



Communicable Disease Case Reporting and Investigation Protocol

Rubella

I. Identification and definition of cases

A. Clinical description and criteria

Rubella is a viral illness that can lead to complications and death. It is characterized by a mild, maculopapular rash along with lymphadenopathy, and a slight fever. The rash usually starts on the face, becomes generalized within 24 hours, and lasts a median of 3 days. The rubella rash occurs in 50% to 80% of infected people. Lymphadenopathy, which may precede rash, often involves posterior auricular or suboccipital lymph nodes, can be generalized, and lasts between 5 and 8 days. About 25% to 50% of infections are asymptomatic. Rubella is transmitted primarily through droplet or direct contact from nasopharyngeal secretions and has an average incubation period of 17 days (range 12–23 days).

In the absence of a more likely alternative diagnosis:

- Acute onset of generalized maculopapular rash, **and**
- Fever (measured greater than 99.0° or subjective), **and**
 - Lymphadenopathy (cervical), **or**
 - Arthralgia or arthritis, **or**
 - Conjunctivitis

B. Laboratory criteria

Confirmatory laboratory evidence

- Detection of rubella virus, **or**
- Significant rise, defined as seroconversion or at least a 4-fold rise in titer, observed in paired acute and convalescent serum rubella IgG antibody levels, **or**
- Positive serologic rubella IgM antibody **and** low IgG avidity.

Presumptive laboratory evidence

- Positive serologic rubella IgM antibody.

C. Epidemiologic (epi) linkage criteria

- Contact with a laboratory-confirmed rubella or congenital rubella case during the case's likely infectious period, **or**
- Close contact (for example, household contact) with a laboratory-confirmed rubella or congenital rubella case during the case's likely infectious period, **or**
- International travel in the 23 days prior to rash onset, **or**
- Gave birth to an infant with confirmed congenital rubella.

D. Wisconsin surveillance case definition

Confirmed case

- Meets confirmatory laboratory evidence, **or**
- Meets presumptive laboratory evidence **and** epidemiologic linkage criterion of “contact with a laboratory-confirmed rubella or congenital rubella case during the case’s likely infectious period”, **or**
- Meets clinical criteria, **and**
 - Meets epidemiologic linkage criterion of “contact with a laboratory-confirmed rubella or congenital rubella case during the case’s likely infectious period”, **or**
 - Meets presumptive laboratory evidence **and** meets epidemiologic linkage criterion of “international travel in the 23 days prior to rash onset” **and** lacks presumptive evidence of rubella immunity prior to infection, **or**
- Meets epidemiologic linkage criterion of “gave birth to an infant with confirmed congenital rubella.”

Probable case

Meets clinical criteria **and** meets presumptive laboratory evidence **and** lacks presumptive evidence of rubella immunity prior to infection.

II. Reporting

A. Wisconsin disease surveillance category I—methods for reporting

This disease is of urgent public health importance and shall be reported by telephone to the patient’s local health officer or to the local health officer’s designee upon identification of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(a\)](#). DPH may provide guidance on alternate methods for immediate reporting, such as electronic reporting instead of telephone. In addition to the immediate notification, report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report (DHS [F-44151](#)) to the address on the form, within 24 hours.

B. Responsibility for reporting

According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).

C. Clinical criteria for reporting

Clinically compatible illness. Cases should be reported immediately upon consideration rubella in the differential diagnosis.

D. Laboratory criteria for reporting

Laboratory evidence of infection.

III. Case investigation

A. Responsibility for case investigation

It is the responsibility of the local or Tribal health department (LTHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in-person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

B. Required documentation

- Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs.
- Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. Additional investigation responsibilities

Contact your [Immunization Program Regional Representative](#)

IV. Public health interventions and prevention measures

In accordance with Wis. Admin. Code § [DHS 145.05](#), local and Tribal public health agencies should follow the methods set out in official reports of the American Public Health Association and the American Academy of Pediatrics, unless otherwise specified by the state epidemiologist.

- Implement control measures immediately and before laboratory confirmation. If the results are negative, the decision to continue control measures should be made in consultation with the treating health care provider, the LTHD, and DPH.
- Clinical diagnosis of rubella is unreliable; therefore, cases must be laboratory confirmed. Clinical specimens should be sent to the Wisconsin State Laboratory of Hygiene.
- Gather information from the case-patient about possible sources of the infection during the period between 12–23 days before symptom onset.
- Isolate the case-patient during the infectious period through 7 days after rash onset, counting the day of rash onset as day zero. Recommend these individuals restrict contact with pregnant women and persons without adequate proof of rubella immunity for 7 days after rash onset. The case-patient may return to normal activities on the eighth day after rash onset.

V. Contacts for consultation

- [Local health departments and Tribal health agencies](#)
- Bureau of Communicable Diseases: 608-267-9003 or DHSDPHBCD@dhs.wisconsin.gov
- Wisconsin State Laboratory of Hygiene: 800-862-1013

VI. Related references

- Heymann DL, ed. Rubella. In: *Control of Communicable Diseases Manual*. 21st ed. Washington, DC: American Public Health Association, 2022.
- Committee on Infectious Diseases, American Academy of Pediatrics. David W. Kimberlin, MD, FAAP, ed. 2024. Red Book: 2024-2027 Report of the Committee on Infectious Diseases - 33rd Ed. American Academy of Pediatrics. ISBN 978-1-61002-734-2. eISBN 978-1-61002-735-9.

- Centers for Disease Control and Prevention. [Manual for the Surveillance of Vaccine-Preventable Diseases Chapter 14: Rubella](#). Page last reviewed: 03/06/2025.
- Centers for Disease Control and Prevention. [Manual for the Surveillance of Vaccine-Preventable Diseases Chapter 15: Congenital Rubella Syndrome](#). Page last reviewed: 04/28/2025.
- [Wisconsin Immunization Program Rubella webpage](#).