Congenital Rubella Syndrome Case Report

Date of Report: ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year)

Date of last Evaluation of Infant: ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year)

I PATIENT INFORMATION

Child's Name: Last ______ First ______ Middle ______

Current Address: (County, State and Zip Code) ______

Age Congenital Rubella Syndrome Diagnosed: ____ Years ____ Months ☐ Less than 1 Month ☐ Unknown

Date of Birth: ☐☐ ☐☐ (Month / Day) ☐☐☐☐ (Year)

Birth Weight: ____ Grams; ____ lbs. ____ oz.; ☐ Unknown

Gestational Age: ____ Weeks

Sex: ☐ M ☐ F ☐ Unknown

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black
- ☐ White
- ☐ Other (specify) ______

Ethnicity:
- ☐ Hispanic Origin
- ☐ Not of Hispanic Origin
- ☐ Unknown

II CLINICAL CHARACTERISTICS

	Yes	No	Unk.
Cataracts	☐	☐	☐
Hearing Loss	☐	☐	☐
Mental Retardation	☐	☐	☐
Congenital Heart Disease: 1. Patent Ductus Arteriosus	☐	☐	☐
2. Peripheral Pulmonic Stenosis	☐	☐	☐
3. Congenital Heart Disease. Type Unknown	☐	☐	☐
4. Other (Specify) ______			

	Yes	No	Unk.
Meningoencephalitis	☐	☐	☐
Microcephaly	☐	☐	☐
Purpura	☐	☐	☐
Enlarged Spleen	☐	☐	☐
Enlarged Liver	☐	☐	☐
Long Bone Radiolucencies	☐	☐	☐
Congenital Glaucoma	☐	☐	☐
Pigmentary Retinopathy	☐	☐	☐

Other Abnormalities: ☐ Yes ☐ No ☐ Unknown If Yes, specify ______

Is Child Living? ☐ Yes ☐ No ☐ Unknown

If No, Date of Death ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year)

Causes of Death: (from death certificate)
1. ______
2. ______

If Child Died, Was Autopsy Performed? ☐ Yes ☐ No ☐ Unknown

Final Anatomical Diagnosis: ______

III MATERNAL HISTORY

Mother's Name: Last ______ First ______ Middle ______

Age at Delivery: ____ Years

Occupation at Time of Conception: ______ ☐ Unemployed ☐ Unknown

Did Mother Attend Family Planning Clinic Prior to Conception? ☐ Yes ☐ No ☐ Unknown

Number of Previous Live Births: ____ ☐ Unknown

Number of Previous Pregnancies: ____ ☐ Unknown

Prenatal Care for this Pregnancy: ☐ Yes ☐ No ☐ Unknown

Date of First Visit: ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year) ☐ Unknown

Was Prenatal Care Obtained in: ☐ Public Sector ☐ Private sector ☐ Unknown

Rubella-Like Illness During Pregnancy: ☐ Yes ☐ No ☐ Unknown

If Yes, Month of Pregnancy: ____ ☐ Unknown

Was Rubella Diagnosed by a Physician at Time of Illness? ☐ Yes ☐ No ☐ Unknown

If not MD, by Whom? ______

Was Rubella Serologically Confirmed at Time of Illness? ☐ Yes ☐ No ☐ Unknown

Location of Exposure:

Within the United States ☐ Yes ☐ No ☐ Unknown

Outside the United States ☐ Yes ☐ No ☐ Unknown

If Yes, specify country; also specify county and city, if known: ______

If Location of Exposure is Unknown, did Mother Travel Outside the U.S. During the First Trimester of Pregnancy? ☐ Yes ☐ No ☐ Unknown

If Yes, specify country; also specify county and city, if known: ______

Date of Travel: ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year) ☐ Unknown

Source of Exposure: Was the Mother Directly Exposed to a Known Rubella Case? ☐ Yes ☐ No ☐ Unknown

If Yes, specify relationship: ______

Date of Exposure: ☐☐ ☐☐ ☐☐☐☐ (Month / Day / Year) ☐ Unknown

Number of Other Children Less than 18 Years of Age Living in Household During this Pregnancy: ____

Were Any of the Children Immunized with Rubella Vaccine? ☐ Yes ☐ No ☐ Unknown

Clinical Features of Maternal Illness:

Rash. . . . . ☐ Yes ☐ No ☐ Unknown
If Yes, Date of Onset:

☐☐ ☐☐ ☐☐☐☐
Month Day Year

Fever . . . . ☐ Yes ☐ No ☐ Unknown

Lymphadenopathy . . . ☐ Yes ☐ No ☐ Unknown

Arthralgia/Arthritis: ☐ Yes ☐ No ☐ Unknown

Other (specify) ____________________

Was Mother Immunized with Rubella Vaccine?

☐ Yes ☐ No ☐ Unknown

If Yes, Date Vaccinated:

☐☐ ☐☐ ☐☐☐☐
Month Day Year

If Yes, Source of Information:

☐ Physician ☐ Mother Only
☐ School ☐ Other (specify) ____________
☐ Public Sector ☐ Private Sector
☐ Unknown

Did the Mother Have Serological Testing for Rubella Immunity Prior to Exposure?

☐ Yes ☐ No ☐ Unknown

If Yes, Date: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

If Yes, Interpretation of Test Results:

☐ Susceptible ☐ Immune ☐ Unknown

(If more than one serologic test, include dates and results for each time tested.)

IV LABORATORY

Specimens for Viral Study ☐ Yes ☐ No

Mother	Infant	Type Specimen	Date Collected	Laboratory	Specific Test Methods Used (See below)*	Test Results
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			
☐	☐		/ /			

(Check one)

V APPRAISAL

☐ Confirmed ☐ Probable ☐ Possible ☐ Infection Only ☐ Not CRS ☐ Stillbirth ☐ Unknown

☐ Indigenous to U.S. ☐ Imported to U.S.

Investigator's Name (print): ____________________ **Telephone:** ____________ **Date:** ____________

Physician Responsible for Child's Care: ____________________ **Telephone:** ____________

Source of Report:

☐ Private MD ☐ Death Record ☐ Birth Record ☐ Laboratory ☐ Hospital ☐ Other

LAB TEST METHODS

a) Viral Cultures
b) RIA
c) IFA
d) ELISA
e) Hemagglutination Inhibition
f) Latex Agglutination
g) Passive Hemagglutination (PHIA)
h) Other (Specify) ____________________

*If antibody testing was performed, specify which Rubella-specific immunoglobin antibody (IgM or IgG) was used.

DEFINITIONS

Clinical Case Definition

An illness of newborns resulting from rubella infection in utero and characterized by signs and symptoms in the following categories:

A Cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), loss of hearing, pigmentary retinopathy.

B Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease.

Clinical Description

The presence of any defects or laboratory data consistent with congenital rubella infection (as reported by a health professional).

Laboratory Criteria for Diagnosis

- Isolation of rubella virus, *or*
- Demonstration of rubella-specific IgM antibody, *or*
- An infant's rubella antibody level that persists above and beyond that expected form passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of twofold dilution per month).

Case Classification

Possible: A case with some compatible findings but not meeting the criteria for a probable case.

*Probable**: A case that is not laboratory-confirmed and that has any two complications listed in A above, or one complication A and one from B.

Confirmed: A clinically compatible case that is laboratory-confirmed.

Infection Only: A case with laboratory evidence of infection, but without any clinical symptoms or signs.

*In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication

Imported to U.S.

A case which has its source of exposure outside the United States.

Indigenous to U.S.

A case which cannot be proved to be imported.