

Rubella: Questions and Answers



INFORMATION ABOUT THE DISEASE AND VACCINES

What causes rubella?

Rubella is caused by a virus.

How does rubella spread?

Rubella spreads from person to person via droplets shed from the respiratory secretions of infected people. Rubella is contagious but less so than measles and chickenpox.

How long does it take to show signs of rubella after being exposed?

The incubation period varies from 12 to 23 days (average of 14 days). Symptoms are often mild and may be subclinical or inapparent up to half of the time.

What are the symptoms of rubella?

Children with rubella usually develop a rash, which starts on the face and progresses down the body. Older children and adults usually have low-grade fever, swollen glands in the neck or behind the ears, and upper respiratory symptoms before they develop a rash. Adult women often develop pain and stiffness in their finger, wrist, and knee joints, which may last up to a month. Up to half of people infected with rubella virus have no symptoms at all.

How serious is rubella?

Rubella is usually a mild disease in children. The main concern with rubella virus infection, however, is the effect it can have on a pregnant person. Rubella infection in the first trimester of pregnancy can lead to fetal death, premature delivery, and serious birth defects.

What are possible complications from rubella?

Encephalitis (brain infection) occurs in one in 6,000 cases, usually in adults. Temporary blood problems, including low platelet levels and hemorrhage, also occur rarely. Up to 70% of adult women with rubella have pain and/or swelling of the joints, which is usually temporary. The most serious complication of rubella infection is congenital rubella syndrome (CRS), which occurs when the rubella virus infects a

developing fetus. Up to 85% of infants infected during the first trimester of pregnancy will be born with some type of birth defect, including deafness, eye defects, heart defects, and developmental delay. Infection early in the pregnancy (less than 12 weeks gestation) is the most dangerous; defects are rare when infection occurs after 20 weeks gestation.

Is there a treatment for rubella?

There is no cure for rubella, only supportive treatment, such as bed rest, fluids, and fever reduction.

How do I know if a child has rubella?

Because the rubella rash looks similar to other rashes, the only sure way to diagnose rubella is by a laboratory test.

How long is a person with rubella contagious?

The disease is most contagious when the rash first appears, but the virus can be spread from 7 days before to 5 to 7 days after the rash begins. People with rubella without symptoms can also transmit the virus.

What should be done if someone is exposed to rubella and hasn't been vaccinated with MMR?

Although vaccinating after an exposure to rubella will not prevent infection as a result of that exposure, vaccination can provide protection against future rubella exposures, as well as protection against mumps and rubella.

How common is rubella in the United States?

Due to high immunization coverage, rubella and congenital rubella syndrome are rare in the United States at the present time. Rubella was declared eliminated from the United States in 2004. Today, fewer than 10 cases are reported each year.

Since 2012, all rubella cases in the U.S. had evidence that they were infected when living or traveling internationally. To maintain rubella elimination, it is important that all children and women of child-bearing age are vaccinated against rubella.

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Why do people call rubella “German measles”?

Rubella was first described as a separate disease in the German medical literature in 1814, and the rash is similar to measles.

When did vaccines for measles, mumps, and rubella become available?

The first measles vaccines (an inactivated and a live virus product) became available in 1963, both of which were largely replaced by a further attenuated live virus vaccine that was licensed in 1968. The mumps vaccine first became available in 1967, followed by the rubella vaccine in 1969. These three vaccines were combined in 1971 to form the measles-mumps-rubella vaccine (MMRII by Merck). A vaccine that combines both MMRII and varicella (chickenpox) vaccines, known as MMRV, became available in 2005.

A second MMR (Priorix by GSK) was licensed and recommended in 2022. There is no difference in recommendations between Priorix and MMRII (Merck) brands of MMR. Priorix may be used in any situation where MMR vaccination is recommended. Despite minor differences in manufacturing (MMRII contains gelatin, Priorix does not), the two vaccines may be considered functionally identical and interchangeable.

Single antigen measles, mumps, and rubella vaccines are no longer available in the U.S.

What kind of vaccine is it?

MMR contains live, attenuated (or weakened) strains of the measles, mumps, and rubella viruses.

