



Rubella (congenital)

Australian national notifiable diseases case definition

This document contains the surveillance case definition for rubella (congenital), which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
1.1	<p>Case definition has been renamed 'Congenital Rubella Infection', with a subcategory of 'Congenital Rubella Syndrome'.</p> <p>Laboratory definitive evidence separated into fetal and infant.</p> <p>Laboratory suggestive evidence (maternal) reframed as epidemiological evidence and separated into 1st trimester versus 2nd/3rd trimester.</p> <p>Laboratory evidence criteria throughout amended to be consistent with PHLN case definition.</p>	CDWG June 2015	1 January 2016
1.0	Initial CDNA case definition	2004	2004

Congenital rubella infection is reported based on relevant evidence from a live or stillborn infant, miscarriage or pregnancy termination. Congenital rubella syndrome is reported as a subset of congenital rubella infection.

Reporting

Both **confirmed cases** and **probable cases** should be notified.

Confirmed case

A confirmed case requires **laboratory definitive evidence (fetal)**.

OR

Laboratory definitive evidence (infant) AND epidemiological evidence.

Laboratory definitive evidence

Fetal

Isolation or detection of rubella virus from an appropriate clinical sample (i.e. fetal blood or tissue, amniotic fluid, chorionic villus sample) by culture or nucleic acid testing.

Infant

Isolation or detection of rubella virus from an appropriate clinical sample in an infant, by culture or nucleic acid testing.

OR

Detection of rubella-specific IgM antibody in the serum of the infant.

Epidemiological evidence

The mother has confirmed rubella infection during pregnancy (see definition for Rubella – non-congenital).

Probable case

A probable case requires

Epidemiological evidence (1st trimester infection).

OR

Epidemiological evidence (2nd and 3rd trimester infection) AND **laboratory suggestive evidence (infant)**.

Laboratory suggestive evidence

Infant

High / rising rubella-specific IgG level in first year of life.

Congenital Rubella Syndrome

Reporting

Both confirmed cases and probable cases should be reported.

Confirmed case

A confirmed case requires **laboratory definitive evidence (fetal or infant)**, as described above
AND clinical evidence

Clinical evidence

A live or stillborn infant with ANY of the following compatible defects: cataract, congenital glaucoma, congenital heart disease, hearing defect, microcephaly, pigmentary retinopathy, developmental delay, purpura, hepatosplenomegaly, meningoencephalitis, radiolucent bone disease or other defect not better explained by an alternative diagnosis.

Probable case

A probable case requires **laboratory suggestive evidence (infant) OR epidemiological evidence**, as described above.

AND clinical evidence

Clinical evidence

(as for confirmed CRS case).