## Rubella Surveillance Worksheet

<table>
<thead>
<tr>
<th>NAME (Street and No.)</th>
<th>Phone</th>
<th>Hospital Record No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REPORTING SOURCE TYPE**
- [ ] physician
- [ ] PH clinic
- [ ] nurse
- [ ] laboratory
- [ ] hospital
- [ ] other clinic
- [ ] other source type

**SIGN/SYMPTOMS**
- Rash
- Fever
- Arthralgia
- Arthritis

**CLINICAL INFORMATION**
- Onset Date
- Duration
- Age at Onset
- Age Type Units
- Highest Measured Temperature
- Temperature Units

**ILLNESS**
- Onset Date
- End Date
- Diagnosis
- Duration
- Illness Duration Units

**HOSPITALIZATION**
- Hospitalized?
- Admit Date
- Discharge Date
- Duration
- Pregnancy Status

**COMPLICATIONS**
- Encephalitis
- Thrombocytopenia
- Other

**CASE INFORMATION**
- Date of Birth
- Sex
- Ethnic Group
- Race
- Country of Birth
- Other Birth Place
- Country of Usual Residence
- Age at Case Investigation
- Date First Reported to County
- Date First Reported to PHD
- Date Reported
- Reporting County
- Reporting State
- National Reporting Jurisdiction

**CASE DETECTION METHOD**
- Laboratory report
- Prenatal testing
- Provider reported
- Self-referral

**CASE CONFIRMATION METHOD**
- Active surveillance
- Case/outbreak investigation
- Clinical diagnosis
- Epi-linked

**CASE INVESTIGATION STATUS CODE**
- Approved
- Deleted
- Notified
- Ready for review
- Reviewed
- Suspended
- Closed
- In progress
- Other (specify)

**CASE INVESTIGATION START DATE**

**CONFIRMATION DATE**

**COUNTRY OF BIRTH**

**COUNTRY OF USUAL RESIDENCE**

**COUNTRY OF USUAL RESIDENCE**

**DATE FIRST REPORTED TO COUNTY**

**DATE FIRST REPORTED TO PHD**

**DATE FIRST REPORTED TO PHD**

**DATE REPORTED**

**Earliest Date Reported to State**

**Earliest Date Reported to State**

**HOSPITALIZATION**
- Y=yes
- N=no
- U=unknown

**ILLNESS**
- Y=yes
- N=no
- U=unknown

**COMPLICATIONS**
- Y=yes
- N=no
- U=unknown

**DECEASED**
- Y=yes
- N=no
- U=unknown

**DECEASED**

This information will not be sent to CDC.
### PREGNANCY INFORMATION

- **Expected Delivery Date**: 11778-8 (mm/dd/yyyy)
- **Expected Place of Delivery**: 85712-8
- **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
- **Previous Immunity Testing Result**
  - Positive
  - Negative
  - Indeterminate
  - Pending
  - Unknown
- **Year of previous rubella immunity test?**
  - □
  - □
  - □
- **Diagnosed w/ condition before?**
  - Y=yes
  - N=no
  - U=Unknown
- **IgG seroconversion positive?**
  - Y=yes
  - N=no
  - U=unknown
- **Year of previous rubella diagnosis?**
- **Diagnosed w/ previous disease?**
  - Y=yes
  - N=no
  - U=Unknown
- **Previous case diagnosed by**
  - □ physician/healthcare provider
  - □ parent
  - □ other
- **Previous case diagnosed by**
  - □
- **Age of fetus at time of pregnancy cessation?** 85719-3 (weeks)
- **Was an autopsy performed?**
  - Y=yes
  - N=no
  - U=unknown

### EXPOSURE AND IMPORTATION INFORMATION

- **International Destination(s) of Recent Travel**
- **Travel Return Date**
- **Length of time in the U.S. since last travel?**
- **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 verified?**
  - Y=yes
  - N=no
  - U=unknown
- **Epi-linked confirmed or probable case?**
  - Y=yes
  - N=no
  - U=unknown
- **Was case a healthcare provider?**
  - Y=yes
  - N=no
  - U=unknown
- **Part of an outbreak?**
  - Y=yes
  - N=no
  - U=unknown

