**PURPOSE:**

Rubella is a mild febrile viral disease with a diffuse punctuate and maculopapular rash sometimes resembling that of measles or scarlet fever. Rubella is important because of its ability to produce anomalies in the developing fetus.

The purpose of the following policy is to prevent or minimize exposure to rubella and spread of disease to susceptible patients, employees and visitors, and to establish guidelines for the management of susceptible employees post exposure.

**DEFINITION**

1. Exposure is defined as contact of a non-immune person with, either nasopharyngeal secretions or skin lesions a person incubating or infected with rubella.

a. The period of communicability extends from a few days before to 7 days after onset of rash.

b. Infants with congenital rubella shed large quantities of virus in their pharyngeal secretions and urine.

2. A non-immune person presents at least one of the following indicators:

a. No physician-documented history of active disease.

b. No serologic evidence of rubella-specific antibodies.

c. No written documentation of vaccination with live, attenuated rubella virus vaccine.

EXPOSURE MANAGEMENT

1. Notify Infection Control Ext. 15510 (during normal business hours). After hours/holidays/weekends contact ID physician on call.

2. Records of rubella screening will be reviewed. Employees are expected to know their immune status based on serologic screening conducted at time of hire.

3. If no rubella antibody titer screening was done, a serum specimen will be drawn STAT. Results will be requested STAT.

4. Non-immune employees will be furloughed from the 7th through the 21st day after exposure, with or without development of illness.

5. If active infection occurs, the employee may return to work 5 days after the onset of rash.

6. Post-exposure immunization will not necessarily prevent infection or illness.

7. Passive immunization with IG is not indicated.

**REFERENCES:**

1. Control of Communicable Diseases Manual. 17th Edition. Chin J. Editor. APHA. 2000.
2. CDC, HICPAC. Guidelines for Hospital Employee Health. Fed Reg. Nov.1997
3. American Academy of Pediatrics RedBook: Report of the Committee on Infectious Diseases 2018.
4. Association for Professionals in Infection Control, 4th edition, 2014, “Rubella” chapter 86.

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*