Rubella (also known as German measles) is a mild but very contagious viral disease that is preventable with a vaccine. Anyone can get rubella, but unvaccinated, school aged children are most at risk.

Rubella is dangerous because infection of a pregnant woman can harm the unborn baby and result in the congenital rubella syndrome (CRS) - see the complications section below for details.

How is caught or spread?
People get rubella by breathing in droplets that become airborne when an infected person coughs, sneezes, or talks. Rubella can also spread by direct contact with fluids from the nose or throat of an infected person.

What are the signs and symptoms?
Most cases of rubella are mild. About half the people infected with rubella virus get a rash that looks like small, fine pink spots. The rash first appears on the face and progresses from head to foot, lasting about 3 days. Children usually develop few or no other symptoms. Adults can have mild fever, headache, reddened eyes, swollen glands behind the ears, tiredness, and joint pain.

An infected person can spread the disease for as many as 7 days before the rash appears to 7 days after. Infectious children should not attend school or day care.

In most cases, symptoms appear within 16 to 18 days. Diagnosis is by blood test for antibodies or rubella virus identification.

What complications can result from rubella?
Rubella is not usually a serious disease in children, but it can be very serious if a pregnant woman becomes infected. When a woman gets rubella during pregnancy, especially during the first 3 months, the infection is likely to spread to the foetus and cause congenital rubella syndrome (CRS).

Between 20 and 90 percent of infants born to mothers infected with rubella during the first 3 months of pregnancy have CRS. This can result in miscarriage, stillbirth and severe birth defects. The most common birth defects are blindness, deafness, heart damage, and mental retardation. Defects are rare if the mother is infected after the 20th week of pregnancy.

How is rubella treated?
There is no treatment for rubella. The illness usually runs its course in a few days.

How common are rubella and CRS?
Since the rubella vaccine was introduced cases of rubella and congenital rubella syndrome in New Zealand have remained low. Less than 40 cases of rubella were notified annually in New Zealand between 2000 and 2005 (so less than 1 per 100,000 people).

Rubella is primarily a childhood disease in unvaccinated populations. When children are well immunised, adolescent and adult infections become more evident.

How can rubella be prevented?
Rubella and CRS are prevented by immunisation. The rubella vaccine is part of the two dose MMR (measles, mumps, rubella) vaccine given during childhood.

All children should be vaccinated to protect themselves and others from rubella.

Women must be immune to rubella before they become pregnant to help protect their unborn babies from CRS. Reproductive-aged women should find out if they are protected against rubella and receive the rubella vaccine if needed. A blood test is usually done during pregnancy to determine a woman’s immune protection against rubella. Any pregnant woman who has been exposed to rubella should be referred to her health-care provider.