



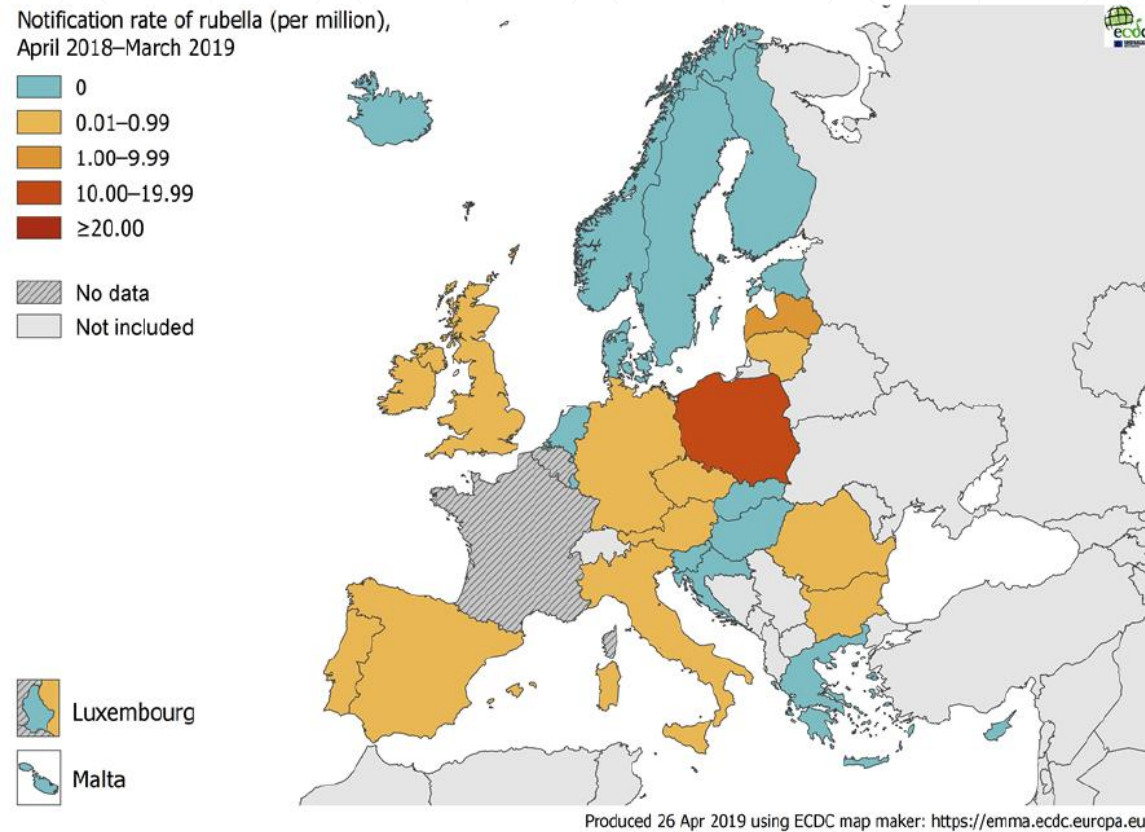
Comité pour l'élimination de la Rougeole et la Rubéole en Belgique | Comité voor eliminatie van Mazelen en Rubella in België

Rubella screening in pregnant women



Context: WHO Rubella elimination goal by 2020

Rubella notification rate per million population by country, EU/EEA,
1 April 2018 to 31 March 2019





Belgium

- High vaccination coverage MMR (1st dose: 95.7% - 2nd dose: 75-87.4%)
 - No rubella cases reported, but few suspected cases tested. Enhanced surveillance in 2018 (rubella PCR on all suspected measles cases) identified 1 imported case in an adult
 - No autochthonous CRS since at least 2007, one imported case in 2012
-



Serology testing: pitfalls

- Rubella specific IgM may persist after natural infection or vaccination and after asymptomatic reinfection
 - False positive results are possible due to cross reacting IgM antibodies or rheumatoid factor
 - In countries where endemic circulation of rubella has been eliminated (or is close of elimination, like Belgium), IgM testing of non-rubella cases (including screening of pregnant women) may result more often in false positive results (lower positive predictive value)
-



Recommendations screening pregnant women

- Antenatal **screening for rubella IgG** is recommended for pregnant women with unknown immunostatus (no vaccination card or serological data of previous pregnancy)
- **Routine IgM screening is not recommended**, because false-positive results lead to difficulties in interpretation and unnecessary worries
- **IgM serology** is recommended only if clinical features consistent with **rubella – like illness** or if **contact with rubella case**. Indicate possible recent infection and vaccination history on lab form