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# RUBELLA GUIDANCE TRANSMISSION BASED PRECAUTIONS

The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

#### **Guidance Objective**

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and the importance of diagnosing patients' clinical conditions promptly.

This guidance applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

#### **KEY CHANGES FROM THE PREVIOUS VERSION OF THIS GUIDANCE**

**Important Note:** The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the <u>only</u> version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

#### **Document Control Summary**

Approved by and date	Board Infection Control Committee 15 <sup>th</sup> December 2022	
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Developed by	Infection Prevention Control Policy Sub-Group	
Related Documents	National IPC Manual	
	NHSGGC Hand Hygiene Guidance	
	NHSGGC SOP Cleaning of Near Patient Equipment	
	NHSGGC SOP Twice Daily Clean of Isolation Rooms	
	NHSGGC SOP Terminal Clean of Ward/Isolation Room	
Distribution/Availability	NHSGGC Infection Prevention and Control web page	
	www.nhsggc.scot/hospitals-services/services-a-to-	
	z/infection-prevention-and-control	
Lead Manager	Director Infection Prevention and Control	
Responsible Director	Executive Director of Nursing	



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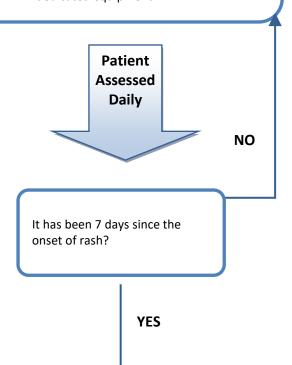
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#### Aide Memoire - Rubella

### Consult Guidance and Isolate in a single room with:

- ✓ ensuite / own commode
- √ door closed
- ✓ IPC yellow sign on door
- √ dedicated equipment



- ✓ Stop isolation
- ✓ undertake terminal clean of room

### Guidance - Guidelines for patients in isolation:

<u>Hand Hygiene:</u> Liquid Soap and Water or alcohol based hand rub

PPE: A Fluid Resistant Surgical Mask (FRSM), a disposable yellow plastic apron and gloves should be worn for all routine care of the patient. For AGPs, a FFP3 mask, full face shield, fluid repellent gown and gloves must be worn during the AGPs and for the post AGP fallow time. Fallow time is dependent on ventilation air changes within the room. Appendix 17 AGPs and Fallow Time (scot.nhs.uk)

<u>Patient Environment:</u> Twice daily chlorine clean

<u>Patient Equipment:</u> Chlorine clean after use and at least on a twice daily basis

**Laundry:** Treat as infected

<u>Waste:</u> Dispose of as Clinical / Healthcare waste

Incubation Period: 14 -21 days

Period of Communicability: 7 days before, until 7 days

after the onset of rash

Notifiable disease: Yes

Transmission route: droplet

**Symptoms**: can include rash (starting on face and moving across trunk to limbs); sore throat; fever; conjunctivitis; lymphadenopathy and arthralgia.



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#### 1. Responsibilities

#### Healthcare Workers (HCWs) must:

- Follow this guidance.
- Implement the IPC Care Checklist
- Inform their line manager if this Guidance cannot be followed.

#### **Clinicians must:**

 Notify NHSGGC Public Health Protection Unit (PHPU) if they diagnose a clinical case of rubella.

#### Microbiologists must:

• Laboratory staff must notify NHSGGC PHPU if they make a laboratory diagnosis of rubella.

#### Senior Charge Nurses (SCN) / Managers must:

- Ensure staff are aware of the content of this guidance
- Support HCWs and Infection Prevention and Control Teams (IPCTs) in following this guidance.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

#### Infection Prevention and Control Teams (IPCTs) must:

- Keep this guidance up-to-date.
- Provide education opportunities on this guidance.
- Advise and support HCW to undertake a risk assessment if unable to follow this guidance
- Advise and support HCW on contact management.

#### Occupational Health Service (OHS) must:

- Advise HCW regarding immune status, possible infection exposure and return to work issues as necessary.
- Support staff screening during an outbreak / incident as part of an IMT investigation



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#### 2. General Information on Rubella

Communicable Disease/	Rubella virus. A rubivirus of the Togaviridae family. An	
Alert Organism	enveloped virus.	
Clinical Condition	Rubella:  A mild disease characterised by a non-specific erythematous, maculopapular rash, generalised lymphadenopathy and slight fever.  Extremely rare complications are retinitis, cataract, hepatosplenomegaly, encephalitis and thrombocytopenia. Infection during pregnancy (up to 20 weeks gestation) carries a considerable risk of foetal malformations referred to as Congenital Rubella Syndrome (CRS), foetal death and abortion).	
Incubation period	Usually 14-17 days, full range 7 - 21days.	
Mode of Spread	The virus is present in respiratory secretions and urine.  Droplet transmission — 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.  Direct contact — Direct contact with respiratory secretions or urine from an infected person.  Indirect contact — Hands touching a contaminated surface, then touching the mucous membranes of the eyes, nose or mouth of a susceptible person.  Vertical transmission — 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 <u>congenital rubella</u> can excrete the virus for up to one year in urine and faeces.	
Notifiable disease	Yes. Cases should be notified by medical staff to: PHPU Consultant in Public Health Medicine (CPHM) via switchboard - Gartnavel Royal Hospital, West House, 1055 Great Western Road, Glasgow, G12 0XH.	
Period of	From 7 days before and up to 7 days after the development	
communicability	of the rash.	
Persons most at risk	Non-immune women of childbearing age are most at risk. Two doses of MMR immunisation is considered evidence of immunity.	



