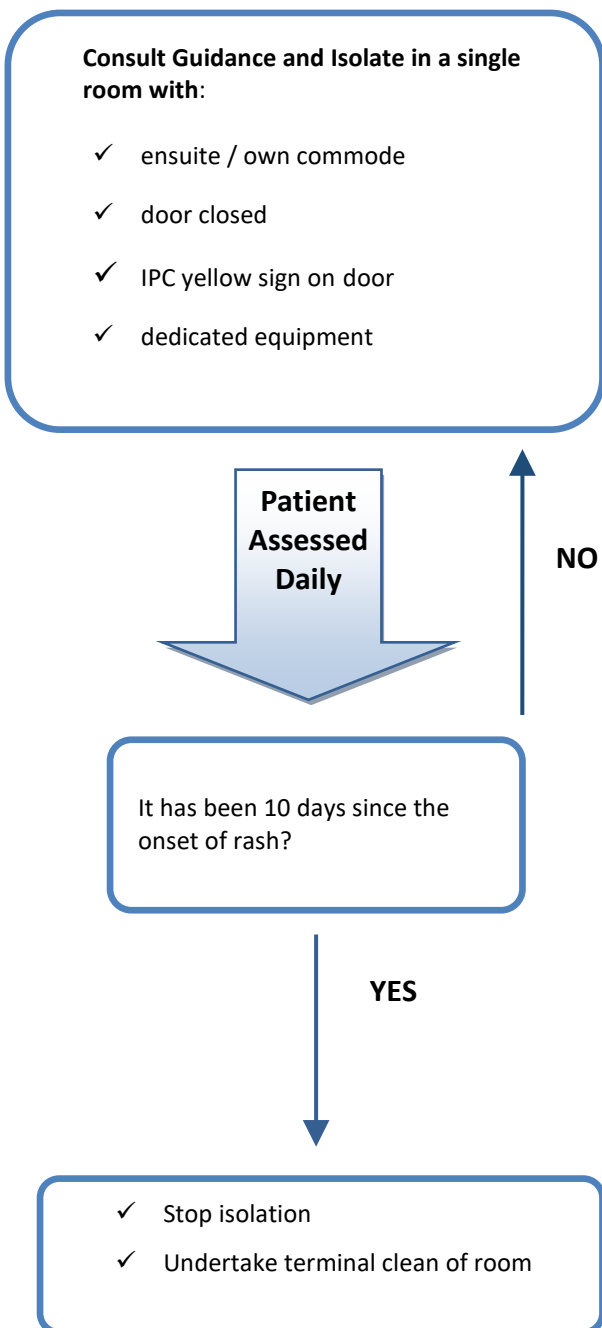
	<b>NHS GREATER GLASGOW &amp; CLYDE BOARD INFECTION CONTROL COMMITTEE</b>	Effective From	May 2026
	<b>RUBELLA AIDE MEMOIRE</b>	Review Date	May 2028
		Version	1
<p>The most up-to-date version of this document can be viewed at the following web page:  <a href="http://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a></p>			

## Aide Memoire – Rubella



### Guidelines for patients in isolation:

**Hand Hygiene:** Liquid Soap and Water or Alcohol Based Hand Rub

**PPE:**

A Type IIR Fluid Resistant Surgical Mask (FRSM) and disposable yellow plastic apron should be worn for all routine care of the patient.

Gloves are required when it is anticipated that there is contact with or exposure to blood, body fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces.

Where there is a risk of splashing of blood/body fluids to the face, eye protection should be worn and during AGPs

An FFP3 mask must be worn during AGPs and the appropriate fallow time after the procedure depending on the air changes in the room.

**Patient Environment:** Twice daily chlorine clean

**Patient Equipment:** Chlorine clean after use and at least on a twice daily basis

**Laundry:** Treat as infected

**Waste:** Dispose of as Clinical / Healthcare waste

**Incubation Period:** 14 -21 days


**Period of Communicability:** 7 days before, until 10 days after the onset of rash

**Notifiable disease:** Yes

**Transmission route:** Droplet, Direct, Indirect & Vertical Transmission


**Symptoms:** include rash (which typically lasts 3 days and starts on the face then progresses to trunk and limbs); sore throat; fever; conjunctivitis; lymphadenopathy and arthralgia.



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### Additional Information

<b>Clinical Condition</b>	<p>Rubella virus is a type of Togavirus and causes rubella infection, also known as German measles and 3-day measles. Infections in otherwise healthy individuals are usually mild and self-limiting, resolving without treatment in 7 to 10 days. Signs and symptoms include rash (which typically lasts 3 days and starts on the face then progresses to trunk and limbs), sore throat, fever, conjunctivitis, lymphadenopathy (enlargement of lymph nodes which may last for several weeks) and arthralgia (joint pain). Complications are rare, but include testicular swelling, thrombocytopenia, arthritis and in severe cases, post-infectious encephalitis, which can be fatal.</p> <p>Rubella infection in pregnancy is a major concern as it can cause miscarriage or congenital rubella syndrome (CRS). CRS can cause severe birth defects if rubella is contracted before 20 weeks gestation and the earlier in the pregnancy, the greater the risk of complications. CRS can cause cardiac, cerebral, ophthalmic and auditory defects, as well as prematurity, neonatal thrombocytopenia, anaemia and hepatitis.</p> <p>The most effective strategy for preventing rubella transmission is the measles-mumps-rubella (MMR) vaccination programme.</p>
<b>Exposure (patients)</b>	Seek advice from an Infection Prevention and Control Team.
<b>Exposure (staff)</b>	<p>Prevent exposure by allowing only HCWs who are immune to rubella to care for patients during the infectious period.</p> <p>Pregnant staff or staff who have been exposed and are unsure of their immune status should contact Occupational Health and/or their own GP for advice as soon as possible.</p>
<b>Mode of Spread</b>	<p><b><u>Droplet transmission</u></b> – Droplets are dispersed in the air when the patient coughs, sneezes or talks. Droplets from an infected person may land on the mucous membranes of the eyes, nose or mouth of a susceptible person.</p> <p><b><u>Direct contact transmission</u></b> Spread of infectious agents from one individual to another by direct skin-to-skin contact.</p> <p><b><u>Indirect contact transmission</u></b> The spread of infectious agents from one person to another via a contaminated object.</p> <p><b><u>Contact Route</u></b> – Contaminated hands may also transmit the virus from person-to-person or equipment to patient/staff.</p> <p><b><u>Vertical transmission</u></b> – Mucous membrane cells become infected and spread the virus to the blood via lymph nodes. Infection can then be spread to a foetus if the mother is not immune. Babies infected in utero with <b><u>congenital rubella</u></b> can excrete the virus for up to one year in urine and faeces.</p>

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<b><i>Persons most at risk</i></b>	Non-immune women of childbearing age are most at risk. Two doses of MMR immunisation is considered evidence of immunity. The most effective strategy for preventing rubella transmission has been the measles-mumps-rubella (MMR) vaccination programme.
<b><i>Specimens required</i></b>	Throat/ buccal swab or nasal pharyngeal aspirate (NPA) in viral medium.
<b><i>Visitors</i></b>	Clinical staff should explain the risk of Rubella exposure to visitors. Only those with a history of rubella, or 2 doses MMR should be allowed to visit. Visitors are not required to wear aprons and gloves unless they are participating in patient care. They should be advised to clean their hands on leaving the room / patient.