RUBELLA IMMUNISATION – FOR POSTNATAL ADMINISTRATION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To identify and recommend vaccination to a woman who is non-immune or has low immunity to rubella

2. PATIENT

- Postnatal woman who is non-immune or has low immunity to rubella

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Kidney dish
- Syringe, needle, alcohol wipe, cotton ball and band aid

5. CLINICAL PRACTICE

- Review woman's rubella results and status postpartum to determine vaccination recommendation, as per Appendix 1
- Give woman who is recommended vaccine NSW Health Rubella Factsheet https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/rubella.pdf
- Advise, consent and administer vaccine as per Appendix 1
- Prescribe and administer rubella vaccine as a standing order
- Prepare and administer vaccine as per manufacturer's instructions, in a hospital setting, prior to discharge
- Observe for severe and/or immediate side effects for 15 minutes post administration:
    - Severe side effects should be reported to the Public Health department for investigation and reporting to NSW Health - Randwick office (02) 9382 8333
    - Activate a Clinical Emergency Response System (CERS) call if an allergic reaction occurs
- Give advice on contraception and information on avoiding conception for 28 days post vaccination
- Ensure woman is given Measles, Mumps Rubella Immunisation Consent form at discharge to give to her general practitioner (GP)
- Advise woman to attend her GP 6-8 weeks post vaccination for a blood test to assess immune response, and whether a second vaccination is required

6. DOCUMENTATION

- Measles, Mumps, Rubella Immunisation Consent form (SEI020.115)
- Maternal Postnatal Clinical Pathway
- Medical record

RUBELLA IMMUNISATION – FOR POSTNATAL ADMINISTRATION cont'd

7. EDUCATIONAL NOTES

- Commercial assays for testing immunity to rubella vary according to the method used to determine the positive cut-off value. Antibody levels found by a licensed assay to be above the standard positive cut-off for that assay can be considered evidence of past exposure to rubella virus. There are a number of available commercial assays for testing rubella immunity. These vary on the method used to determine the positive cut-off value.
- Results should be interpreted within the cut-off values determined by the assay used and recommended by the laboratory[3]
- There is no recommended Australian minimal level, although the World Health Organisation (WHO) cut-off is 10IU/mL.
- If the laboratory results and their cut-off values are not available to interpret, then the recommendation from South Eastern Area Laboratory Services (SEALS) as a guide is as follows:

Rubella IgG	Interpretation
≤4.9 IU/ml	non-immune
5.0-9.9 IU/ml	equivocal
≥10 IU/ml	immune

  This is based on the Rubella IgG Architect System® used by SEALS[4]
- Women who have negative or very low antibody levels after a second documented vaccination are unlikely to improve with further vaccinations. It is unlikely that further vaccinations will improve immunity for women who continue to have negative or very low rubella antibody levels after 2 vaccinations spaced 4-6 weeks apart[1]
- Precautions/Contraindications:
  - Rubella vaccine is a live attenuated vaccine that is not recommended in pregnant women. Women should avoid conceiving for 28 days after rubella vaccination
  - Rubella vaccine should not be given within five months of a blood transfusion or an injection of immunoglobulin (other than Anti-D). Advise woman to attend GP for immunisation
  - Rubella vaccine contains traces of neomycin. Previous anaphylactic reaction to neomycin contraindicates rubella vaccination
  - Vaccine should not be given at home in case an allergic reaction occurs
- Combination Measles-Mumps-Rubella (MMR) vaccine is recommended by the National Health Medical Research Council (NHMRC), although monovalent rubella vaccine can also be used
- Diluents should not be warmer than the vaccine as they can affect the potency of live vaccines
- The vaccine virus is not transmitted from those who have been vaccinated to susceptible contacts. Therefore, there is no risk to pregnant women from contact with recently vaccinated individuals
- Staff who may be pregnant and are unsure of their rubella status, should not handle the vaccine
- Mild adverse events such as fever, sore throat, rash, arthralgias may occur following vaccination. Symptoms usually begin 1-3 weeks after vaccination and are usually transient. Joint symptoms are more common in adults than children
- Vaccination of an immuno-compromised woman should only be undertaken after consultation with a senior medical officer familiar with the woman's condition

RUBELLA IMMUNISATION – FOR POSTNATAL ADMINISTRATION cont'd

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD 2013 – 049 Recognition and Management of Patients who are Clinically Deteriorating
- PACE Management of the Deteriorating Adult Patient – SESIAHS Policy
- Human immunodeficiency virus (HIV) in pregnancy, birth and postpartum period

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Standard 5 – Comprehensive Care

11. REFERENCES

1 Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018 https://immunisationhandbook.health.gov.au/

2 National Vaccine Storage Guidelines 'Strive for 5', 3rd edition (28 June 2019) Commonwealth of Australia, Canberra https://beta.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5

3 McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). [erratum appears in MMWR Morb Mortal Wkly Rep. 2015 Mar 13;64(9):259]. MMWR. Recommendations and Reports 2013;62(RR-4):1-34.

4 Rubella IgG Architect System® http://www.ilexmedical.com/files/PDF/RubellaIgG_ARC.pdf

REVISION & APPROVAL HISTORY

Reviewed and endorsed Maternity Services LOPs 5/11/19
Approved Quality & Patient Safety Committee 19/2/15
Amended August 2019 – PACE changed to CERS
Reviewed and endorsed Therapeutic & Drug Utilisation Committee 10/2/15
Approved Quality & Patient Safety Committee 21/3/13
Reviewed and endorsed Obstetrics LOPs group March 2013
Approved Quality & Patient Safety Committee 19/5/11
Obstetric Guidelines Group April 2011

FOR REVIEW : NOVEMBER 2024

…./appendix

APPENDIX 1

Rubella Immunity Status (determined by laboratory reference range) and Recommended Management