

Imported Congenital Rubella Syndrome in Houston, TX

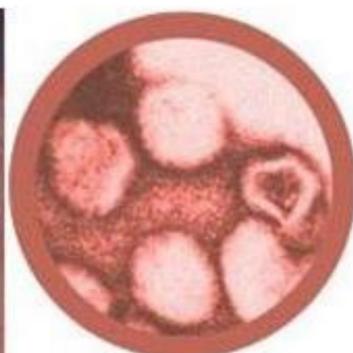
2018

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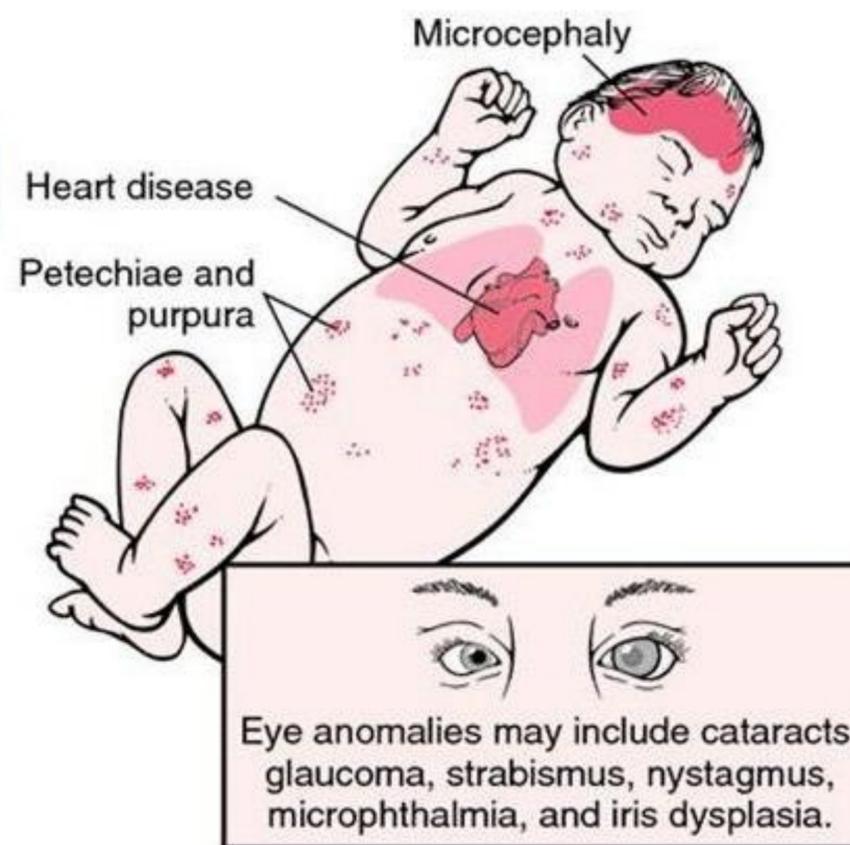


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Congenital Rubella Syndrome Overview



Rubella virus



Congenital rubella syndrome occurs when the rubella virus in the mother affects the developing baby, usually in the first three months of pregnancy.

Symptoms include a cloudy or white appearance to the eyes due to cataracts, deafness, heart defects, and developmental delay.

Infants require close monitoring, however there are no specific treatments for congenital rubella. Therapies focus on addressing complications.

Case Background

"Look What I Found"



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- Mother resided in Nigeria during pregnancy
 - Traveled to US approximately 6 weeks prior to due date
- Patient was born in late September 2017 with congenital defects:
 - Bi-lateral cataracts (noticed 2 days after birth)
 - Bi-lateral hearing loss and heart murmur
- Early November 2017 patient was referred to a genetics specialist for case assessment
 - Assessment yielded two Rubella IgG positives (not reported)
- Case didn't come to Houston Health Department (HHD) awareness until December 2017
 - At the time of report patient was a 2-month-old male



- Infants can continue to shed the virus up to a year or longer

- Infants are considered infectious until:
 - At least 1 year old
 - or**
 - Until 2 clinical specimens, obtained 1 month apart after the infant is older than 3 months of age, are negative for rubella virus

- Infants with CRS should be placed on contact and droplet precautions until no longer infectious



- Mid December 2017 patient was hospitalized at a local hospital with 5 days of:
 - Cough
 - Fever
 - Decreased appetite
 - Several episodes of post-tussive vomiting

- Patient was referred for an in-hospital infectious disease consult. Leading to a suspected diagnosis of CRS

- The local hospital obtained a clinical specimen for PCR in mid Dec 2017
 - Resulted on 01/02/18: PCR +
 - Specimen didn't meet testing criteria because the patient was not yet 3-months old

- HHD collected a specimen on 01-18-18 to establish the proper testing cycle
 - 1/23/18 HHD received results: PCR +

12/20/2017 (Wednesday)

- HHD received the case late afternoon via email

12/21/2017 (Thursday)

- Epi contacted the patient's mother and conducted an interview
- The mother stated her nanny, who came from a remote area in Nigeria, had developed a rash while she was in her first trimester
- Patient has two close contacts (4-year- and 3-year-old female) siblings
- Mother was able to provide vaccination records for both children

12/29/2017 (Friday)

- Epidemiologist and immunizations nurse went to the local hospital to vaccinate and test the mother
- Serology was drawn on the mother for IgM and IgG
- HHD educated the mother on contact precautions related to CRS
- A formal letter was drafted and sent to the local hospital ICP Manager detailing HHD recommendations
- HHD immunization nurses vaccinated both siblings to get them up to date

January 2018

- Mother states her landlord is moving a family into her apartment for a few days

February 2018

- Mother plans to return to Nigeria
- Infant and 4-year-old daughter are citizens
- Mother needs access to services

March 2018

- Patient was unable to access early childhood therapy for congenital defects due to sick policy via therapy group
- Expiring visiting visas

What's Next?



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Thank You

"It takes a village to raise a child"



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- HHD
 - Bureau of Epidemiology
 - Bureau of Immunizations
 - Bureau of Laboratory Services
 - Dr. Joann Schulte
Deputy Public Health Authority
- Texas Department of State Health Services
- Houston CDC Quarantine Office

SPECIAL THANKS

Essi Havor – Chief Nurse

Teresa Garcia – Senior Public Health Investigator/CMA

Sheila Laughlin – LVN





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Thank You!

I hope you guys enjoyed it!



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