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 _____
☐ physician ☐ PH clinic **ADDRESS** _____
☐ nurse ☐ laboratory **ZIP CODE** _____
☐ hospital ☐ other clinic **PHONE** (__ __ __) __ __ __ __ __ __ __
☐ other source type _____

SUBJECT ADDRESS CITY _____
SUBJECT ADDRESS STATE _____
SUBJECT ADDRESS COUNTY _____
SUBJECT ADDRESS ZIP CODE __ __ __ __ __
LOCAL SUBJECT ID _____

CASE INFORMATION

Date of Birth __ __ __ __ __ __ __ __ (month day year) **Sex** M=male F=female ☐ **Ethnic Group** H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown ☐

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** _____

Age at Case Investigation _____ **Age Unit*** _____ **Reporting County** _____ **Reporting State** _____

Date Reported __ __ __ __ __ __ __ __ (month day year) **Date First Reported to PHD** __ __ __ __ __ __ __ __ (month day year) **National Reporting Jurisdiction** ___

Date First Reported to County __ __ __ __ __ __ __ __ (mm/dd/yyyy) **Earliest Date Reported to State** __ __ __ __ __ __ __ __ (mm/dd/yyyy)

CASE INVESTIGATION STATUS CODE

Approved		Deleted		Notified		Ready for review		Reviewed		Unknown	
Closed		In progress		Other (specify) _____		Rejected		Suspended			

Case Class Status ☐Suspected ☐Confirmed ☐Unknown ☐Probable ☐Not a case **Case Investigation Start Date** __ __ __ __ __ __ __ __ (mm/dd/yyyy)

CASE DETECTION METHOD

	Laboratory report		Prenatal testing		Provider reported		Self-referral
	Other _____		Prison entry screening		Routine physical		Unknown

Confirmation Date __ __ __ __ __ __ __ __ (month day year)

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					__ __ __ __ __ __ __ __ (month day year)	☐☐☐ (days)	☐☐	☐☐☐
						Highest Measured Temperature		Tempertaure Units
Fever					__ __ __ __ __ __ __ __ (month day year)	☐☐☐.☐		°Cel ☐ °F ☐

*Units a = year d = day mo = month wk = week unk = unknown

	Y	N	U			Y	N	U			Y	N	U	
Arthralgia					Conjunctivitis					Other _____				
Arthritis					Lymphadenopathy					Unknown				

ILLNESS

Onset Date	End Date	Diagnosis Date	Duration	Illness Duration Units*
__ __ __ __ __ __ __ __ (month day year)	__ __ __ __ __ __ __ __ (month day year)	__ __ __ __ __ __ __ __ (month day year)	_____	☐☐☐

HOSPITALIZATION

Hospitalized?	Admit Date	Discharge Date	Duration	Pregnancy Status
Y=yes N=no U=unknown ☐	__ __ __ __ __ __ __ __ (month day year)	__ __ __ __ __ __ __ __ (month day year)	☐☐☐ (days)	☐ Y=yes N=no U=Unknown

COMPLICATIONS

INV920	Y	N	U			Y	N	U			Y	N	U	
Encephalitis					Other					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
☐	Negative	☐	No signififcant rise in IgG
☐	Indeterminate	☐	Other
☐	Pending	☐	Not done
☐	Unknown		

Year of previous rubella immunity test? ☐☐☐☐

Diagnosed with the condition before? Y=yes N=no U=Unknown ☐

Previous disease serologically confirmed? Y=yes N=no U=unknown ☐

Year of previous disease? _ _ _ _ | **Age at previous diagnosis?** ☐☐

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
☐	International	☐	Yes, imported, but not able to determine source state/country
☐	Out of state	☐	Unknown

Imported Country _____

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 (month day year)	Date Specimen Sent to CDC (month day year)	Date Specimen Analyzed (month day year)	Specimen Source	Specimen Type	Performing Lab Type
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
2=intervertebral space
3=skin structure
4=mouth region
5=lens of eye
6=entire eye
7=pharyngeal
8=other (specify)
9=unknown
10=nasal cavity

