

Rubella Surveillance Worksheet

NAME _____ (last) (first)	ADDRESS (Street and No.) _____	Phone _____	Hospital Record No. _____
This information will not be sent to CDC			

REPORTING SOURCE TYPE NAME <input type="checkbox"/> physician <input type="checkbox"/> PH clinic ADDRESS _____ <input type="checkbox"/> nurse <input type="checkbox"/> laboratory ZIP CODE _____ <input type="checkbox"/> hospital <input type="checkbox"/> other clinic PHONE (_____) _____ <input type="checkbox"/> other source type _____	SUBJECT ADDRESS CITY _____ SUBJECT ADDRESS STATE _____ SUBJECT ADDRESS COUNTY _____ SUBJECT ADDRESS ZIP CODE _____ LOCAL SUBJECT ID _____
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CASE INFORMATION

Date of Birth ____-____-____ <small>month day year</small>	Sex M=male F=female U=unknown <input type="checkbox"/>	Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>
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Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White Not asked Refused to answer Other Unknown

Country of Birth _____	Other Birth Place _____	Country of Usual Residence _____
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Age at Case Investigation _____	Age Unit* _____	Reporting County _____	Reporting State _____
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Date Reported ____-____-____ <small>month day year</small>	Date First Reported to PHD ____-____-____ <small>month day year</small>	National Reporting Jurisdiction _____
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Date First Reported to County ____-____-____ (mm/dd/yyyy)	Earliest Date Reported to State ____-____-____ (mm/dd/yyyy)
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CASE INVESTIGATION STATUS CODE	Approved	Deleted	Notified	Ready for review	Reviewed	Unknown
	Closed	In progress	Other (specify) _____	Rejected	Suspended	

Case Class Status <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Probable <input type="checkbox"/> Not a case	Case Investigation Start Date ____-____-____ (mm/dd/yyyy)
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CASE DETECTION METHOD	Laboratory report	Prenatal testing	Provider reported	Self-referral	Confirmation Date ____-____-____ <small>month day year</small>
	Other _____	Prison entry screening	Routine physical	Unknown	

CASE CONFIRMATION METHOD	Active surveillance	Lab diagnosis	No information given
	Case/outbreak investigation	Lab reporting	Occupational disease surveillance
	Clinical diagnosis	Local/state specified	Other (specify) _____
	Epi-linked	Medical records review	Provider certified

CLINICAL INFORMATION

SIGNS/SYMPTOMS	Y	N	U	Onset Date	Duration	Age at Onset	Age Type Units*
Rash				____-____-____ <small>month day year</small>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (days)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				Highest Measured Temperature			Tempertaure Units
Fever				____-____-____ <small>month day year</small>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	°Cel <input type="checkbox"/> °F <input type="checkbox"/>	
<small>*Units a = year d = day mo = month wk = week unk = unknown</small>							
Arthralgia							
Arthritis							
				Conjunctivitis		Other _____	
				Lymphadenopathy		Unknown	

ILLNESS	Onset Date	End Date	Diagnosis Date	Duration	Illness Duration Units*
	____-____-____ <small>month day year</small>	____-____-____ <small>month day year</small>	____-____-____ <small>month day year</small>	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

HOSPITALIZATION	Hospitalized?	Admit Date	Discharge Date	Duration	Pregnancy Status
	Y=yes N=no U=unknown <input type="checkbox"/>	____-____-____ <small>month day year</small>	____-____-____ <small>month day year</small>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (days)	<input type="checkbox"/> Y=yes N=no U=Unknown

COMPLICATIONS	Encephalitis	Y	N	U	Other	Y	N	U	Death?	Deceased Date ____-____-____
	Thrombocytopenia				Unknown				Cause of Death _____	

PREGNANCY INFORMATION

Expected Delivery Date _____ (mm/dd/yyyy) Expected Place of Delivery _____

Trimester at onset of illness? First Second Third Unknown Number of weeks gestation at onset?

Is there documentation of previous immunity testing? Y=yes N=no U=unknown Age at time of previous testing?

Previous Immunity Testing Result	Positive	Significant rise in IgG	Year of previous rubella immunity test? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Negative	No significant rise in IgG	
	Indeterminate	Other	
	Pending	Not done	
	Unknown		
Diagnosed with the condition before? Y=yes N=no U=Unknown <input type="checkbox"/>			
Previous disease serologically confirmed? Y=yes N=no U=unknown <input type="checkbox"/>			
Year of previous disease? _____		Age at previous diagnosis? <input type="checkbox"/> <input type="checkbox"/>	

Previous case diagnosed by: physician/healthcare provider parent other _____ Age Units† _____

†UNITS a = year d = day mo = month wk = week unk = unknown

PREGNANCY OUTCOME

What was the outcome of current pregnancy? Live birth with CRS Other _____ Unknown Autopsy Result _____

Age of fetus at time of pregnancy cessation: (weeks) Was an autopsy performed? Y=yes N=no U=unknown

EXPOSURE AND IMPORTATION INFORMATION

Did symptom onset occur within 14-23 days of entering U.S. following travel or living outside the U.S.? Y=yes N=no U=unknown

