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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 only 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


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Related Documents	National IPC Manual NHSGGC Hand Hygiene Aide Memoire 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
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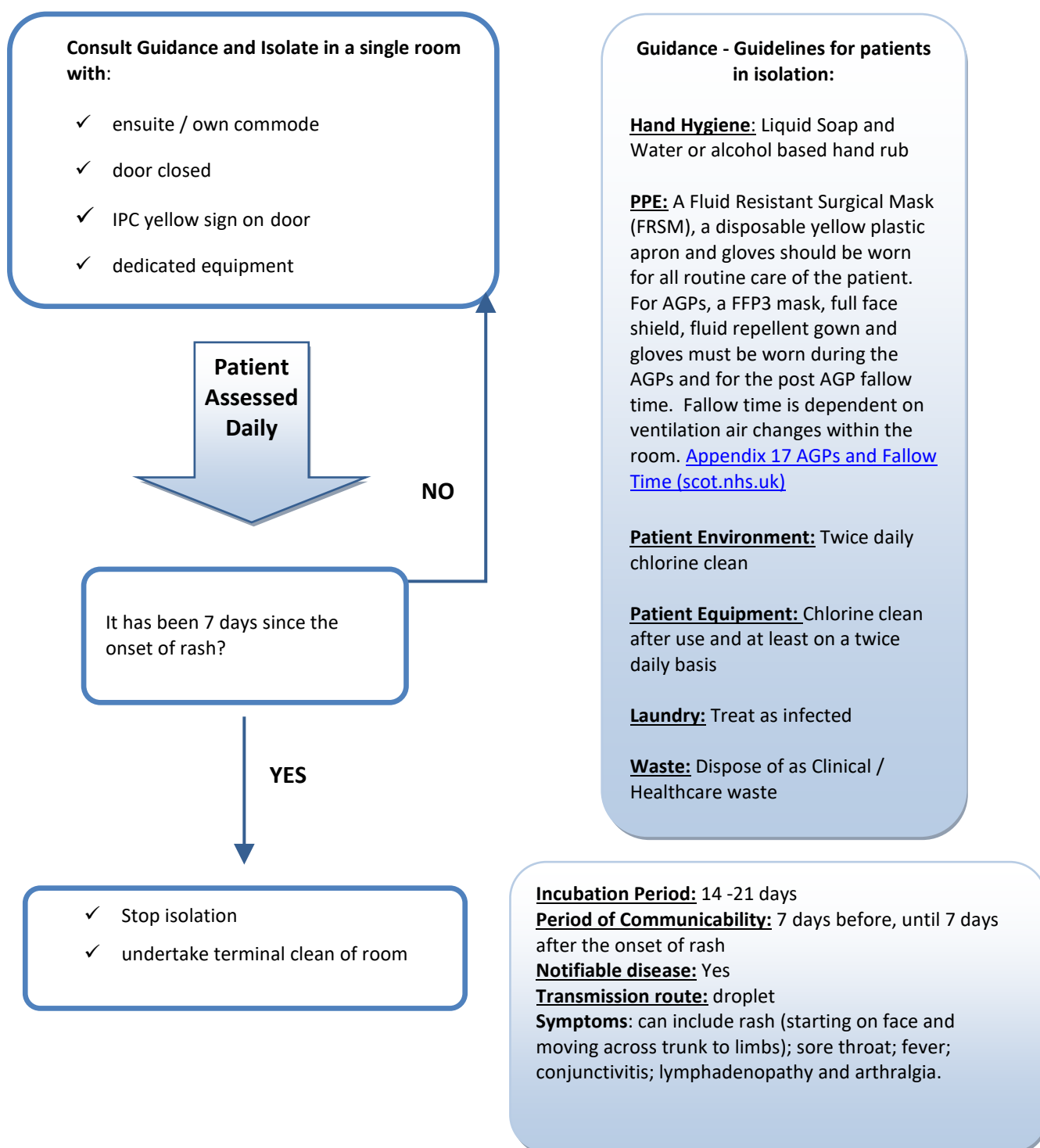
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Aide Memoire - Rubella



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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/ Alert Organism	Rubella virus. A rubivirus of the Togaviridae family. An enveloped virus.
Clinical Condition	<p>Rubella: A mild disease characterised by a non-specific erythematous, maculopapular rash, generalised lymphadenopathy and slight fever.</p> <p>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).</p>
Incubation period	Usually 14-17 days, full range 7 - 21days.
Mode of Spread	<p>The virus is present in respiratory secretions and urine.</p> <p>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.</p> <p>Direct contact – Direct contact with respiratory secretions or urine from an infected person.</p> <p>Indirect contact – Hands touching a contaminated surface, then touching the mucous membranes of the eyes, nose or mouth of a susceptible person.</p> <p>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 congenital rubella can excrete the virus for up to one year in urine and faeces.</p>
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 communicability	From 7 days before and up to 7 days after the development 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

Accommodation (Patient Placement)	A single room preferably with en-suite facilities until 7 days after the onset of the rash.
Clinical/ Healthcare Waste	All non-sharps waste from patients with Rubella should be designated as clinical healthcare waste and placed in an orange bag see NHSGGC Waste Management Policy
Domestic Services/ Facilities	Refer to NHSGGC SOP Twice Daily Clean of Isolation Rooms .
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 Decontamination Guidance
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 Hand Hygiene Aide Memoire
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.
<i>Moving between wards, hospitals and departments (including theatres)</i>	Patient movement should be kept to a minimum. Prior to transfer, HCWs from the ward where the patient is located must inform the receiving area of the patient's infection status 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
<i>Notice for Door</i>	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
<i>Personal Protective Equipment (PPE)</i>	A fluid resistant surgical mask (FRSM), gloves and disposable 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) .
<i>Precautions Required until</i>	Precautions are required until 7 days after the onset of the rash.
<i>Specimens required</i>	Throat/ buccal swab or nasal pharyngeal aspirate (NPA) in viral medium.
<i>Terminal Cleaning of Room</i>	See Terminal Cleaning of Ward/Isolation Room SOP
<i>Visitors</i>	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
<https://www.gov.uk/government/collections/rubella-german-measles-guidance-data-and-analysis>

Immunisation against infectious disease 'Green Book' (2013). Department of Health.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148498/Green-Book-Chapter-28-v2_0.pdf

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
<https://www.ecdc.europa.eu/en/rubella/factsheet>

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

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