

Rubella Surveillance Worksheet

RUBELLA MMG

GENERIC MMG

NAME <hr/> <small>(last) (first)</small>	ADDRESS (Street and No.) <hr/>	Phone <hr/>	Hospital Record No. <hr/>
This information will not be sent to CDC			

REPORTING SOURCE TYPE <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type	NAME _____ ADDRESS _____ ZIP CODE 52831-5 _____ PHONE (____) _____
SUBJECT ADDRESS CITY _____	
SUBJECT ADDRESS STATE _____	
SUBJECT ADDRESS COUNTY _____	
SUBJECT ADDRESS ZIP CODE _____	
LOCAL SUBJECT ID _____	

CASE INFORMATION

Date of Birth _____ <small>PID-7 month day year</small>	Sex M=male F=female U=unknown <input type="checkbox"/> <small>PID-8</small>	Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/> <small>PID-22</small>
Race <input type="checkbox"/> can Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other 32624-9 <input type="checkbox"/> Unknown		
Country of Birth 78746-5 _____	Other Birth Place 21842-0 _____	Country of Usual Residence 77983-5 _____
Age at Case Investigation 77998-3 _____	Age Unit *OBX-6 for 77998-3 _____	Reporting County 77967-8 _____
Reporting State 77966-0 _____	Date Reported _____ <small>77995-9 month day year</small>	
Date First Reported to PHD _____ <small>77970-2 month day year</small>		National Reporting Jurisdiction _____ <small>77968-6</small>
Date First Reported to County 77972-8 _____ (mm/dd/yyyy)		Earliest Date Reported to State 77973-6 _____ (mm/dd/yyyy)

CASE INVESTIGATION STATUS CODE INV109	Approved	Deleted	Notified	Ready for review	Reviewed	Unknown
	Closed	In progress	Other (specify) _____	Rejected	Suspended	

Case Class Status <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed 77990-0 <input type="checkbox"/> Unknown <input type="checkbox"/> Probable <input type="checkbox"/> Not a case	Case Investigation Start Date 77979-3 _____ (mm/dd/yyyy)
CASE DETECTION METHOD INV159	Laboratory report <input type="checkbox"/> Prenatal testing <input type="checkbox"/> Provider reported <input type="checkbox"/> Self-referral <input type="checkbox"/> Other _____ Prison entry screening <input type="checkbox"/> Routine physical <input type="checkbox"/> Unknown <input type="checkbox"/>
Confirmation Date _____ <small>INV162 month day year</small>	

CASE CONFIRMATION METHOD INV161	Active surveillance <input type="checkbox"/>	Lab diagnosis <input type="checkbox"/>	No information given <input type="checkbox"/>
	Case/outbreak investigation <input type="checkbox"/>	Lab reporting <input type="checkbox"/>	Occupational disease surveillance <input type="checkbox"/>
	Clinical diagnosis <input type="checkbox"/>	Local/state specified <input type="checkbox"/>	Other (specify) _____ <input type="checkbox"/>
	Epi-linked <input type="checkbox"/>	Medical records review <input type="checkbox"/>	Provider certified <input type="checkbox"/>

CLINICAL INFORMATION

SIGNS/SYMPTOMS 56831-1	Y N U	Onset Date 81268-5	Duration 81269-3	Age at Onset 85949-6	Age Type Units* OBX-6 for 85949-6
Rash		_____ (month day year)	____ (days)	____	
Fever		_____ (month day year)	_____ (days)	81265-1	°Cel <input type="checkbox"/> °F <input type="checkbox"/> OBX-6 for 81265-1
*Units a = year d = day mo = month wk = week unk = unknown					
Arthralgia	Y N U	Conjunctivitis	Y N U	Other _____	Y N U
Arthritis		Lymphadenopathy		Unknown	

ILLNESS	Onset Date 11368-8	End Date 77976-9	Diagnosis 77975-1	Duration 77977-7	Illness Duration Units* OBX-6 for 77977-7
	_____ (month day year)	_____ (month day year)	_____ (month day year)	_____ (days)	