### COMMENTS
- 77999-1
### LABORATORY TESTING

- **VPD Lab Message Reference Laboratory**: LAB143
- **VPD Lab Message Patient Identifier**: LAB598
- **VPD Lab Message Specimen Identifier**: LAB125
- **Lab testing done to confirm diagnosis?**: Y=yes  N=no  U=unknown
- **Was a specimen sent to CDC?** 82314-6  Y=yes  N=no  U=unknown
- **Was case laboratory confirmed?** INV164  Y=yes  N=no  U=unknown

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Result</th>
<th>Test Result Quantitative</th>
<th>Test Method</th>
<th>Date Specimen Collected</th>
<th>Date Specimen Sent to CDC</th>
<th>Date Specimen Analyzed</th>
<th>Specimen Source</th>
<th>Specimen Type</th>
<th>Performing Lab Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>INV290</td>
<td>INV291</td>
<td>LAB628</td>
<td>85069-3</td>
<td>68963-8</td>
<td>85930-6</td>
<td>45375-3</td>
<td>31208-2</td>
<td>66746-9</td>
<td>82771-7</td>
</tr>
</tbody>
</table>

**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
- 1B
- 1g
- 1H
- 2c
- 1D
- 1I
- 1E
- 1J
- 10=nasal cavity

**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

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**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
**VACCINATION HISTORY**

<table>
<thead>
<tr>
<th>Vaccinated (did subject ever receive a vaccine against this disease)?</th>
<th>Y=yes</th>
<th>N=no</th>
<th>U=unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of vaccine doses received on or after her first birthday?</td>
<td>0-6</td>
<td>99=unknown</td>
<td>(doses)</td>
</tr>
<tr>
<td>Number of vaccine doses against this disease prior to illness onset:</td>
<td>0-6</td>
<td>99=unknown</td>
<td>(doses)</td>
</tr>
<tr>
<td>Date of Electronic Case Notification</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date First Verbal Notification to CDC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reason Not Vaccinated Per ACIP</td>
<td>Y=yes</td>
<td>N=no</td>
<td>U=unknown</td>
</tr>
<tr>
<td>If “no” select reason below:</td>
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</tbody>
</table>

**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)

**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
- 03=historical information, other registry
- 04=historical information, other provider
- 05=historical information, other provider
- 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

**CASE NOTIFICATION**

<table>
<thead>
<tr>
<th>CONDITION CODE</th>
<th>10200</th>
<th>Immediate National Notifiable Condition</th>
<th>Y=yes</th>
<th>N=no</th>
<th>U=unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legacy Case ID</td>
<td>______</td>
<td>___________________________</td>
<td></td>
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</tr>
<tr>
<td>Date First Verbal Notification to CDC</td>
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<tr>
<td>Date Report First Electronically Submitted</td>
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<tr>
<td>Date of Electronic Case Notification</td>
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<tr>
<td>Notification Result Status</td>
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</tr>
</tbody>
</table>

**Person Reporting to CDC**

- Person Reporting to CDC NAME | |
- Person Reporting to CDC Email | |
- Person Reporting to CDC Phone No. | |

**Current Industry Standardized** | | |

**Current Occupation Standardized** | | |
### CLINICAL CASE DEFINITION

<table>
<thead>
<tr>
<th>SUSPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any generalized rash illness of acute onset that does not meet the criteria for probable or confirmed rubella or any other illness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROBABLE</th>
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</thead>
<tbody>
<tr>
<td>In the absence of a more likely diagnosis, an illness characterized by all of the following:</td>
</tr>
<tr>
<td>• Acute onset of generalized maculopapular rash; and</td>
</tr>
<tr>
<td>• Temperature greater than 99.0°F or 37.2°C, if measured; and</td>
</tr>
<tr>
<td>• Arthralgia, arthritis, lymphadenopathy, or conjunctivitis; and</td>
</tr>
<tr>
<td>• Lack of epidemiologic linkage to a laboratory-confirmed case of rubella; and</td>
</tr>
<tr>
<td>• Noncontributory or no serologic or virologic testing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONFIRMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A case with or without symptoms who has laboratory evidence of rubella infection confirmed by one or more of the following laboratory tests:</td>
</tr>
<tr>
<td>• Isolation of rubella virus; or</td>
</tr>
<tr>
<td>• Detection of rubella-virus specific nucleic acid by polymerase chain reaction; or</td>
</tr>
<tr>
<td>• IgG seroconversion† or a significant rise between acute- and convalescent-phase titers in serum rubella IgG antibody level by any standard serologic assay; or</td>
</tr>
<tr>
<td>• Positive serologic test for rubella IgM antibody†*</td>
</tr>
</tbody>
</table>

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.