Outbreaks of Rubella Indicate Epidemiological Shift in Age

The report on outbreak of rubella in Chandigarh by Madhanraj, *et al*. [1], exposes the inadequate disease surveillance mechanism for most communicable diseases in our country. Such outbreaks elicit knee-jerk reactions which are soon forgotten over a period of time. Diseases like rubella which are mild and self-limiting are likely to be missed in day-to-day practice. The only serious consequence is in the first trimester of pregnancy when the infection can lead to abortions and Congenital Rubella Syndrome (CRS). Because of this serious complication, we need to beef up the surveillance for rubella in the community.

Earlier, we published about an outbreak of rubella in a population of adolescents in a military training centre [2]. Out of the 163 suspected cases, we confirmed rubella in 117 (72%) by presence of anti-rubella IgM antibodies. This outbreak, occurring more than a decade ago, indicates that there is already an epidemiological shift in susceptible age for rubella towards young adolescents and young adults. This shift in age may be due to mass use of Measles, Mumps and Rubella (MMR) vaccination during infancy without any subsequent doses in the older age groups that makes women of child bearing age susceptible to rubella during pregnancy which can lead to the dreaded CRS.

All outbreaks of rubella and all cases of CRS should be investigated and reported in addition to building and maintaining a robust surveillance system to provide essential inputs for planning and implementing prevention programs [3]. Two approaches are recommended to prevent the occurrence of CRS [4]. The first is prevention of CRS only by immunization of adolescent girls or women of childbearing age. The other approach is elimination of rubella as well as CRS through universal immunization of infants and ensuring immunity in women of child bearing age. We need a well thought-out strategy commensurate to our resources. As an immediate measure we should aggressively go for control of CRS by targeting women of child bearing age. We should also consider mandatory rubella vaccination for all medical and nursing staff to limit nosocomial spread of rubella to pregnant women in the health care setting.

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Klebsiella Brain Abscess in an Infant With Hereditary Spherocytosis

Streptococcus is the principle causative organism of brain abscess but widespread use of antibiotics, immunization and frequent neurosurgical intervention seems to have changed the epidemiology and clinical spectrum of this entity in recent years [1,2].

A 5½-month-old boy presented to neurosurgical emergency of our hospital with complaints of progressively increasing head size. He had severe anemia for which he was referred to pediatric emergency. There was no fever, seizures or focal neurological deficit. This child had jaundice within 24 hours of life, and received blood transfusion for severe anemia on day 8 of life. He later developed fever and abscess at the site of intravenous cannulation for which he received oral drugs from a local practitioner. At 4 months of age, child developed severe pallor and parents noticed an increased head size for which he was referred to our hospital.

Blood investigations of the child suggested hereditary spherocytosis. Computed tomography (CT) of head showed multiple brain abscesses. No primary or secondary immunodeficiencies were identified. Serum