				Rubella Su	rveiii	ance w	orksn	еет				NDIX 16-3	
Name (Last, First) Hospital Record No.													
Address (Street and No.) City PID-11.3						County PID-11.9 Zip			PID-11.5		Phone		
Reporting Physician/Nurse/Hospital/Clinic/Lab Address						L				Phone			
48766-0													
				DETACH HERE and tr	ansmit	only lower	portion	if sent to CDC					
Rubella MMG Rubella Surveillance Worksheet Generic MMG													
County PID-11.9 State PID-11.4 Zip PID-11.5													
						thnicity PID-22 Race PID-10 Sex PID-8						Carr DID 0	
			20 years 3 = 0-28 days L months 9 = Age unknov	rs 3 = 0-28 days ths 9 = Age unknown H = Hispanic N = Not Hispanic			Race PID-10 N = Native Amer/Alaskan Native W = White A = Asian/Pacific Islander O = Other 32624-9 B = African American U = Unknown Sex PID-8 M -= Male F = Female U = Unknown						
Event Date											Report Status 77990-0		
		1 = Onset 2 = Diagnosi		Repo 77972-8 ounty Repor 77973-6 Ite or	Ass	ociated				1 = Indigen 2 = Interna		1 = Confirmed 2 = Probable	
Мо	nth Day Year	3 = Lab Repor		MMWR Report Date	∟ Un	」	Month	Day Year	:	3 = Out of S 9 = Unknov	State	3 = Suspect 9 = Unknown	
	Any Rash? 56831-1	Rash Onset 81268	_	Rash Duration 81269-			alitis?	57187-5				is? 67187-5	
	N = No							Y = Yes	-		Y = Yes INV920 N = No		
DATA				99 = Unknown	0 - 30 Days 99 = Unknown						U = Unknown		
	Fever? 56831-1 If Recorded, Highest Measured Temp. 8126					Thromb 67187- INV	ocytope 5	enia? Death		.5	Other C	Complications	
CALI	Y = Yes INV919 N = No		999	.9 = Unknown	2		92 0 N =	Yes	Y = Yes N = No			Y = Yes	
CLINICAL DATA	U = Unkno Arthralgia/ 56831-1	Lymphadeno	OBX-6 for 81265		1 5	Linewite		Unknown	U = Unkno		- I	V920 N = No U = Unknown	
	Arthritis?		V - Vos				7974-4 Days Hospitalized 8656-1 If Yes, Please Specify:						
	Y = Yes INV919 N = No	INV919 N = No		U = Unknown									
	U = Unknov	vn U=	Unknown	U = Unknow	n		0 – Ulkilowii Month Day Year						
	Was Laboratory Testing for Rubella Done? LAB630 Y = Yes					Vaccinated? (Received rubella-containing vaccine?) VAC 126							
	N = No					Vaccination Date Vaccine Vaccine Manuf. Lot Number							
						Month 30952-6 Vear Dose Type 30957-5 30959-1						Authorities was the Engineering	
	Specimen Taken 68963-8 P = Positive							30973-	30956	i-7			
	N = Ne I = Inc Month Day Year U = Ur			legative X = Not Done determinate									
				nknown									
ORY	Date IgG Acute INV2	alescent INV290	5										
LABORATORY	Specimen Taken 68963-8 Specimen 1			Taken 68963-8									
ABC	Result INV291 P = Significant Rise in IgG N = No Significant Rise in IgG I = Indeterminate E = Pending X = Not Done				į		Vaccine Codes		M	= Merck	nufacturer (Codes	
_						X	A = MN B = Rub O = Oth	pella	O = Other U = Unknov		/n		
				Lab Result INV291 P = Positive			U = Unl						
				N = Negative I = Indeterminate		Numbe	r of dose	of doses received ON or AFTER 1st birthday VAC129					
				X = Not Done E = Pending				ed, What Was the					
				Un= Unknown / Other Lab Method:		2 = Med	1 = Religious Exemption 6 = Under Age for Vaccination 2 = Medical Contraindication 7 = Parental Refusal						
						4 = Lab	3 = Philosophical Objection 8 = Other 4 = Lab Evidence of Previous Disease 9 = Unknown 5 = MD Diagnosis of Previous Disease						
	Date First Reported to a Health Department Date Case Investigation				n Start		_	Outbreak Relat	ed? 77980-	1 If	Yes, Outb	oreak Name 77981-9	
						Y = Yes N = No							