How is this vaccine given?

MMRII (Merck) is a shot that can be given subcutaneously (in the fatty layer of tissue under the skin) or intramuscularly in the deltoid muscle. Priorix (GSK) is only given subcutaneously.

Who should get this vaccine?

All children, adolescents, and adults born in 1957 or later without a valid contraindication should have documentation of vaccination or other evidence of immunity. Additionally, some healthcare personnel who were born before 1957 may also need proof of vaccination or other evidence of immunity.

What kind of “evidence of immunity” can substitute for MMR vaccination?

Evidence of immunity can be shown by having laboratory evidence of immunity to measles, mumps, and/or rubella or laboratory confirmation of disease. However, if a person doesn't have evidence of immunity to all three diseases (e.g., measles, mumps, and rubella), they would still need to get vaccinated with MMR since the vaccine is not available as a single antigen product in the U.S.

At what age should the first dose of MMR be given?

The first dose of MMR should be given on or after the child's first birthday; the recommended age range is from 12–15 months. MMR can be given to children as young as 6 months of age who are at high risk of exposure, such as during international travel or a community outbreak. However, doses given before 12 months of age are not counted toward the 2-dose series for MMR. See MMR notes on the current CDC Child and Adolescent Immunization Schedule for details (www.cdc.gov/vaccines/hcp/immunization-schedule/child-adolescent-age.html).

When should children get the second MMR shot?

The second dose is usually given when the child is 4–6 years old, or before he or she enters kindergarten or first grade. However, the second dose can be given earlier as long as there has been an interval of at least 28 days since the first dose.

How effective is this vaccine?

The first dose of MMR is 97% effective against rubella, 93% against measles, and 78% against mumps. Two doses are 97% effective against measles and 88% effective against mumps. The second dose of MMR is intended to produce immunity in those who did not respond to the first dose, but a very small percentage of people may not be protected even after a second dose.

Which adolescents and adults should receive the MMR vaccine?

All unvaccinated adolescents without a valid contraindication to the vaccine should have documentation of two doses of MMR. All adults born in or after 1957 should also have documentation of vaccination or

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other evidence of immunity.

Adults born before 1957 are likely to have had measles and/or mumps disease as a child and are generally (but not always) considered not to need vaccination.

Which adults need two doses of MMR?

Certain adults are at higher risk of exposure to measles, mumps, and/or rubella and may need a second dose of MMR unless they have other evidence of immunity; this includes adults who

- are students in postsecondary educational institutions (for measles and mumps)
- are healthcare personnel (for measles and mumps)
- live in a community experiencing an outbreak or recently exposed to the disease (for measles and mumps)
- plan to travel internationally (for measles and mumps)
- received inactivated (killed) measles vaccine or measles vaccine of unknown type during 1963–1967. They should be revaccinated with two doses of MMR vaccine.
- were vaccinated before 1979 with either killed mumps vaccine or mumps vaccine of unknown type and are at high risk for mumps infection (e.g., persons who are working in a healthcare facility). They should be considered for revaccination with 2 doses of MMR.

Why do healthcare personnel need vaccination or other evidence of immunity to measles, mumps, and rubella?

People who work in medical facilities are at much higher risk for being exposed to disease than is the general population. Making sure that all employees are immune to these diseases protects both the employee and the patients with whom he or she may have contact. All people working in a healthcare facility in any capacity should have documentation of vaccination or evidence of immunity, including full- or part-time employees, medical or non-medical, paid or volunteer, students, and those with or without direct patient responsibilities.

Facilities should consider vaccinating with MMR vaccine healthcare personnel born before 1957 who lack laboratory evidence of measles, mumps, and

rubella immunity or laboratory confirmation of previous disease. These facilities should vaccinate healthcare personnel with MMR during an outbreak of any of the diseases, regardless of birth year.

Who recommends this vaccine?

The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists, and the American College of Physicians (ACP) have all recommended this vaccine.

How safe is this vaccine?

Hundreds of millions of doses of measles, mumps, and rubella vaccine prepared either as separate vaccines or as the combined MMR vaccine have been given in the United States, and its safety record is excellent.

What side effects have been reported with this vaccine?