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#### 3. Transmission Based Precautions for Patients with Rubella

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Accommodation	A single room preferably with en-suite facilities until 7 days	
(Patient Placement)	after the onset of the rash.	
Clinical/ Healthcare	All non-sharps waste from patients with Rubella should be	
Waste	designated as clinical healthcare waste and placed in an	
	orange bag see NHSGGC Waste Management Policy	
Domestic Services/	Refer to NHSGGC SOP <u>Twice Daily Clean of Isolation Rooms</u> .	
Facilities		
Equipment	Take only into the room that which is necessary. Where practical	
	allocate individual equipment and decontaminate as per	
	NHSGGC Decontamination Guidance. Please refer to NHSGGC	
	<u>Decontamination Guidance</u>	
Exposure (patients)	Seek advice from an Infection Specialist.	
Exposure (staff)	Prevent exposure by allowing only HCWs who are immune to	
	rubella to care for patients during the infectious period using	
	Standard Infection Control Precautions (SICPs) and	
	Transmission Based Precautions (TBPs).	
	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.	
Hand Hygiene	Hands must be decontaminated before and after each	
	direct patient contact, after contact with the environment,	
	after exposure to body fluids and before any aseptic tasks.	
	Patients should be encouraged to carry out thorough hand	
	hygiene, providing hand wipes if required.	
	Please refer to NHSGGC <u>Hand Hygiene Guidance</u>	
Last Offices	See National guidance for Last Offices	
Linen	Treat used linen as soiled/ infected, i.e. place in a water	
	soluble bag, then into a clear plastic bag (brown bag used in	
	Mental Health areas), tied then into a white laundry hamper	
	bag. Some wards and departments may use red laundry	
	hamper bags as the outer bag.	
	Refer to National Guidance on the safe management of linen	
	Any soiled clothing for home laundering should be placed into	
	a domestic water soluble bag then into a patient clothing bag	
	before being sent home. All soiled clothing for home	
	laundering should be accompanied with a Washing Clothes at	
	Home Leaflet and staff should alert relatives / carers to the	
	condition of the laundry. NB it should be recorded in the	
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	nursing notes that both advice and the information leaflet has
	been issued.
Moving between	Patient movement should be kept to a minimum. Prior to
wards, hospitals and	transfer, HCWs from the ward where the patient is located
departments	must inform the receiving area of the patient's infection status
(including theatres)	and requirement for single room. When patients need to
	attend other departments the receiving area should put in
	place arrangements to minimise contact with other patients
	and arrange for additional domestic cleaning if required
Notice for Door	The yellow IPC isolation sign must be placed on the door to the
	patient's room. In Mental Health Services (MHS), on advice of IPCT
Personal Protective	A fluid resistant surgical mask (FRSM), gloves and disposable
Equipment (PPE)	yellow plastic apron should be worn for all routine care of the patient.
	For AGPs, a FFP3 mask, full face shield, fluid repellent gown
	and gloves must be worn during the AGPs and for the post AGP
	fallow time. Fallow time is dependent on ventilation air
	changes within the room. Appendix 17 AGPs and Fallow Time
	(scot.nhs.uk).
Precautions Required	Precautions are required until 7 days after the onset of the
until	rash.
Specimens required	Throat/ buccal swab or nasal pharyngeal aspirate (NPA) in viral medium.
Terminal Cleaning of	See Terminal Cleaning of Ward/Isolation Room SOP
Room	
Visitors	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
	performing personal care. Visitors should be advised to
	decontaminate their hands with liquid soap and water on
	leaving the room/ patient. Visitors should be advised not to
	sit on the patient's bed at any time during visiting.



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#### 4. Evidence Base

Public health England (2019): Rubella (German measles): Guidance, Data and Analysis <a href="https://www.gov.uk/government/collections/rubella-german-measles-guidance-data-and-analysis">https://www.gov.uk/government/collections/rubella-german-measles-guidance-data-and-analysis</a>

Immunisation against infectious disease 'Green Book' (2013). Department of Health. <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/148498/Green-Book-Chapter-28-v2\_0.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/148498/Green-Book-Chapter-28-v2\_0.pdf</a>

Health Protection Scotland (2019) National Infection Prevention and Control Manual National Infection Prevention and Control Manual

National Infection Prevention and Control Manual: Appendix 11 - Best Practice - Aide memoire for Patient Placement considerations and Respiratory Protective Equipment (RPE) or Fluid Resistant Surgical Facemasks (FRSMs) for Infectious Agents (scot.nhs.uk)

European Centre for Disease Control (2022) Disease Factsheet About Rubella <a href="https://www.ecdc.europa.eu/en/rubella/factsheet">https://www.ecdc.europa.eu/en/rubella/factsheet</a>

Centres for Disease Control (2020) Rubella (German Measles, Three-Day Measles) Rubella Information For Healthcare Professionals | CDC