

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Rubella, congenital syndrome

Rubella, congenital syndrome

1.0 Provincial Reporting

Confirmed cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case

Live birth: Two clinically compatible manifestations (any combination from Table 1, Columns A and B) with laboratory confirmation of infection and documented maternal rubella in pregnancy:

- Isolation of rubella virus from an appropriate clinical specimen (e.g., throat swab, urine, nasopharyngeal aspirate/wash/swab)

OR

- Detection of rubella virus ribonucleic acid (RNA) by nucleic acid amplification test (NAT) from an appropriate clinical specimen

OR

- Positive serologic test for rubella Immunoglobulin M (IgM) antibody in the absence of recent immunization with rubella-containing vaccine

OR

- Rubella Immunoglobulin G (IgG) persisting for longer than would be expected (approximately 6 months following birth) from passive transfer of maternal antibody, or in the absence of recent immunization

Still birth: Two clinically compatible manifestations with isolation and/or detection of rubella virus RNA from an appropriate clinical specimen (e.g., placenta and autopsy material) and/or documented maternal rubella infection in pregnancy

3.2 Probable Case

In the absence of appropriate laboratory tests a case that has at least:

- Two clinically compatible manifestations listed in Table 1, column A (See Section 5.0)

OR

- One manifestation listed in Table 1, column A, plus one listed in Table 1, column B (See Section 5.0)

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of congenital Rubella infection:

- Positive for rubella IgM in the absence of recent immunization with rubella-containing vaccine
- Rubella IgG persisting longer than would be expected (approximately 6 months) from passive transfer of maternal antibody, or in the absence of recent immunization
- Positive rubella virus culture

- Positive for rubella virus by direct NAT

4.2 Approved/Validated Tests

- Standard culture for rubella virus
- Commercial tests for anti-rubella IgM and IgG antibodies
- NAT for rubella virus RNA
- Consult with laboratory about appropriate specimens for each testing methodology

4.3 Indications and Limitations

- Rubella IgM may not always be detectable at birth following congenital infection. Virus isolation and/or detection of rubella RNA and monitoring of IgG response may be necessary.
- Many of the commercial kits used are not necessarily approved for testing cord blood and validation studies have not been done at the Public Health Laboratories of the Ontario Agency for Health Protection and Promotion, therefore do not use cord blood.

5.0 Clinical Evidence

Table1. Congenital Rubella Syndrome: Clinically Compatible Manifestations

Column A	Column B
1. Cataracts or congenital glaucoma (either one or both count as one) 2. Congenital heart defect 3. Sensorineural hearing loss 4. Pigmentary retinopathy	1. Purpura 2. Hepatosplenomegaly 3. Microcephaly 4. Micro ophthalmia 5. Intellectual Disability 6. Meningoencephalitis 7. Radiolucent bone disease 8. Developmental or late onset conditions such as diabetes & progressive panencephalitis & any other conditions possibly caused by rubella virus

6.0 ICD Code(s)

6.1 ICD-10 Code(s)

B06.0 plus G05.1, B06.9
 P35.0 Congenital rubella

6.2 ICD-9/ICD-9CM Code(s)

056.01 Encephalomyelitis due to rubella
 771.0 Congenital rubella

7.0 Comments

N/A

8.0 References

- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:i-iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

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