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## Instructions for Completing the Rubella Surveillance Worksheet

### *General*

- If the month and year for any date are known but the exact day is unknown, enter a 15 for the day (i.e. the middle of the month).
- While “unknown” is an option for many questions, please make every effort to obtain the appropriate information.
- If information is obtained after the record has been submitted to the Centers for Disease Control and Prevention (CDC), please update the NETSS record with the new information and resend the record during the next scheduled transmission.
- If copies of the paper form are sent to CDC, either fold back the information above the dotted line or cut it off after photocopying and before sending the rest of the information to CDC to preserve confidentiality.

**Zip Code:** Requested (but not required) for vaccine-preventable diseases. Enter a 5-digit zip code.

**Birth Date:** If known, enter the birth date. If unknown or before the year 1900, leave blank and enter the age and age type.

**Age and Age Type:** If birth date is unknown and age is known, enter age of patient at rash onset in number of years, months, weeks, or days as indicated by the age type codes.

**Event Date and Event Type:** Enter the earliest known date associated with the incidence of the disease. The event type describes the date entered in event date. The event types are listed in order of preference.

**Outbreak Associated:** Enter 1 if the case is outbreak associated and the state does not assign numerical values to outbreaks; if the state assigns numerical values to outbreaks, enter the assigned value; if the case is known to be not associated with an outbreak, enter 0. If unknown, enter 999.

**Reported:** This field is used in various ways, such as to enter the date reported to the state, a local or other health department. Check with the State Epidemiologist to determine what guidelines apply in your state.

**Imported:** Indicate where the patient acquired rubella. This is a required field for rubella reports.

**Indigenous**—In state; any case that cannot be proven to be imported

**International**—Out of U.S.; international importation from another country; onset of rash is within 18 days of entering the United States

**Out of state**—importation from another state; documentation that the person either had face-to-face contact with a case of rubella outside the state or was out of the state for the entire period when he or she might have become infected (12–23 days before rash onset)

### *Complications*

**Death:** If patient died from rubella, verification with the physician is recommended.

**Other Complications:** Please indicate pregnancy complications (spontaneous abortion, fetal death) or termination if applicable.

### *Laboratory*

**IgG Result:** This result is based on the interpretation of results from a paired serum specimen. The criterion for positivity is a four-fold rise in specimen antibody titer between acute and convalescent phase serum specimen.

*Epidemiologic Information*

**Date First Reported to a Health Department:** Date reported is considered the earliest date the case was initially reported to a health department, either local, district, or state level health department.

**Outbreak Related:** An outbreak is defined as 3 or more cases (with at least one laboratory-confirmed case) clustered in space and time.

**Source of Exposure for Current Case:** A source case must be either a confirmed or probable case and have had face-to-face contact with a subsequent case. Exposure must have occurred between 12 to 23 days before rash onset in the new case, and between 4 days before rash onset and 7 days after rash in the source case. Enter state ID if source was an in-state case (imported entry on core screen = 1), enter country name if source was out of USA (imported entry on core screen = 2), enter state name if source was out-of-state (imported entry on core screen = 3).

**Epi-Linked to Another Confirmed or Probable Case?** An epi-linked case is either a source case or same-generation case. Epi linkage is characterized by direct face-to-face contact. For same-generation cases that are epi-linked, a common exposure is likely.

# Rubella Surveillance Worksheet

APPENDIX 16

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    3 = 0-28 days 1 = 0-11 months    9 = Age unknown 2 = 0-52 weeks		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    4 = Reported to County 2 = Diagnosis Date    5 = Reported to State or 3 = Lab Test Date    9 = 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					
Any Rash? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Rash Onset Month Day Year		Rash Duration 0 - 39 Days 99 = Unknown		Encephalitis? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
Fever? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		If Recorded, Highest Measured Temp. 36.0 - 110.0 Degrees 999.9 = Unknown		Thrombocytopenia? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Death? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
Arthralgia/Arthritis? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Lymphadenopathy? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Conjunctivitis? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Other Complications? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
Was Laboratory Testing For Rubella Done? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Vaccinated? (Received rubella-containing vaccine?) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Hospitalized? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Days Hospitalized 0 - 998 999 - Unknown	
Date IgM Specimen Taken Month Day Year		Result P = Positive E = Pending N = Negative X = Not Done I = Indeterminate U = Unknown		Vaccination Date Month Day Year		Vaccine Type	
Date IgG Acute Specimen Taken Month Day Year		Date IgG Convalescent Specimen Taken Month Day Year		Vaccine Codes A = MMR B = Rubella O = Other U = Unknown		Vaccine Manufacturer Codes M = Merck O = Other U = Unknown	
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:		Number of doses received ON or AFTER 1st birthday	
Date First Reported to a Health Department Month Day Year		Date Case Investigation Started Month Day Year		Outbreak Related? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		If Yes, Outbreak Name	
Transmission Setting (Where did patient acquire rubella?) 1 = Day Care    6 = Hospital Outpatient Clinic    11 = Military 2 = School    7 = Home    12 = Correctional Facility 3 = Doctor's Office    8 = Work    13 = Church 4 = Hospital Ward    9 = Unknown    14 = International Travel 5 = Hospital ER    10 = College    15 = Other		Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out-of-state)		Epi-Linked to Another Confirmed or Probable Case? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Were Age and Setting Verified? (Is age appropriate for setting) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	

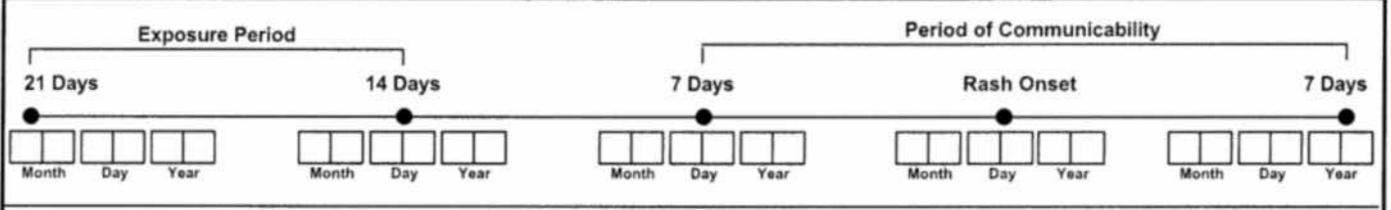
CS-10690

Indicates epidemiologically important items not yet on NETSS screen

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<b>PREGNANT WOMEN</b>	<b>Was Patient Pregnant?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Number of Weeks Gestation (or Trimester) at Onset of Illness</b> <input type="text"/> <input type="text"/> <input type="text"/>	1 <sup>st</sup> = First Trimester 2 <sup>nd</sup> = Second Trimester 3 <sup>rd</sup> = Trimester	Or	1 = 1 Week 2 = 2 Weeks 3 = 3 Weeks Etc. -- continue up to 45 weeks	
	<b>Prior Evidence of Serological Immunity?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Year of Test</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR	<b>Age of Patient at Time of Test</b> <input type="text"/> <input type="text"/> 0 - 50 99 - Unknown		
	<b>Was Previous Rubella Serologically Confirmed?</b> <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<b>Year of Disease</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OR	<b>Age of Patient at Time of Disease</b> <input type="text"/> <input type="text"/> 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 1<sup>st</sup> 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.
_____	_____	<input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	_____
_____	_____	<input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	_____
_____	_____	<input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	<input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> 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