

# Congenital Rubella Syndrome (CRS) Surveillance Worksheet

CRS MMG

GENERIC MMG

<b>NAME</b> (last) _____ (first) _____		<b>ADDRESS (Street and No.)</b> _____		<b>Phone</b> _____	<b>Hospital Record No.</b> _____																																																																																																
This information will not be sent to CDC																																																																																																					
<b>REPORTING SOURCE TYPE</b> <span style="border: 1px solid red; padding: 2px;">48766-0</span> <b>NAME</b> _____ <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <b>ADDRESS</b> _____ <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <b>ZIP CODE</b> <span style="border: 1px solid red; padding: 2px;">52831-5</span> _____ <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <b>PHONE</b> (____) _____ <input type="checkbox"/> other source type _____			<b>SUBJECT ADDRESS CITY</b> <span style="border: 1px solid red; padding: 2px;">PID-11.3</span> _____ <b>SUBJECT ADDRESS STATE</b> <span style="border: 1px solid red; padding: 2px;">PID-11.4</span> _____ <b>SUBJECT ADDRESS COUNTY</b> <span style="border: 1px solid red; padding: 2px;">PID-11.9</span> _____ <b>SUBJECT ADDRESS ZIP CODE</b> <span style="border: 1px solid red; padding: 2px;">PID-11.5</span> _____ <b>LOCAL SUBJECT ID</b> <span style="border: 1px solid red; padding: 2px;">PID-3</span> _____																																																																																																		
<b>CASE INFORMATION</b>																																																																																																					
<b>Date of Birth</b> _____ <span style="border: 1px solid red; padding: 2px;">PID-7</span> month day year		<b>Sex</b> M=male F=female <input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">PID-8</span>		<b>Ethnic Group</b> H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/> <span style="border: 1px solid red; padding: 2px;">PID-22</span>																																																																																																	
<b>Race</b> <span style="border: 1px solid red; padding: 2px;">PID-10</span> 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 <span style="border: 1px solid red; padding: 2px;">32624-9</span> <input type="checkbox"/> Unknown																																																																																																					
<b>Country of Birth</b> <span style="border: 1px solid red; padding: 2px;">78746-5</span> _____		<b>Other Birth Place</b> <span style="border: 1px solid red; padding: 2px;">21842-0</span> _____		<b>Country of Usual Residence</b> <span style="border: 1px solid red; padding: 2px;">77983-5</span> _____																																																																																																	
<b>Age at Case Investigation</b> <span style="border: 1px solid red; padding: 2px;">77998-3</span> _____		<b>Age Unit*</b> <span style="border: 1px solid red; padding: 2px;">OBX-6 for 77998-3</span> _____		<b>Reporting County</b> <span style="border: 1px solid red; padding: 2px;">77967-8</span> _____																																																																																																	
<b>Reporting State</b> <span style="border: 1px solid red; padding: 2px;">77966-0</span> _____																																																																																																					
<b>Date Reported</b> _____ <span style="border: 1px solid red; padding: 2px;">77995-9</span> month day year		<b>Date First Reported to PHD</b> _____ <span style="border: 1px solid red; padding: 2px;">77970-2</span> month day year		<b>National Reporting Jurisdiction</b> _____ <span style="border: 1px solid red; padding: 2px;">77968-6</span>																																																																																																	
<b>Date First Reported to County</b> <span style="border: 1px solid red; padding: 2px;">77972-8</span> _____ (mm/dd/yyyy)		<b>Earliest Date Reported to State</b> <span style="border: 1px solid red; padding: 2px;">77973-6</span> _____ (mm/dd/yyyy)																																																																																																			