International Destination(s) of Recent Travel	_____	Travel Return Date _____ (mm/dd/yyyy)
	_____	Travel Return Date _____ (mm/dd/yyyy)

Length of time in the U.S. since last travel: Length of time in U.S. units†:

Country of Exposure _____ State or Province of Exposure _____

County of Exposure _____ City of Exposure _____

Import Status – US-Acquired 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other

CASE DISEASE IMPORTED CODE	Indigenous	In state, out of jurisdiction	Imported Country _____
	International	Yes, imported, but not able to determine source state/country	
	Out of state	Unknown	
			Imported State _____

Traceable to an international import? Y=yes N=no U=unknown Imported County _____ Imported City _____

TRANSMISSION SETTING	Athletics	Day care center	Hospital outpatient clinic	Other (specify)	
	College	Doctor's office	Hospital ward	Place of worship	
	Community	Home	International travel	School	
	Correctional facility	Hospital ER	Military	Work	Unknown

Age & setting of case verified? Y=yes N=no U=unknown Epi-linked to a confirmed or probable case? Y=yes N=no U=unknown

Was case patient a healthcare provider? Y=yes N=no U=unknown Part of an outbreak? Y=yes N=no U=unknown

COMMENTS

LABORATORY TESTING

VPD Lab Message Reference Laboratory _____

VPD Lab Message Patient Identifier _____

VPD Lab Message Specimen Identifier _____

Lab testing done to confirm diagnosis? Y=yes N=no U=unknown

Was a specimen sent to CDC? Y=yes N=no U=unknown

Was case laboratory confirmed? Y=yes N=no U=unknown

Test Type	Test Result	Test Result Quantitative	Test Method	Result Units	Date Specimen Collected	Date Specimen Sent to CDC	Date Specimen Analyzed	Specimen Source	Specimen Type	Performing Lab Type
					month day year	month day year	month day year			
IgM (capture)										
IgM										
IgG EIA (acute)										
IgG EIA (conv)										
culture										
PCR										
other										
unknown										
Ab IF										
Ab latex										
genotype										

TEST RESULTS CODES

P=positive N=negative
 X=not done E=pending
 I=Indeterminate
 NS=no significant rise in titer
 PS=significant rise in titer
 U=unknown

SPECIMEN TYPE CODES

1=entire throat 6=entire eye
 2=intervertebral space 7=pharyngeal
 3=skin structure 8=other (specify)
 4=mouth region 9=unknown
 5=lens of eye 10=nasal cavity

PERFORMING LABORATORY TYPE CODES

1=CDC lab 5=public health lab
 2=commercial lab 6=VPD testing lab
 3=hospital lab 8=other (specify)
 4=other clinical lab 9=unknown

GENOTYPE CODES

1a 1F 2A
 1B 1g 2B
 1C 1H 2c
 1D 1I other
 1E 1J unknown

SPECIMEN SOURCE

2=blood 3=body fluid 4=BAL 8=cataract 9=CSF 11=DNA sample 15=NP aspirate 16=NP swab 17=NP washings 18=nucleic acid 19=oral fluid
 20=oral swab 21=plasma 22=RNA sample 23=saliva 25=serum 36=throat swab 38=urine 40=viral isolate 41=other 42=unknown

CLINICAL CASE DEFINITION [†]

SUSPECTED

Any generalized rash illness of acute onset that does not meet the criteria for probable or confirmed rubella or any other illness.

PROBABLE

In the absence of a more likely diagnosis, an illness characterized by all of the following:

- Acute onset of generalized maculopapular rash; **and**
- Temperature greater than 99.0° F or 37.2° C, if measured; **and**
- Arthralgia, arthritis, lymphadenopathy, or conjunctivitis; **and**
- Lack of epidemiologic linkage to a laboratory-confirmed case of rubella; **and**
- Noncontributory or no serologic or virologic testing.

CONFIRMED

A case with or without symptoms who has laboratory evidence of rubella infection confirmed by one or more of the following laboratory tests:

- Isolation of rubella virus; or
- Detection of rubella-virus specific nucleic acid by polymerase chain reaction; or
- IgG seroconversion[†] or a significant rise between acute- and convalescent-phase titers in serum rubella IgG antibody level by any standard serologic assay; or
- Positive serologic test for rubella IgM antibody^{†*}

OR

An illness characterized by all of the following:

- Acute onset of generalized maculopapular rash; and
- Temperature greater than 99.0°F or 37.2°C; and
- Arthralgia, arthritis, lymphadenopathy, or conjunctivitis; and
- Epidemiologic linkage to a laboratory-confirmed case of rubella.

[†] Not explained by MMR vaccination during the previous 6-45 days.

*Not otherwise ruled out by more specific testing in a public health laboratory

OTHER INFORMATION

Serum rubella IgM test results that are false positives have been reported in persons with other viral infections (e.g., acute infection with Epstein-Barr virus [infectious mononucleosis], recent cytomegalovirus infection, and parvovirus infection) or in the presence of rheumatoid factor. Patients who have laboratory evidence of recent measles infection are excluded.

[†]CSTE Position Statement 12-ID-09 at <https://wwwn.cdc.gov/nndss/conditions/rubella/case-definition/2013/>

