Rubella Surveillance Worksheet

NAME (Last, First)			Hospital Record No.
Address (Street and No.)	City	County / Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab	Address		Phone

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Rubella Surveillance Worksheet

County | State | Zip | Country of Birth

Birth Date (Month Day Year)

Age (Unk = 999)

Age Type: 0 = 0-120 years; 1 = 0-11 months; 2 = 0-52 weeks; 3 = 0-28 days; 9 = Age unknown

Ethnicity: H = Hispanic; N = Not Hispanic; U = Unknown

Race: N = Native Amer./Alaskan Native; A = Asian/Pacific Islander; B = African American; W = White; O = Other; U = Unknown

Sex: M = Male; F = Female; U = Unknown

Event Date (Month Day Year)

Event Type: 1 = Onset Date; 2 = Diagnosis Date; 3 = Lab Test Date; 4 = Reported to County; 5 = Reported to State or MMWR Report Date; 9 = Unknown

Outbreak Associated (Unk = 999)

Reported (Month Day Year)

Imported: 1 = Indigenous; 2 = International; 3 = Out of State; 9 = Unknown

Report Status: 1 = Confirmed; 2 = Probable; 3 = Suspect; 9 = Unknown

CLINICAL DATA

Any Rash? Y = Yes; N = No; U = Unknown

Rash Onset (Month Day Year)

Rash Duration (0 - 30 Days; 99 = Unknown)

Fever? Y = Yes; N = No; U = Unknown

If Recorded, Highest Measured Temp. (36.0 - 110.0 Degrees; 999.9 = Unknown)

Arthralgia/Arthritis? Y = Yes; N = No; U = Unknown

Lymphadenopathy? Y = Yes; N = No; U = Unknown

Conjunctivitis? Y = Yes; N = No; U = Unknown

COMPLICATIONS

Encephalitis? Y = Yes; N = No; U = Unknown

Arthralgia/Arthritis? Y = Yes; N = No; U = Unknown

Thrombocytopenia? Y = Yes; N = No; U = Unknown

Death? Y = Yes; N = No; U = Unknown

Other Complications? Y = Yes; N = No; U = Unknown

If Yes, Please Specify:

Hospitalized? Y = Yes; N = No; U = Unknown

Days Hospitalized (0 - 998; 999 - Unknown)

LABORATORY DATA

Was Laboratory Testing For Rubella Done? Y = Yes; N = No; U = Unknown

Date IgM Specimen Taken (Month Day Year)

Result: P = Positive; E = Pending; N = Negative; X = Not Done; I = Indeterminate; U = Unknown

Date IgG Acute Specimen Taken (Month Day Year)

Date IgG Convalescent Specimen Taken (Month Day Year)

Result: P = Significant Rise in IgG; N = No Significant Rise in IgG; I = Indeterminate; E = Pending; X = Not Done; U = Unknown

Other Lab Result: P = Positive; N = Negative; I = Indeterminate; X = Not Done; E = Pending; U = Unknown

Specify Other Lab Method:

VACCINATION

Vaccinated? (Received rubella-containing vaccine?) Y = Yes; N = No; U = Unknown

Vaccination Date (Month Day Year)	Vaccine	Vaccine Type	Manuf.	Lot Number

Vaccine Type Codes: A = MMR; B = Rubella; O = Other; U = Unknown

Vaccine Manufacturer Codes: M = Merck; O = Other; U = Unknown

Number of doses received ON or AFTER 1st birthday

If Not Vaccinated, What Was The Reason?

1 = Religious Exemption; 2 = Medical Contraindication; 3 = Philosophical Objection; 4 = Lab. Evidence of Previous Disease; 5 = MD Diagnosis of Previous Disease; 6 = Under Age For Vaccination; 7 = Parental Refusal; 8 = Other; 9 = Unknown

EPIDEMIOLOGIC

Date First Reported to a Health Department (Month Day Year)

Date Case Investigation Started (Month Day Year)

Outbreak Related? Y = Yes; N = No; U = Unknown

If Yes, Outbreak Name

Transmission Setting (Where did patient acquire rubella?)

1 = Day Care; 2 = School; 3 = Doctor's Office; 4 = Hospital Ward; 5 = Hospital ER; 6 = Hospital Outpatient Clinic; 7 = Home; 8 = Work; 9 = Unknown; 10 = College; 11 = Military; 12 = Correctional Facility; 13 = Church; 14 = International Travel; 15 = Other

If Other, Specify Transmission Setting:_____

Were Age and Setting Verified? (Is age appropriate for setting) Y = Yes; N = No; U = Unknown

Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)

Epi-Linked to Another Confirmed or Probable Case? Y = Yes; N = No; U = Unknown

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Indicates epidemiologically important items not yet on NETSS screen

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PREGNANT WOMEN

Was Patient Pregnant?
☐ Y = Yes
N = No
U = Unknown

Number of Weeks Gestation (or Trimester) at Onset of Illness ☐☐☐
1st = First Trimester
2nd = Second Trimester
3rd = Trimester
Or
1 = 1 Week
2 = 2 Weeks
3 = 3 Weeks
Etc. – continue up to 45 weeks

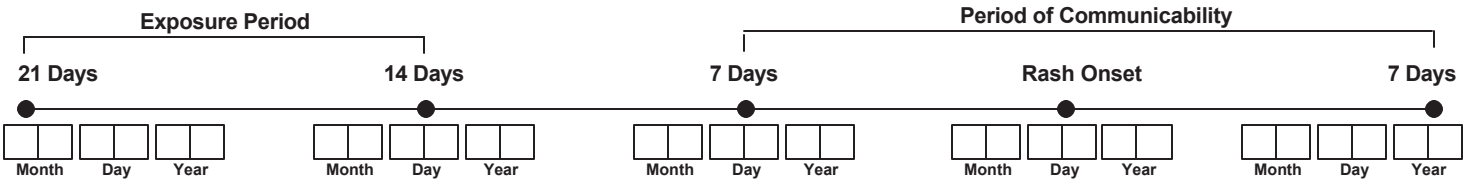
Prior Evidence of Serological Immunity?
☐ Y = Yes
N = No
U = Unknown

Year of Test ☐☐☐☐ **OR** **Age of Patient at Time of Test** ☐☐
0 -50
99 - Unknown

Was Previous Rubella Serologically Confirmed?
☐ Y = Yes
N = No
U = Unknown

Year of Disease ☐☐☐☐ **OR** **Age of Patient at Time of Disease** ☐☐
0 -50
99 - Unknown

The information below is epidemiologically important but not included on NETSS screens



Contacts of patient during infectious period (7 days before to 7 days after rash onset) who are in 1st 5 months of pregnancy

Name / Address/Phone	Documented Prior Rubella Immunization?	If Yes, Date	Documented Rubella Seropositivity Before Or Within 7 Days After First Exposed	If No or Unknown, Action Taken – Rubella Serology, etc.
	☐ Y = Yes N = No U = Unknown	Month Day Year	☐ Y = Yes N = No U = Unknown	
	☐ Y = Yes N = No U = Unknown	Month Day Year	☐ Y = Yes N = No U = Unknown	
	☐ Y = Yes N = No U = Unknown	Month Day Year	☐ Y = Yes N = No U = Unknown	

Group contacts of patient during infectious period (7 days before to 7 days after rash onset), i.e., households, child care center, school, college, workplace, jail/prison, physician's office/clinic/hospital/emergency room, etc.

Name of Group/Site	Address/Phone	Notes

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