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13 February 2012

Dear Doctor,

Be vigilant against congenital rubella infection

Since the beginning of 2012, we recorded two cases of congenital rubella infection in Hong Kong affecting newborn babies born to mothers who were Mainland residents. Below we provide clinical details and draw your attention to certain points.

The first case was a male infant delivered at full term born to a mother (G3P2) at a private hospital on 7 January 2012. At birth he was found to have tachypnoea, thrombocytopenia, metabolic acidosis and increased C-reactive protein and was transferred to Queen Elizabeth Hospital on 13 January 2012. Clinically, he was diagnosed to have pneumonia, heart murmur, splenomegaly and thrombocytopenia. His serum taken at 7 days old was positive for rubella IgM and his urine collected at 6 days old was positive for rubella virus by RT-PCR, confirming congenital rubella infection. His condition was stable and was discharged. His mother reported no symptoms of rubella during the antenatal period. Her antenatal blood test in October 2011 (about 28 weeks of gestation) in Hong Kong was positive for rubella IgG. She was unsure about her rubella vaccination history.

The second case was a female infant delivered at 36 weeks gestation to a mother (G3P3) on 5 February 2012. She was admitted to Princess Margaret Hospital and was found to have thrombocytopenia, congenital heart disease (coarctation of aorta, atrial septal defect, patent ductus arteriosus) and cystic lesions of brain. She was transferred to Queen Mary Hospital with repair of coarctation on 8 February 2012. Her current condition was stable. The diagnosis of congenital rubella infection was confirmed by positive rubella IgM in serum and rubella virus in urine both taken on Day 2 after delivery. Her mother had antenatal check-up in Hong Kong and Mainland. She did not have symptoms of rubella during the antenatal period. She did not recall a history of previous rubella vaccination and was unsure about her rubella immune status. Further investigations are being carried out on the antenatal history of this pregnancy



and previous two pregnancies.

We would like to draw your attention that women planning for pregnancy should have their rubella immune status checked and receive rubella vaccination if they are non-immune. Women attending for antenatal care who are unaware of their rubella immune status should be tested for rubella antibodies and if negative, be vaccinated immediately post-partum. Rubella vaccine is a live-attenuated vaccine and is contraindicated during pregnancy.

Congenital rubella syndrome is characterised by deafness, eye lesions, heart malformations and mental retardation. It mainly occurs in infants born to susceptible women infected during the first trimester of pregnancy. In the past ten years, local CRS incidence was at zero to one case per year. In 2011, rubella activity was relatively high in Hong Kong (86 cases) and neighbouring areas including Mainland, Taiwan and Japan.

In Hong Kong, rubella vaccination was provided to all girls at primary six since 1978. Since 1990, rubella vaccination was given together with measles and mumps vaccines (MMR) to all children at one year old. A routine second dose of MMR at primary one was introduced in 1996. The coverage of MMR vaccination exceeds 95% at primary one.

Yours sincerely,



(Dr SK CHUANG)
for Controller
Centre for Health Protection