SOP Objective

To ensure that Healthcare Workers (HCWs) are aware of the actions and precautions necessary to minimise the risk of outbreaks and the importance of diagnosing patients’ clinical conditions promptly.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

- Updated wording in Section 2. General Information on Rubella (Clinical Condition, Period of Communicability, Persons most at Risk)
- Updated wording in Section 3. Transmission Based precautions for Patients with Rubella (Accommodation, Equipment, Exposure, Hand Hygiene, Linen, Moving between hospitals and wards, PPE, Visitors)
- Updated references in Section 4. Evidence Base
The most up-to-date version of this policy can be viewed at the following website:
http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/

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### 1. Responsibilities

**Healthcare Workers (HCWs) must:**
- Follow this SOP.
- Inform their line manager if this SOP cannot be followed.

**Clinicians must:**
- Notify NHSGGC Public Health Protection Unit (PHPU) if they diagnose a clinical case of rubella.

**Microbiologists must:**
- Laboratory staff must notify NHSGGC PHPU if they make a laboratory diagnosis of rubella.

**Senior Charge Nurses (SCN) / Managers must:**
- Support HCWs and Infection Control Teams (ICTs) in following this SOP.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.
- **Infection Prevention Control Teams (IPCTs) must** Keep this SOP up-to-date.
- Provide education opportunities on this SOP.

**Occupational Health Service must:**
- Advise HCW regarding immune status, possible infection exposure and return to work issues as necessary.
2. General Information on Rubella

<table>
<thead>
<tr>
<th><strong>Communicable Disease/Alert Organism</strong></th>
<th>Rubella virus. A rubivirus of the Togaviridae family. An enveloped virus.</th>
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</thead>
<tbody>
<tr>
<td><strong>Clinical Condition</strong></td>
<td>Rubella: A mild disease characterised by a non-specific erythematous, maculopapular rash, generalised lymphadenopathy and slight fever. (Extremely rare complications are congenital rubella, retinitis, cataract, hepatosplenomegaly, thrombocytopenia and birth defects in unborn children.) If a clinical case of Rubella is suspected, clinicians should seek advice from a paediatric/ adult ID physician.</td>
</tr>
<tr>
<td><strong>Incubation period</strong></td>
<td>Usually 14-17 days, full range 14-21 days.</td>
</tr>
<tr>
<td><strong>Mode of Spread</strong></td>
<td>The virus is present in respiratory secretions and urine. <strong>Droplet transmission</strong> – Droplets are dispersed in the air when the patient coughs, sneezes or talks. Droplets from an infected person may land on the mucous membranes of the eyes, nose or mouth of a susceptible person. <strong>Direct contact</strong> – Direct contact with respiratory secretions or urine from an infected person. <strong>Indirect contact</strong> – Hands touching a contaminated surface, then touching the mucous membranes of the eyes, nose or mouth of a susceptible person. <strong>Vertical transmission</strong> – Mucous membrane cells become infected and spread the virus to the blood via lymph nodes. Infection can then be spread to a foetus if the mother is not immune. Babies infected in utero with <strong>congenital rubella</strong> can excrete the virus for up to one year.</td>
</tr>
<tr>
<td><strong>Notifiable disease</strong></td>
<td>Yes. Cases should be notified by medical staff to: PHPU Consultant in Public Health Medicine (CPHM) via switchboard - Gartnavel Royal Hospital, West House, 1055 Great Western Road, Glasgow, G12 0XH.</td>
</tr>
<tr>
<td><strong>Period of communicability</strong></td>
<td>From 7 days before until 5 days after the development of the rash.</td>
</tr>
<tr>
<td><strong>Persons most at risk</strong></td>
<td>Non-immune women of childbearing age are most at risk. Two doses of MMR immunisation is considered evidence of immunity.</td>
</tr>
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</table>
### 3. Transmission Based Precautions for Patients with Rubella