Fever is the most common side effect, occurring in 5%–15% of vaccine recipients. About 5% of people develop a mild rash. When they occur, fever and rash usually appear 7–12 days after vaccination. About 25% of adult women receiving MMR develop temporary joint pain, a symptom related to the rubella component of the combined vaccine. Joint pain only occurs in women who are not immune to rubella at the time of vaccination. MMR may cause thrombocytopenia (low platelet count) at the rate of about 1 case per 30,000–40,000 vaccinated people. Cases are almost always temporary and not life-threatening. More severe reactions, including allergic reactions, are rare. Other severe problems (e.g., deafness, permanent brain damage) occur so rarely that experts cannot be sure whether they are caused by the vaccine or not.

If a child develops a rash after getting the MMR vaccine, is he contagious?

Transmission of the vaccine viruses does not occur from a vaccinated person, including those who develop a rash. No special precautions (e.g., exclusion from school or work) need be taken.

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Who should NOT receive MMR?

Anyone who had a severe allergic reaction (e.g., anaphylaxis) following the first dose of MMR should not receive a second dose. Anyone knowing they are allergic to an MMR component (e.g., gelatin, neomycin in MMRII) should not receive this vaccine.

As with all live virus vaccines, people known to be pregnant should not receive the MMR vaccine. Recipients capable of pregnancy should be counseled to avoid pregnancy for 4 weeks following vaccination. Those who are breast-feeding can be vaccinated. Children and other household contacts of pregnant people should be vaccinated according to the recommended schedule.

Severely immunocompromised people should not be given MMR. This includes people with conditions such as congenital immunodeficiency, AIDS, leukemia, lymphoma, generalized malignancy, and those receiving treatment for cancer with drugs, radiation, or large doses of corticosteroids. Household contacts of immunocompromised people should be vaccinated according to the recommended schedule.

Although people with AIDS or HIV infection with signs of serious immunosuppression should not be given MMR, people with HIV infection who do not have laboratory evidence of severe immunosuppression can and should be vaccinated against measles. For more information on who should not get MMR, including precautions, see www.cdc.gov/vaccines/vpd/mmr/public/index.html.

Can individuals with egg allergy receive MMR?

Yes. In the past it was believed that people who were allergic to eggs would be at risk of an allergic reaction from the vaccine because the vaccine is grown in tissue from chick embryos. However, recent studies have shown that this is not the case. Either brand of MMR may be given to egg-allergic individuals without prior testing or use of special precautions.

Does the MMR vaccine cause autism?

No. There is no scientific evidence that any vaccine causes autism. The question about a possible link

between MMR and autism has been extensively reviewed by independent groups of experts in the U.S. including the National Academy of Sciences' Institute of Medicine. These reviews have concluded that there is no association between MMR and autism.

For a summary of the issues on this topic, please read "Vaccines and Autism" on the website of the Vaccine Education Center at Children's Hospital of Philadelphia. This discussion can be accessed at www.chop.edu/centers-programs/vaccine-education-center/vaccines-and-other-conditions/vaccines-autism.html.

The parent-led Autism Science Foundation offers an excellent literature review on their website at <https://autismsciencefoundation.org/autism-and-vaccines-read-the-science/>

Can the live virus in the vaccine cause measles, mumps, and/or rubella?

Because the measles, mumps, and rubella viruses in the MMR vaccine are weak versions of the disease viruses, they may cause a very mild case of the disease they were designed to prevent.

What if someone who is pregnant inadvertently got the MMR vaccine?

People are advised not to receive any live virus vaccine during pregnancy as a safety precaution based on the theoretical possibility of a live vaccine causing disease (e.g., rubella virus leading to congenital rubella syndrome [CRS]).

Because a number of people have inadvertently received this vaccine while pregnant or soon before conception, the Centers for Disease Control and Prevention has collected data about the outcomes of their births. From 1971–1989, no evidence of CRS occurred in the 324 infants born to 321 pregnant people who received rubella vaccine while pregnant and continued pregnancy to term. As any risk to the fetus from rubella vaccine appears to be extremely low or zero, individual counseling of women in this situation is recommended.