

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

----- DETACH HERE and transmit only lower portion if sent to CDC -----

Rubella Surveillance Worksheet

County		State		Zip		Country of Birth					
Birth Date <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Age <input type="text"/> <input type="text"/> <input type="text"/> Unk = 999		Age Type <input type="checkbox"/> 0 = 0-120 years <input type="checkbox"/> 3 = 0-28 days <input type="checkbox"/> 1 = 0-11 months <input type="checkbox"/> 9 = Age unknown <input type="checkbox"/> 2 = 0-52 weeks		Ethnicity <input type="checkbox"/> H = Hispanic <input type="checkbox"/> N = Not Hispanic <input type="checkbox"/> U = Unknown		Race <input type="checkbox"/> N = Native Amer./Alaskan Native W = White <input type="checkbox"/> A = Asian/Pacific Islander O = Other <input type="checkbox"/> B = African American U = Unknown		Sex <input type="checkbox"/> M = Male <input type="checkbox"/> F = Female <input type="checkbox"/> U = Unknown	

Event Date <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Event Type <input type="checkbox"/> 1 = Onset Date <input type="checkbox"/> 4 = Reported to County <input type="checkbox"/> 2 = Diagnosis Date <input type="checkbox"/> 5 = Reported to State or <input type="checkbox"/> 3 = Lab Test Date <input type="checkbox"/> 9 = MMWR Report Date <input type="checkbox"/> 9 = Unknown		Outbreak Associated <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unk = 999		Reported <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Imported <input type="checkbox"/> 1 = Indigenous <input type="checkbox"/> 2 = International <input type="checkbox"/> 3 = Out of State <input type="checkbox"/> 9 = Unknown		Report Status <input type="checkbox"/> 1 = Confirmed <input type="checkbox"/> 2 = Probable <input type="checkbox"/> 3 = Suspect <input type="checkbox"/> 9 = Unknown	
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Any Rash? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Rash Onset <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Rash Duration <input type="text"/> <input type="text"/> <input type="text"/> 0 - 30 Days 99 = Unknown	
Fever? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		If Recorded, Highest Measured Temp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 36.0 - 110.0 Degrees 999.9 = 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	

Encephalitis? <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			
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		Other Complications? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown If Yes, Please Specify:	
Hospitalized? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown		Days Hospitalized <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 - 998 999 - Unknown			

Was Laboratory Testing For Rubella Done? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown			
Date IgM Specimen Taken <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Result <input type="checkbox"/> P = Positive <input type="checkbox"/> E = Pending <input type="checkbox"/> N = Negative <input type="checkbox"/> X = Not Done <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> U = Unknown	
Date IgG Acute Specimen Taken <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Date IgG Convalescent Specimen Taken <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	
Result <input type="checkbox"/> P = Significant Rise in IgG <input type="checkbox"/> N = No Significant Rise in IgG <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> E = Pending <input type="checkbox"/> X = Not Done <input type="checkbox"/> U = Unknown		Other Lab Result <input type="checkbox"/> P = Significant Rise in IgG <input type="checkbox"/> N = No Significant Rise in IgG <input type="checkbox"/> I = Indeterminate <input type="checkbox"/> X = Not Done <input type="checkbox"/> E = Pending <input type="checkbox"/> U = Unknown Specify Other Lab Method:	

Vaccinated? (Received rubella-containing vaccine?) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown					
Vaccination Date <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Vaccine <input type="checkbox"/>	Vaccine Type <input type="checkbox"/>	Manuf. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Vaccine Type Codes M = Merck 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 <input type="text"/>					
If Not Vaccinated, What Was The Reason? <input type="checkbox"/>					
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			

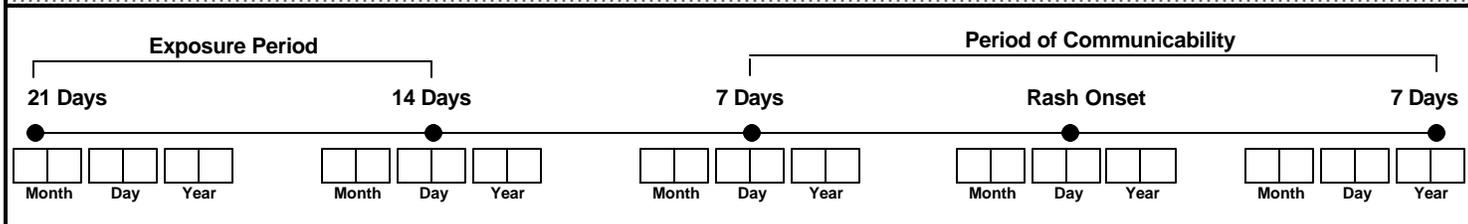
Date First Reported to a Health Department <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Date Case Investigation Started <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Outbreak Related? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	
Transmission Setting (Where did this case acquire rubella?)					
<input type="checkbox"/> 1 = Day Care <input type="checkbox"/> 2 = School <input type="checkbox"/> 3 = Doctor's Office <input type="checkbox"/> 4 = Hospital Ward <input type="checkbox"/> 5 = Hospital ER		<input type="checkbox"/> 6 = Hospital Outpatient Clinic <input type="checkbox"/> 7 = Home <input type="checkbox"/> 8 = Work <input type="checkbox"/> 9 = Unknown <input type="checkbox"/> 10 = College		<input type="checkbox"/> 11 = Military <input type="checkbox"/> 12 = Correctional Facility <input type="checkbox"/> 13 = Church <input type="checkbox"/> 14 = International Travel <input type="checkbox"/> 15 = Other	
If Other, Specify Transmission Setting: _____					
Were Age and Setting Verified? (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.) <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> 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? <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No <input type="checkbox"/> U = Unknown	

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

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



Contacts to case in case's 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.
_____	_____	<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 to case in case's 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

Instructions for Completing the Rubella Surveillance Worksheet

General

- If the month and year for any date is 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 the CDC to preserve confidentiality.

Zip Code: Requested (but not required) by the National Immunization Program 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 case acquired rubella.

- a) In-state = indigenous = any case which cannot be proven to be imported.
- b) Out of USA = international importation from another country = onset of rash is within 23 days of entering the United States.
- c) 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 state for the entire period when he or she might have become infected (12 to 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.

Instructions for Completing the Rubella Surveillance Worksheet

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 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 of the new case, and between 4 days before rash onset and 7 days after rash of 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.