

Congenital rubella syndrome: The need for standing orders for vaccination of susceptible women

From January 1996 to December 1999, the Canadian Paediatric Surveillance Program (CPSP) received four new reports of newborns with congenital rubella syndrome (CRS). Two of the infants were born to immigrant women, one to an Aboriginal Canadian and one to a non-Aboriginal Canadian. These four cases illustrate the need to document previously received rubella vaccination, maternity immunity status and postpartum rubella vaccination, when indicated. Health care providers should ensure that all women without documented proof of rubella immunization receive the vaccine. Special attention should be given to the review of the vaccination records of women from regions with poor vaccination coverage, including women in immigrant populations. Routine rubella antibody screening antenatally is central to Canada's strategy for preventing congenital rubella, and all women found to be susceptible should be vaccinated in the immediate postpartum period. *Standing orders for the vaccination of susceptible women before discharge from hospital is the most effective way to ensure that this opportunity for vaccination is not missed.* The degree of underdiagnosis and under-reporting of congenital rubella infection, CRS with less severe manifestations and CRS with delayed onset manifestations is unknown. Accordingly, physicians are reminded that it is important to investigate all infants born to mothers who had confirmed or suspected rubella infection during pregnancy, even if the infants have no obvious abnormalities on examination. Paediatricians who participate in the CPSP are vital to ensuring that CRS in newborns is prevented in Canada.

The CPSP is a program of the Canadian Paediatric Society and Health Canada's Centre for Infectious Disease Prevention and Control that undertakes surveillance of rare diseases and conditions in children. Currently, 10 diseases are under surveillance: acute flaccid paralysis, anaphylaxis, cerebral edema in diabetic ketoacidosis, congenital rubella syndrome, hemolytic uremic syndrome, hemorrhagic disease of the newborn, neonatal herpes simplex virus infection, progressive intellectual and neurological deterioration, Smith-Lemli-Opitz syndrome and subacute sclerosing panencephalitis