

Clinical Features of Maternal Illness: Rash85733-4 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Date of Onset: 85732-6 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year </div> </div> Fever85730-0..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Lymphadenopathy 85727-6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Arthralgia/Arthritis 85794-6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Other (specify) 85726-8 _____	Was Mother Immunized with Rubella Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 85702-9 If Yes, Date Vaccinated: 30952-6 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year </div> </div> If Yes, Source of Information: 48766-0 <input type="checkbox"/> Physician <input type="checkbox"/> Mother Only <input type="checkbox"/> School <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Unknown	Did the Mother Have Serological Testing for Rubella Immunity Prior to Exposure? 85717-7 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Date: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 85674-0 Month Day Year If Yes, Interpretation of Test Results: 85675-7 <input type="checkbox"/> Susceptible <input type="checkbox"/> Immune <input type="checkbox"/> Unknown <small>(If more than one serologic test, include dates and results for each time tested.)</small>
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IV LABORATORY

Specimens for Viral Study <input type="checkbox"/> Yes <input type="checkbox"/> No LAB630					
Mother 85793-8 Infant (check one)	Type Specimen 66746-9	Date Collected 68963-8	Laboratory 82771-7	Specific Test Methods Used INV290 (See below)*	Test Results INV291 LAB628
<input type="checkbox"/> <input type="checkbox"/>		/ /			
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V APPRAISAL

<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Possible <input type="checkbox"/> Infection Only <input type="checkbox"/> Not CRS <input type="checkbox"/> Stillbirth <input type="checkbox"/> Unknown INV935 <input type="checkbox"/> Indigenous to U.S. <input type="checkbox"/> Imported to U.S. INV516					
Investigator's Name (print): _____			Telephone: _____		Date: _____
Physician Responsible for Child's Care _____					Date: _____
Source of Report 48766-0 <input type="checkbox"/> Private MD <input type="checkbox"/> Death Record <input type="checkbox"/> Birth Record <input type="checkbox"/> Laboratory <input type="checkbox"/> Hospital <input type="checkbox"/> Other					

LAB TEST METHODS

<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> a) Viral Cultures b) RIA c) IFA </div> <div style="width: 30%;"> d) ELISA e) Hemagglutination Inhibition f) Latex Agglutination </div> <div style="width: 30%;"> g) Passive Hemagglutination (PHA) h) Other _____ </div> </div> <small>*If antibody testing was performed, specify which Rubella-specific immunoglobulin antibody (IgM or IgG) was used.</small>	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 <ul style="list-style-type: none"> ▪ Isolation of rubella virus, <i>or</i> ▪ Demonstration of rubella-specific IgM antibody, <i>or</i> ▪ An infant's rubella antibody level that persists above and beyond that expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of twofold dilution per month).
Case Classification <i>Possible:</i> A case with some compatible findings but not meeting the criteria for a probable case. <i>Probable*:</i> 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. <i>Confirmed:</i> A clinically compatible case that is laboratory-confirmed. <i>Infection Only:</i> A case with laboratory evidence of infection, but without any clinical symptoms or signs. <small>* In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication</small> 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.	