PERFORMING LABORATORY TYPE CODES

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

VACCINATION HISTORY

Vaccinated (did subject ever receive a vaccine against this disease)? Y=yes N=no U=unknown ☐

Number of vaccine doses received on or after her first birthday? 0-6 99=unknown ☐☐ (doses)

Number of vaccine doses against this disease prior to illness onset: 0-6 99=unknown ☐☐ (doses)

Date of last vaccine dose against this disease prior to illness onset __ __ __ __ __ __ __ __ (mm/dd/yyyy)

Was subject vaccinated as recommended by ACIP? Y=yes N=no U=unknown ☐ **If "no" select reason below:**

Reason Not Vaccinated Per ACIP

1 = religious exemption
2 = medical contraindication
3 = philosophical objection
4 = lab evidence of previous disease
5 = MD diagnosis of previous disease
6 = too young
7 = parent/patient refusal
8 = other ____________________
9 = unknown
10 = parent/patient forgot to vaccinate
11 = vaccine record incomplete/unavailable
12 = parent/patient report of previous disease
13 = parent/patient unaware of recommendation
14 = missed opportunity
15 = foreign visitor
16 = immigrant

☐☐

Vaccine Type	Vaccination Date (month day year)	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date (month day year)	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
____	__ __ __ __ __ __ __ __	____	__________	__ __ __ __ __ __ __ __	_______	_________	_______	___
____	__ __ __ __ __ __ __ __	____	__________	__ __ __ __ __ __ __ __	_______	_________	_______	___
____	__ __ __ __ __ __ __ __	____	__________	__ __ __ __ __ __ __ __	_______	_________	_______	___
____	__ __ __ __ __ __ __ __	____	__________	__ __ __ __ __ __ __ __	_______	_________	_______	___
____	__ __ __ __ __ __ __ __	____	__________	__ __ __ __ __ __ __ __	_______	_________	_______	___
____	__ __ __ __ __ __ __ __	____	__________	__ __ __ __ __ __ __ __	_______	_________	_______	___

VACCINE TYPE CODES

03=MMR (measles, mumps, rubella virus)
04=M/R (measles & rubella virus)
05=Measles (measles virus)
06=Rubella (rubella virus)
07=Mumps (mumps virus)
38=Rubella/mumps (rubella & mumps virus)
94=MMRV (measles, mumps, rubella, & varicella virus)
OTH=other
998=no vaccine administered
999=unknown

VACCINE MANUFACTURER CODES

MSD = Merck
OTH = other (specify)
UNK = unknown

VACCINE EVENT INFORMATION SOURCE CODES

00=new immunization record
01=historical information, source unspecified
02=historical information, other provider
05=historical information, other registry
06=historical information, birth certificate
07=historical information, school record
08=historical information, public agency
09=historical information, patient or parent recall
10=historical information, patient or parent written record
11=imm. info system (IIS)
OTH=other (specify)
UNK=unknown

VACCINE HISTORY COMMENTS

CASE NOTIFICATION

CONDITION CODE 10200

Immediate National Notifiable Condition Y=yes N=no U=unknown ☐

Legacy Case ID ___________

State Case ID _____ **Local Record ID** _______ **Jurisdiction Code** ___ **Binational Reporting Criteria** __ __ __ __ __ __ __ __

Date First Verbal Notification to CDC __ __ __ __ __ __ __ __ (month day year)

Date Report First Electronically Submitted __ __ __ __ __ __ __ __ (month day year)

Date of Electronic Case Notification to CDC __ __ __ __ __ __ __ __ (mm/dd/yyyy) **MMWR Week** __ __ __ __ **MMWR Year** __ __ __ __

Notification Result Status ☐ Final results ☐ Record coming as correction ☐ Results cannot be obtained

Person Reporting to CDC NAME ______________ (first)
______________________________ (last)

Person Reporting to CDC Email _______________ @ ___________

Person Reporting to CDC Phone No. (__ __ __) __ __ __ __ __ __ __

Current Occupation ______________________________ **Current Occupation Standardized** ____________________________

Current Industry ______________________________ **Current Industry Standardized** ____________________________

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/