<table>
<thead>
<tr>
<th>Accommodation (Patient Placement)</th>
<th>A single room preferably with en-suite facilities until 5 days after the onset of the rash.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical/ Healthcare Waste</td>
<td>All non-sharps waste from patients with Rubella should be designated as clinical healthcare waste and placed in an orange bag see NHSGGC Waste Management Policy.</td>
</tr>
<tr>
<td>Domestic Services/ Facilities</td>
<td>Refer to NHSGGC SOP <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">Twice Daily Clean of Isolation Rooms</a>.</td>
</tr>
<tr>
<td>Equipment</td>
<td>Take only into the room that which is necessary. Where practical allocate individual equipment and decontaminate as per NHSGGC Decontamination SOP. Please refer to <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">NHSGGC Decontamination SOP</a>.</td>
</tr>
<tr>
<td>Exposure (patients)</td>
<td>Seek advice from an Infection Specialist. Contact ID at QEUH or the on-call consultant in paediatric infectious diseases at Royal Hospital for Sick Children (RHSC) via switchboard.</td>
</tr>
<tr>
<td>Exposure (staff)</td>
<td>Prevent exposure by allowing only HCWs who are immune to rubella to care for patients during the infectious period using Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs). Refer to <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">NHSGGC Occupational Related Illnesses SOP</a>. Pregnant staff or staff who have been exposed and are unsure of their immunity status should contact Occupational Health and/or their own GP for advice as soon as possible.</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>Rubella can be transmitted by direct contact. Hand hygiene is the single most important measure to prevent cross-infection with Rubella. Hands must be decontaminated before and after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should be encouraged to carry out thorough hand hygiene. Please refer to <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">NHSGGC Hand Hygiene Policy</a>.</td>
</tr>
<tr>
<td>Last Offices</td>
<td>See <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">National guidance for Last Offices</a>.</td>
</tr>
<tr>
<td>Linen</td>
<td>Treat used linen as soiled/infected, i.e. place in a water soluble bag, then a secondary bag tied and then into a laundry bag. (Brown polythene bag used in Mental Health areas) Refer to <a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">National Guidance on the safe management of linen</a>.</td>
</tr>
</tbody>
</table>
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<table>
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<tr>
<th><strong>STANDARD OPERATING PROCEDURE (SOP)</strong></th>
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<tbody>
<tr>
<td><strong>RUBELLA</strong></td>
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<tr>
<td><strong>TRANSMISSION BASED PRECAUTIONS</strong></td>
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</tbody>
</table>

Any soiled clothing for home laundering should be placed into a water soluble bag then into a patient clothing bag before being sent home. All soiled clothing for home laundering should be accompanied with a [Home Laundering Information Leaflet](#) and staff should alert relatives / carers to the condition of the laundry.

### Moving between wards, hospitals and departments (including theatres)

Patient movement should be kept to a minimum. Prior to transfer, HCWs from the ward where the patient is located **must** inform the receiving area of the patient’s infection status. When patients need to attend other departments the receiving area should put in place arrangements to minimise contact with other patients and arrange for additional domestic cleaning if required.

### Notice for Door

Yes, yellow IPC isolation sign.

### Personal Protective Equipment (PPE)

A fluid resistant surgical mask, gloves and disposable yellow plastic apron should be worn for all routine care of the patient. An FFP3 mask must be worn during AGPs and for up to 2 hours after the procedure.

### Precautions Required until

Precautions are required until 5 days after the onset of the rash.

### Screening Staff

As the incubation period is at least 14 days there is no need for staff to be absent from work immediately. Pregnant staff or staff who have been exposed and are unsure about their immune status, should contact OHS or their GP for advice as soon as possible.

### Specimens required

Throat/ buccal swab or nasal pharyngeal aspirate (NPA) in viral medium.

### Terminal Cleaning of Room

See [SOP Terminal Cleaning of Isolation Rooms](#).

### Visitors

Clinical staff should explain the risk of Rubella exposure to visitors. A history of rubella or 2 doses of MMR immunisation is considered evidence of immunity. Advise only those visitors with previous exposure to the patient while infectious, should be allowed to visit as long as they themselves are not infectious. Close contacts of the patient who are not immune could potentially be incubating the infection and should be advised against visiting. Contact the IPCT for advice.
4. Evidence Base

Public health England (2016): Rubella (German measles): Guidance, Data and Analysis


Appendix 1: Aide Memoire - Rubella

Consult SOP and Isolate in a single room with:
- ensuite / own commode
- door closed
- IPC yellow sign on door
- dedicated equipment

Patient Assessed Daily

It has been 7 days since the onset of rash?

NO

YES

- Stop isolation
- undertake terminal clean of room

SOP - Guidelines for patients in isolation:

**Hand Hygiene**: Liquid Soap and Water or alcohol hand rub

**PPE**: A fluid resistant surgical mask and disposable yellow plastic apron should be worn for all routine care of the patient. An FFP3 mask must be worn during AGPs and for up to 2 hours after the procedure. Where there is a risk of blood/body fluid splash to the face, eye protection must be considered.

**Patient Environment**: Twice daily chlorine clean

**Patient Equipment**: Twice daily chlorine clean

**Laundry**: Treat as infected

**Waste**: Dispose of as Clinical / Healthcare waste

Incubation Period: 14 - 21 days

**Period of Communicability**: 7 days before, until 7 days after the onset of rash

**Notifiable disease**: Yes

**Transmission route**: droplet

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