HOSPITALIZATION	Hospitalized? 77974-4	Admit Date 8656-1	Discharge Date 8649-6	Duration 78033-8	Pregnancy Status 77996-7
	Y=yes N=no U=unknown <input type="checkbox"/>	_____ (month day year)	_____ (month day year)	____ (days)	Y=yes N=no U=Unknown <input type="checkbox"/>

COMPLICATIONS 67187-5	Encephalitis <input type="checkbox"/>	Other <input type="checkbox"/>	Death? 77978-5	Deceased Date PID-29
	Thrombocytopenia <input type="checkbox"/>	Unknown <input type="checkbox"/>	Cause of Death 79378-6	

PREGNANCY INFORMATION

Expected Delivery Date 11778-8 (mm/dd/yyyy) Expected Place of Delivery 85712-8

Trimester at onset of illness? 81271-9 First Second Third Unknown Number of weeks gestation at onset? 81270-1

Is there documentation of previous immunity testing? 85694-8 Y=yes N=no U=unknown Age at previous testing? 85698-9

Previous Immunity Testing Result <u>85693-0</u>	Positive	Significant rise in IgG
	Negative	No significant rise in IgG
	Indeterminate	Other
	Pending	Not done
	Unknown	

Year of previous rubella immunity test? 85692-2
 Diagnosed 85697-1 the condition before? Y=yes N=no U=Unknown
 Previous disease serologically confirmed? 85696-3 Y=yes N=no U=unknown
 Year of previous disease? 85695-5 Age at previous diagnosis? 85698-9

Previous case diagnosed by: 85676-5 physician/healthcare provider parent other _____ Age in units† 85691-4 OBX-6 for 63932-8

†UNITS a = year d = day mo = month wk = week unk = unknown

PREGNANCY OUTCOME

What 63893-2 outcome of current pregnancy? Live birth with CRS Other _____ Unknown Autopsy Result 85691-4

Age of fetus at time of pregnancy cessation: 85719-3 (weeks) Was an autopsy performed? 85699-7 Y=yes N=no U=unknown

EXPOSURE AND IMPORTATION INFORMATION

Did symptom onset occur within 14-23 days of entering U.S. following INV293 travel or living outside the U.S.? Y=yes N=no U=unknown

International Destination(s) of Recent Travel 82764-2 Travel Return Date TRAVEL08 (mm/dd/yyyy)
 Travel Return Date TRAVEL08 (mm/dd/yyyy)

Length of time in the U.S. since last travel: DEM225 Length of time in U.S. units†: OBX-6 for DEM225

Country of Exposure 77984-3 State or Province of Exposure 77985-0

County of Exposure 77987-6 City of Exposure 77986-8

Import Status – US-Acquired INV516 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other

CASE DISEASE IMPORTED CODE <u>77982-7</u>	Indigenous	In state, out of jurisdiction	Imported Country <u>INV153</u>
	International	Yes, imported, but not able to determine source state/country	
	Out of state	Unknown	

Traceable to INV286 international import? Y=yes N=no U=unknown Imported County INV156 Imported City INV155

TRANSMISSION SETTING <u>81267-7</u>	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 85700-3 verified? Y=yes N=no U=unknown Epi-linked INV217 confirmed or probable case? Y=yes N=no U=unknown

Was case a healthcare provider? 223366009 Y=yes N=no U=unknown Part of an outbreak? INV963 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? **LAB630** 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

Test Type INV290	Test Result INV291	Test Result Quantitative LAB628	Test Method 85069-3	Result Units LAB115	Date Specimen Collected 68963-8 <small>month day year</small>	Date Specimen Sent to CDC 85930-6 <small>month day year</small>	Date Specimen Analyzed 45375-3 <small>month day year</small>	Specimen Source 31208-2	Specimen Type 66746-9	Performing Lab Type 82771-7
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 6=entire eye
 2=intervertebral space 7=pharyngeal
 3=skin structure 8=other (specify)
 4=mouth region 9=unknown
 5=lens of eye 10=nasal cavity

PERFORMING LABORATORY TYPE CODES

1=CDC lab 5=public health lab
 2=commercial lab 6=VPD testing lab
 3=hospital lab 8=other (specify)
 4=other clinical lab 9=unknown

