

For Health Professionals

Health Alerts

Health Alert Advisory #134 - Rubella Outbreak in Ontario, Canada - May 31, 2005

BACKGROUND:

As of May 13, 2005, a total of 177 rubella cases have been confirmed in southwest Ontario, Canada. This includes 164 cases in Oxford County (with three schools affected), 8 cases in Brant County, and 5 in Haldimand-Norfolk County. The outbreak has occurred among unvaccinated members of a religious community that has links to other religious communities in the Netherlands. A rubella outbreak has been ongoing in the Netherlands since September, 2004, and includes 280 confirmed cases, including 22 pregnant women.

The outbreak in Ontario began in February and seems to have peaked in April. Most of the cases (99.4%) have occurred in unvaccinated school-age children. Out of 11 pregnant women with possible exposure who are being followed, disease has been confirmed in 4. Three schools have been closed in Oxford, Ontario. Other schools are excluding students who are not immunized or cannot offer proof of immunity. Even though the outbreak seems to have peaked, the possibility of spread to unvaccinated persons in the United States continues to exist.

RECOMMENDATIONS:

Health care providers in all settings need to maintain an increased vigilance for rash illnesses or clusters of rash illnesses, especially in potentially under-vaccinated groups and those who have traveled to, or had contact with, the affected area.

All suspect rubella cases must be reported immediately to the Erie County Department of Health, Disease Control (716) 858-7697.

Diagnosis is made by obtaining a positive serological test for rubella-specific immunoglobulin M (IgM) antibody, or a significant rise between acute and convalescent phase titers in serum of rubella-specific immunoglobulin G (IgG) antibody level. Rubella virus can be isolated from nasal secretions, blood, throat swab, urine, and cerebrospinal fluid. Virus can be isolated from the pharynx 1 week before and until 2 weeks after rash onset. Viral isolation is an extremely valuable epidemiologic tool, and should be attempted for all suspected cases of rubella. Given the recent outbreaks of measles and mumps in the United Kingdom and the present risk of rubella, an opportunity exists to reinforce the importance of vaccination and the serious complications of rubella in pregnant women with emphasis on congenital rubella syndrome (CRS).

Finally, it is important to address the issue of immunization in under-vaccinated individuals, including persons living in religious communities where immunization may not be customary.