
Rubella (German measles)

Frequently Asked Questions

1. What is rubella?

Rubella, or German measles, is an infectious disease caused by the rubella virus. It is usually a mild disease in children and adults but can have serious consequences in pregnant women by infecting their unborn babies and causing congenital rubella syndrome.

2. Who can get rubella?

Any person who is not immune to rubella can be infected by the rubella virus. In countries where rubella vaccination is not included in the routine immunization schedule (such as South Africa), rubella circulates widely and usually infects children.

3. Where does rubella occur in South Africa?

Rubella virus circulates all over South Africa. The number of cases usually increases in late winter and early spring. When there are several cases of rubella in a community over a short period of time, a rubella outbreak is said to occur. There are frequent outbreaks in day care centers, schools, and tertiary education institutions.

4. How is rubella transmitted?

People get rubella by breathing in saliva or mucus droplets from an infected person when s/he coughs, sneezes, or talks. An individual with rubella is most infectious when developing rash and infected persons can shed the virus from 7 days before to 7 days after onset of the rash.

5. What are the signs and symptoms of rubella?

The disease presents as rash, low grade fever (<39°C), nausea, sore throat, mild conjunctivitis (red eyes) and swollen lymph nodes in the neck. The rash usually starts on the face and neck before spreading to the rest of the body. The rash lasts for about 5 days

6. What are complications resulting from rubella infection?

Most cases of rubella have no complications. In adult women with rubella, arthritis is a common complication but it clears up after the infection. In rare cases, rubella infection can be serious, causing brain infection or abnormal bleeding. The most serious complication of rubella infection is the potential harm to a pregnant woman's developing baby. Outcomes of rubella infection in pregnancy may include miscarriage, abnormal fetal growth and birth defects that are known as congenital rubella syndrome (CRS). Birth defects may include heart conditions, hearing problems and developmental delay. Congenital rubella syndrome is more common if a woman catches rubella in the first trimester (approximately 14 weeks) of pregnancy.

7. How is rubella diagnosed?

Rubella can be diagnosed by a blood test. A throat swab can also be used. Without laboratory testing it is not possible to distinguish rubella other viral rash illnesses (such as measles).

8. How is rubella treated?

There is no specific treatment for rubella. Symptoms can be managed by rest and medication to control fever.

9. How is rubella prevented?

Most adults are immune to rubella due to previous infection during childhood. Vaccination is effective to preventing rubella infection but rubella vaccination is currently not part of the national expanded program on immunisation schedule in South Africa. The vaccine can be given as MMR (measles, mumps, rubella) vaccine, available in the private and the military health sectors. MMR is usually administered at 12 months and 18 months of age but can be given in adults. The vaccine is not suitable, however, for pregnant women.

10. Where can I find out more information

Health care workers may contact the NICD hotline after hours and in emergency situation for clinical or medical advice at 082-883-9920. The Centre for Vaccines and Immunology may be reached on 0113866536.