GENOTYPE CODES

85690-6
 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)? VAC126 Y=yes N=no U=unknown

Number of vaccine doses received on or after her first birthday? VAC129 0-6 99=unknown (doses)

Number of vaccine doses against this disease prior to illness onset: 82745-1 0-6 99=unknown (doses)

Date of last vaccine dose against this disease prior to illness onset VAC142 _____ (mm/dd/yyyy)

Was subject vaccinated as recommended by ACIP? VAC148 Y=yes N=no U=unknown **If "no" select reason below:**

Reason Not Vaccinated Per ACIP VAC149

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

Vaccine Type	Vaccination Date	Vaccine Manuf	Vaccine Lot Number	Vaccine Expiration Date	National Drug Code	Vaccination Record Identifier	Vaccine Event Information Source	Vaccine Dose Number
<input checked="" type="checkbox"/> 30956-7	<input checked="" type="checkbox"/> 30952-6 month day year	<input checked="" type="checkbox"/> 30957-5	<input checked="" type="checkbox"/> 30959-1	<input checked="" type="checkbox"/> VAC109 month day year	<input checked="" type="checkbox"/> VAC153	<input checked="" type="checkbox"/> VAC102	<input checked="" type="checkbox"/> VAC147	<input checked="" type="checkbox"/> 30973-2
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

<p>VACCINE TYPE CODES</p> <p>03=MMR (measles, mumps, rubella virus) 04=M/R (measles & rubella virus) 05=Measles (measles virus) OTH=other 06=Rubella (rubella virus) 998=no vaccine administered 07=Mumps (mumps virus) 999=unknown 38=Rubella/mumps (rubella & mumps virus) 94=MMRV (measles, mumps, rubella, & varicella virus)</p>	<p>VACCINE MANUFACTURER CODES</p> <p>MSD = Merck OTH = other (specify) UNK = unknown</p>	<p>VACCINE EVENT INFORMATION SOURCE CODES</p> <p>00=new immunization record 01=historical information, source unspecified 02=historical information, other provider 11=imm. info system (IIS) 05=historical information, other registry OTH=other (specify) 06=historical information, birth certificate UNK=unknown 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</p>
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VACCINE HISTORY COMMENTS VAC133

CASE NOTIFICATION

CONDITION CODE <input checked="" type="checkbox"/> OBR-31	10200	Immediate National Notifiable Condition Y=yes N=no U=unknown <input type="checkbox"/>	Legacy Case ID <input checked="" type="checkbox"/> 77997-5
State Case ID <input checked="" type="checkbox"/> 77993-4	Local Record ID <input checked="" type="checkbox"/> OBR-3	Jurisdiction Code <input checked="" type="checkbox"/> 77969-4	Binational Reporting Criteria <input checked="" type="checkbox"/> 77988-4
Date First Verbal Notification to CDC <input checked="" type="checkbox"/> 77994-2		Date Report First Electronically Submitted <input checked="" type="checkbox"/> OBR-7	
Date of Electronic Case Notification to CDC <input checked="" type="checkbox"/> OBR-22		MMWR Week <input checked="" type="checkbox"/> 77991-8	MMWR Year <input checked="" type="checkbox"/> 77992-6
Notification Result Status <input checked="" type="checkbox"/> OBR-25 <input type="checkbox"/> Final results <input type="checkbox"/> Record coming as correction <input type="checkbox"/> Results cannot be obtained			
Person Reporting to CDC NAME <input checked="" type="checkbox"/> 74549-7		Person Reporting to CDC Email <input checked="" type="checkbox"/> 74547-1 @ _____	
		Person Reporting to CDC Phone No. <input checked="" type="checkbox"/> 74548-9 (____) _____	
Current Occupation <input checked="" type="checkbox"/> 85658-3		Current Occupation Standardized <input checked="" type="checkbox"/> 85659-1	
Current Industry <input checked="" type="checkbox"/> 85078-4		Current Industry Standardized <input checked="" type="checkbox"/> 85657-5	

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/>