Cartas / Letters

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RUBELLA AND CONGENITAL RUBELLA SYNDROME IN THE AMERICAS

Désinor et al. (1) reported serologic data on the rubella virus immunoglobulin G (IgG) antibody status of 495 pregnant women reporting at the Obstetrics and Gynecology Department of the State University Hospital in the city of Port-au-Prince, Haiti. Those researchers mentioned that they had decided to study the problem of rubella and congenital rubella syndrome (CRS) in Haiti because of a confirmed case of CRS at the State University Hospital.

When they are managing CRS cases, susceptible health care workers have a risk of acquiring and subsequently transmitting the potentially teratogenic rubella infection to their patients. Although rubella susceptibility status among health personnel has been periodically evaluated in hospitals around the world, males have often received inadequate attention in both antibody prevalence investigations and the vaccination of susceptible persons.

Consider the case of Australia, as reported in research carried out by Kelly et al. (2). Before rubella vaccine was introduced in the country in 1970, rubella was mainly a disease of children of primary school age. Vaccination programs changed both rubella age and sex susceptibility. Between July 2001 and June 2002, 29 of the 32 laboratory-confirmed cases of rubella ascertained from enhanced surveillance in the state of Victoria were males aged 20-42 years. When rubella IgG concentrations were determined for 934 residual diagnostic sera stored at the Victorian Infectious Diseases Reference Laboratory, among all subjects aged 1–55 years, males were more susceptible to rubella infection than were females (10.2% vs. 2.6%, $P < 0.0001$). Australia's past rubella immunization policies have resulted in a susceptible cohort of adult males, and a rubella vaccination program targeting men 17–44 years old should be considered, those investigators concluded.

A rubella IgG serosurvey was conducted recently among 1 000 female employees at three ophthalmic hospitals in the state of Tamil Nadu, India (3). The survey found that 15.0% of the women were seronegative. Susceptibility increased with age, from 13.0% in those aged 18–19 years old to 23.9% in those 30-40 years old. Among 89 medical residents in a pediatric hospital in Mexico City who were screened for rubella antibody, 58 were females (4). Of those 89 residents, 12 of them (10 women and 2 men) were seronegative.

In 2003 the Directing Council of the Pan American Health Organization passed a resolution calling for the elimination of rubella and CRS from

the Americas by the year 2010 (5). As that resolution is implemented, it is obvious that male staff employed in health care establishments should not be ignored during any screening for rubella-susceptible persons. Immunizing both males and females who are rubella-susceptible would be cost-effective. Clearly there is a need to screen and immunize all susceptible males who work in hospitals and thus prevent those individuals from amplifying and propagating rubella virus in the health facilities.

Subhash C. Arya
Nirmala Agarwal
Sant Parmanand Hospital
18 Alipore Road
Delhi- 110054, India
E-mail: subhshji@hotmail.com

REFERENCES

1. Désinor OY, Ansèlme RJP, Laender F, Saint-Louis C, Bien-Aime JE. Seroprevalence of antibodies against rubella in pregnant women. Rev Panam Salud Publica. 2004;15(3):147–50.
2. Kelly H, Worth L, Karapanagiotidis T, Riddell M. Interruption of rubella virus transmission in Australia may require vaccination of adult males: evidence from a Victorian sero-survey. Commun Dis Intell. 2004;28:69–73.
3. Vijayalakshmi P, Anuradha R, Prakash K, Narendran K, Ravindran M, Prajna L, et al. Rubella serosurveys at three Aravind eye hospitals in Tamil Nadu, India. Bull World Health Organ. 2004;82:259–64.
4. Villasís-Keever MA, Peña LA, Miranda-Novales G, Alvarez y Muñoz T, Damasio-Santana L, López-Fuentes G, et al. Prevalence of serological markers against measles, rubella, varicella, hepatitis B, hepatitis C, and human immunodeficiency virus among medical residents in Mexico. Prev Med. 2001;32:424–8.
5. Andrus JK, Roses Periago M. Elimination of rubella and congenital rubella syndrome in the Americas: another opportunity to address inequities in health. Rev Panam Salud Publica. 2004; 15(3):145–6.