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Related Articles published in the same issue	The Changing Epidemiology of Rubella in the 1990s: On the Verge of Elimination and New Challenges for Control and Prevention Susan E. Reef et al. <i>JAMA</i> . 2002;287(4):464. US Immunization Policy Jon S. Abramson et al. <i>JAMA</i> . 2002;287(4):505.

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Rubella

Although it is sometimes called German measles or 3-day measles, **rubella** is not caused by the same virus that causes measles. Because most children in the United States receive the measles-mumps-rubella (MMR) vaccine, the disease has become uncommon in the United States. Rubella is very contagious and is spread through the air or by close contact with an infected person. If a pregnant woman is infected with rubella, it can cause serious problems in her unborn child (**congenital rubella syndrome**). Women who are thinking about becoming pregnant should check with their doctor to be sure they have been vaccinated against rubella. The January 23/30, 2002, issue of *JAMA* contains an article about the success of vaccination against rubella and about changes in the patterns of people at highest risk of infection.

SYMPTOMS OF RUBELLA

Once a person has been infected with rubella, he or she is usually permanently protected from getting it again. Rubella is generally a mild illness—no treatment will shorten its course, but certain symptoms may be relieved with bed rest and acetaminophen. Symptoms may be nonexistent or may include:

- Mild fever and headache
- Swollen, tender lymph nodes at the base of the skull, the back of the neck, and behind the ears
- Aching joints
- Runny nose
- Red, runny eyes
- A pink rash on the face, body, arms, and legs (may appear before or after other symptoms occur)

CONGENITAL RUBELLA SYNDROME

Rubella is most dangerous to the fetus from conception through the first 6 months of pregnancy and can cause congenital rubella syndrome. Congenital rubella syndrome may affect all of the fetus' organs or lead to premature delivery or death. Features of congenital rubella syndrome include:

- Deafness
- Heart defects
- Cataracts and other eye defects
- Abnormally small head
- Mental retardation

There is no specific treatment for congenital rubella syndrome, so prevention by vaccination is very important. Children with multiple problems related to congenital rubella syndrome may require early treatment from a team of medical experts.

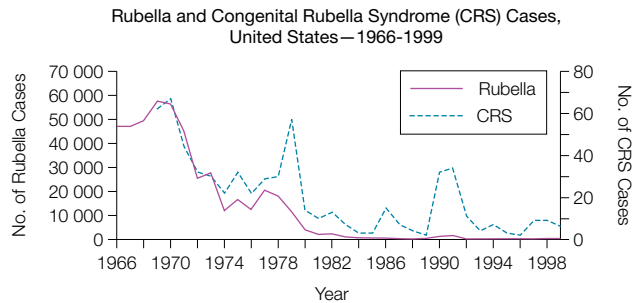
Sources: American Academy of Pediatrics, Centers for Disease Control and Prevention, March of Dimes, Mayo Clinic, National Institute of Allergy and Infectious Diseases, National Institute of Environmental Health Services, National Institutes of Health, Nemours Foundation

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RUBELLA IMMUNIZATION SCHEDULE

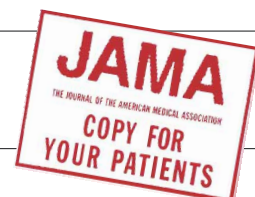
Doctors recommend that the MMR vaccine be given to children between 12 and 15 months of age and again before they enter kindergarten (between 3 and 6 years of age). Women who receive the vaccine should use birth control or abstain from sex for at least 28 days before becoming pregnant. If you think you are pregnant and know or suspect that you have never received the MMR vaccine, contact your doctor immediately.

FOR MORE INFORMATION

- American Academy of Pediatrics
847/434-4000
www.aap.org
- Centers for Disease Control and Prevention
800/311-3435
800/232-2522 (National Immunization Information Hotline)
www.cdc.gov/nip/publications/pink/rubella.pdf

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page Index on JAMA's Web site at www.jama.com. A Patient Page on childhood immunizations was published in the July 6, 1999, issue, and on premature infants and prenatal care in the October 25, 2000, issue.



Individual responsibility has a place, but to blame those who suffer most is cruel. Let us not deflect attention from what I believe needs to be done: put justice first and provide health insurance for all citizens.

Robert L. Ferrer, MD, MPH
San Antonio, Tex

1. Miller JE. A perfect storm: the confluence of forces affecting health care coverage. Washington, DC: National Coalition on Health Care; November 2001.
2. Mach A. Amartya Sen on development and health. *To Our Health: The International Newsletter of the World Health Organization*. Geneva, Switzerland: World Health Organization; May 1999. Available at: http://www.who.int/infwha52/to_our_health/amartya.html. Accessed 17 May 2000. Accessibility verified January 28, 2002.
3. Sen A. *Development as Freedom*. New York, NY: Knopf; 1999.
4. Rose G. *The Strategy of Preventive Medicine*. Oxford, England: Oxford University Press; 1992.

CORRECTIONS

Missing References and Errors in Tables: In the Original Contribution entitled "Efficacy of Rofecoxib, Celecoxib, and Acetaminophen in Osteoarthritis of the Knee" published in the January 2, 2002, issue of THE JOURNAL (2002;287:64-71), 2 references were cited incorrectly and 2 were inadvertently omitted. On page 70, in the second column at the bottom, reference 29 should refer to Mukherjee et al

and reference 30 should refer to Konstam et al (see below). In the third column on that page, second paragraph, the sentence "It is possible that a higher dose . . . perhaps because of lack of proportional increase in plasma levels beyond this dose" refers to citation 31, AHFS Drug Information (previous citation 30) and in the next paragraph, the first sentence that reads "The efficacy and safety profiles . . . NSAID-related adverse events."²⁸ should be cited as reference 32. The corresponding corrected references are:

29. Mukherjee D, Nissen SE, Topol EJ. Risk of cardiovascular events associated with selective COX-2 inhibitors. *JAMA*. 2001;286:954-959.
30. Konstam MA, Weir MR, Reicin A, et al. Cardiovascular thrombotic events in controlled, clinical trials of rofecoxib. *Circulation*. 2001;104:2280-2288.
31. *AHFS Drug Information, 2000*. Bethesda, Md: American Society of Health System Pharmacists; 2000:1894.
32. Bloom BS. Direct medical costs of disease and gastrointestinal side effects during treatment for arthritis. *Am J Med*. 1988;84:20-24.

In addition, Tables 2 and 3 were printed with errors. In Table 2, the 95% CI for morning stiffness (6 weeks) should read (-34.2 to -23.8). In Table 3 the first reference to "upper respiratory tract infection" should instead read "urinary tract infection."

Change in Recommendation: In the *JAMA* Patient Page entitled "Rubella" published in the January 23/30, 2002, issue of THE JOURNAL (2002;287:542), the second sentence under the heading "Rubella Immunization Schedule" should have read, "Women who receive the vaccine should use birth control or abstain from sex for at least 28 days [not '3 months'] to avoid becoming pregnant." The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention shortened its recommended period to avoid pregnancy after receipt of rubella-containing vaccine from 3 months to 28 days in a notice (*MMWR Morb Mortal Wkly Rep*. December 14, 2001;50:1117) released shortly before publication of this *JAMA* Patient Page.

Obituary Listings of US physicians are no longer published in *JAMA*. They are now available online on the Web site of the American Medical Association. The listing is now fully searchable and will be updated monthly. The listing can be accessed on the AMA Homepage at <http://www.ama-assn.org> by clicking on "Physicians and Medical Students," then "News and Events," and then "Obituary Listing," or accessed directly at <http://www.ama-assn.org/ama/pub/category/7255.html>.