RUBELLA
RUBELLA (3 day Measles)

EPIDEMIOLOGY
• Agent - RNA Virus Togaviridae
• Natural Host - Human
• Transmission – Air Droplet, Trans placental
• Subclinical - Clinical- 2:1
• Infectivity- 1wk before & 1wk after the onset of rash
CLINICAL FEATURES

• Incubation period – 14-21 days
• Low grade fever
• Rash - fine red rash on the face, spreads to cover the whole body within 24 hours
• Rash lasts about 3 days
• Forchheimer spots on soft palate in 20% cases
• Lymphadenopathy and arthralgia may be present
Rubella

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- Rash
- Lymph nodes
- Malaise
- Conjunctivitis
- Coryza
DIAGNOSIS

• Rubella Antibodies
  - IgG: for previous infection or received immunization
  - IgM: for current infection
  - No antibody: neither immunized nor past infection
• Virus isolation
DIAGNOSIS

Discrete maculo papules confluent with large areas of flushing
DIFFERENTIAL DIAGNOSIS

• Measles
• Erythema infectiosum
• Exanthem subitum
• Infectious mononucleosis
• Atypical Mycoplasma infection
TREATMENT

• Supportive care
• Antipyretics like paracetamol
• Antihistamines for troublesome itching
CONGENITAL RUBELLA SYNDROME

• Congenital defects in newborn in 50% cases when infection occurs at first trimester
• Congenital rubella syndrome –
  - cataract, microphthalmia (43%)
  - sensorineural deafness (58%)
  - congenital heart disease PDA, PS (50%)
  - microcephaly, mental retardation
  - hepatosplenomegaly
CONGENITAL RUBELLA SYNDROME
PREVENTION

• Vaccination with MMR at 9 months and a second dose at 15 months of age
• Pregnant women if not immunized should receive rubella vaccine
PROGNOSIS

• Excellent

• Usually permanent immunity.

• Reinfections documented rarely
Thank You