

Congenital Rubella Syndrome Case Report

Date of Report: Month Day Year 77995-9 Date of last Evaluation of Infant: 85734-2 Month Day Year

I PATIENT INFORMATION

Child's Name Last First Middle		
Current Address: (County PID-11.9 State PID-11.4 and Zip Code PID-11.5)		Age Congenital Rubella Syndrome Diagnosed: 63932-8 _____ Years _____ Months OBX-6 for 63932-8 <input type="checkbox"/> Less than 1 Month <input type="checkbox"/> Unknown
Date of Birth: PID-7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year	Birth Weight: 8339-4 Grams OBX-6 for 8339-4 lbs oz <input type="checkbox"/> Unknown	Gestational Age: 18185-9 Weeks
Sex: PID-8 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown	RACE: PID-10 <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____	Ethnicity: PID-22 <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Unknown

II CLINICAL CHARACTERISTICS

67187-5	INV920 Yes No Unk	INV920 Yes No Unk	
Cataracts	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Meningoencephalitis	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hearing Loss	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Microcephaly	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mental Retardation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Purpura	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Congenital Heart Disease	1. Patent Ductus Arteriosus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enlarged Spleen	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	2. Peripheral Pulmonic Stenosis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enlarged Liver	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3. Congenital Heart Disease Type Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Long Bone Radiolucencies	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	4. Other (Specify) _____	Congenital Glaucoma	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Pigmentary Retinopathy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Other Abnormalities: Yes No Unknown If Yes, specify 67187-5

Is Child Living? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Causes of Death: (from death certificate) 1. INV337 2. INV338
If No, Date of Death PID-29 Month Day Year	

If Child Died, Was Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Final Anatomical Diagnosis: _____
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III MATERNAL HISTORY

Mother's Name: Last First Middle	Age at Delivery: 85724-3 _____ Years OBX-6	Occupation at Time of Conception: 85658-3 Unemployed Unknown
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Did Mother Attend Family Planning Clinic Prior to Conception? 85723-5 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Number of Previous Live Births: 75202-2 _____ <input type="checkbox"/> Unknown	Number of Previous Pregnancies: 75201-4 _____ <input type="checkbox"/> Unknown	Prenatal Care for this Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 75204-8 Date of First Visit: 75200-6 Month Day Year <input type="checkbox"/> Unknown	Was Prenatal Care Obtained in: <input type="checkbox"/> Public Sector 85718-5 <input type="checkbox"/> Private Sector <input type="checkbox"/> Unknown
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Rubella-like Illness During Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 85716-9 If Yes, Month of Pregnancy: 85715-1 _____ <input type="checkbox"/> Unknown	Was Rubella Diagnosed by a Physician At the Time of Illness? MTH124 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If not MD, by Whom? MTH125	Was Rubella Serologically Confirmed At the Time of Illness? 85711-0 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Location of Exposure: 85710-2 Within the United States <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Outside the United States <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify country 77984-3 ; also specify county 77987-6 and city 77986-8 , if known:	If Location of Exposure is Unknown, did Mother Travel Outside of U.S. During the First Trimester of Pregnancy? 85709-4 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify country; also specify county and city, if known: 82764-2 Date of Travel: 82752-7 Month Day Year <input type="checkbox"/> Unknown	Source of Exposure: Was the Mother Directly Exposed to a Known Rubella Case? 85708-6 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify Relationship: 85707-8 Date of Exposure: 85706-0 Month Day Year <input type="checkbox"/> Unknown
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Number of Other Children Less than 18 Years of Age Living in Household During this Pregnancy: 85722-7	Were Any of the Children Immunized with Rubella Vaccine? 85721-9 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Month Day Year 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"/>		/ /			
<input type="checkbox"/> <input type="checkbox"/>		/ /			
<input type="checkbox"/> <input type="checkbox"/>		/ /			
<input type="checkbox"/> <input type="checkbox"/>		/ /			
<input type="checkbox"/> <input type="checkbox"/>		/ /			
<input type="checkbox"/> <input type="checkbox"/>		/ /			
<input type="checkbox"/> <input type="checkbox"/>		/ /			

V APPRAISAL

Confirmed Probable Possible Infection Only Not CRS Stillbirth Unknown INV935 Indigenous to U.S. Imported to U.S. INV516

Investigator's Name (print): _____ Telephone: _____ Date: _____

Physician Responsible for Child's Care _____ Date: _____

Source of Report 48766-0
 Private MD Death Record Birth Record Laboratory Hospital Other

LAB TEST METHODS

- | | | |
|-------------------|--------------------------------|-----------------------------------|
| a) Viral Cultures | d) ELISA | g) Passive Hemagglutination (PHA) |
| b) RIA | e) Hemagglutination Inhibition | h) Other _____ |
| c) IFA | f) Latex Agglutination | |

*If antibody testing was performed, specify which Rubella-specific immunoglobulin antibody (IgM or IgG) was used.

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.
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