EPIDEMIOLOGIC	Month Day Year Month Day Transmission Setting (Where did the patient acquire rubella?) 8126							U = Unknown					
		e rubella?) 81267-7			Source of Exposure For Current Case (Enter State ID 77993-4 if source was an in-state case; enter Country 77984-3 f source was out of U.S.; enter State								
	1 = Day Care 6 = Hospital 2 = School 7 = Home 3 = Doctor's Office 8 = Work			11 = Military 12 = Correctional 13 = Church			77985-0 if source was out-of-state)						
	4 = Hospital Wa	ard 9 = Unknow	n	14 = International Trav 15 = Other	/el			Epi-Linked to Another Confirmed or Probable Case INV21			hable Case INIV217		
EP	5 = Hospital ER If Other, Specify Tran	13 - Other			Lpi-Liliked	ים שווחנווהן	COMMIN	icu di FIUI	MUDIC COSC INVZI/				
	Were Age and Setting	res No											
	Setting) 85700-3	, . ccu, tis age	-pp. opriate	l I	NO Unknowi	n							

Detach here and send only lower portion it sent to CDC											
	V - Voc	Weeks Gestation (or Trimester)	1st = First Trimester	1 = 1 Week							
	N = No 7996-7 at Unset of	Illness	2 nd = Second Trimester 3 rd = Third Trimester	2 = 2 Weeks 3 = 3 Weeks							
z	U = Unknown		81271-9	81270-1							
PREGNANT WOMEN	Prior Evidence of Serologic Immunity? 8569	4-8 Year of Test 85692-2	Age of Patient at Time	of Test 85698-9							
	Y = Yes N = No		or \Box								
NAN	U = Unknown		0 – 50 99 = Unknown								
REG	Was Previous Rubella Serologically Confirm	ned? 85696-3 Year of Disease 85695		of Disease 63932-8							
	Y = Yes		or \square								
	N = No U = Unknown		0 – 59 OBX-6 for 63932-8]							
<u> </u>	. The information	on helow is enidemiologically important but	99 = Unknown								
	The information below is epidemiologically important but not included on the NETSS screens Exposure Period Period Period Period Period of Communicability										
				,							
21 D	ays 14 Days	7 Days	Rash Onset	7 Days							
•		•	•	•							
Monti	h Day Year Month Day Year	Month Day Year	Month Day Year	Month Day Year							
Cont	Contacts of patient during infectious period (7 days before to 7 days after rash onset) who are in the 1st 5 months of pregnancy										
			Documented Rubella	,							
		Documented Prior	Seropositivity Before								
Na	me Address/Phone	Rubella Immunization?	Within 7 Days After F Exposed	irst Rubella Serology, etc.							
		If Yes, Date	<u>Exposeu</u>	eic.							
		Y = Yes	Y = Yes N = No								
			Year U = Unknown								
		Y = Yes	Y = Yes								
		N = No U = Unknown Month Day	N = No Year U = Unknown								
		Y = Yes N = No	Y = Yes N = No								
		U = Unknown Month Day	Year U = Unknown								
	p contacts of patient during infectious perio		onset), i.e., households, child care o	center, school, college,							
work	xplace, jail/prison, physician's office/clinic/h	ospital/emergency room, etc.									
<u>Nar</u>	ne of Group/Site	Address/Phone	<u>Notes</u>								
Clinical Case Definition: An illness that has all of the following characteristics: acute onset of generalized maculopapular rash, temperature > 99° F (> 37° C), if measured, and											
arthralgia/arthritis, lymphadenopathy, or conjunctivitis.											
Case	Classification:										
Suspected: any generalized rash illness of acute onset Probable: a case that meets the clinical case definition, has no or noncontributory serologic or virologic testing, and is not epidemiologically linked to a											
laboratory-confirmed case											
Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case											