<b>Case Class Status</b> <span style="border: 1px solid red; padding: 2px;">77990-0</span> <input type="checkbox"/> Suspected <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Probable <input type="checkbox"/> Not a case		<b>Case Investi</b> <span style="border: 1px solid red; padding: 2px;">77979-3</span> <b>Start Date</b> _____ (mm/dd/yyyy)																																																																																																			
<b>CASE INVESTIGATION STATUS CODE</b> <span style="border: 1px solid red; padding: 2px;">INV109</span>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Approved</td> <td>Deleted</td> <td>Notified</td> <td>Ready for review</td> <td>Reviewed</td> <td>Unknown</td> </tr> <tr> <td>Closed</td> <td>In progress</td> <td>Other (specify) _____</td> <td>Rejected</td> <td>Suspended</td> <td></td> </tr> </table>				Approved	Deleted	Notified	Ready for review	Reviewed	Unknown	Closed	In progress	Other (specify) _____	Rejected	Suspended																																																																																					
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<b>CLINICAL CASE APPRAISAL</b> <span style="border: 1px solid red; padding: 2px;">INV935</span> <input type="checkbox"/> confirmed <input type="checkbox"/> probable <input type="checkbox"/> possible <input type="checkbox"/> infection <input type="checkbox"/> not CRS <input type="checkbox"/> stillbirth																																																																																																					
<b>CASE DETECTION METHOD</b> <span style="border: 1px solid red; padding: 2px;">INV159</span>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Laboratory report</td> <td>Prenatal testing</td> <td>Provider reported</td> <td>Self-referral</td> <td rowspan="2"> <b>Confirmation Date</b> _____  <span style="border: 1px solid red; padding: 2px;">INV162</span> month day year         </td> </tr> <tr> <td>Other _____</td> <td>Prison entry screening</td> <td>Routine physical</td> <td>Unknown</td> </tr> </table>				Laboratory report	Prenatal testing	Provider reported	Self-referral	<b>Confirmation Date</b> _____ <span style="border: 1px solid red; padding: 2px;">INV162</span> month day year	Other _____	Prison entry screening	Routine physical	Unknown																																																																																							
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<b>Gestational Age (if case-patient &lt;1 year of age)</b> <span style="border: 1px solid red; padding: 2px;">18185-9</span> _____ (weeks)		<b>Birth State</b> <span style="border: 1px solid red; padding: 2px;">80910-3</span> _____		<b>Birth Weight</b> <span style="border: 1px solid red; padding: 2px;">8339-4</span> _____																																																																																																	
<b>Birth Weight Unit</b> <span style="border: 1px solid red; padding: 2px;">OBX-6 for 8339-4</span> g=gram kg=kilogram oz=ounce lb=pound _____		<b>Age at Diagnosis</b> <span style="border: 1px solid red; padding: 2px;">63932-8</span> _____		<b>Age Unit* at Diagnosis</b> <span style="border: 1px solid red; padding: 2px;">OBX-6</span> _____																																																																																																	
<b>Hospitalized?</b> <span style="border: 1px solid red; padding: 2px;">77974-4</span> Y=yes N=no U=unknown <input type="checkbox"/>		<b>Hospital Admit Date</b> _____ <span style="border: 1px solid red; padding: 2px;">8656-1</span> month day year		<b>Hospital Discharge Date</b> _____ <span style="border: 1px solid red; padding: 2px;">8649-6</span> month day year																																																																																																	
<b>Hospital Stay Duration</b> 0-998 999=unknown _____ days <span style="border: 1px solid red; padding: 2px;">78033-8</span>		<b>Illness Onset Date</b> _____ <span style="border: 1px solid red; padding: 2px;">11368-8</span> month day year		<b>Illness End Date</b> _____ <span style="border: 1px solid red; padding: 2px;">77976-9</span> month day year																																																																																																	
<b>Illness Duration</b> <span style="border: 1px solid red; padding: 2px;">77977-7</span> _____		<b>Illness Duration Units*</b> <span style="border: 1px solid red; padding: 2px;">OBX-6 for 77977-7</span> _____		<b>Date</b> <span style="border: 1px solid red; padding: 2px;">77975-1</span> <b>agnosis</b> _____ (mm/dd/yyyy)																																																																																																	
<b>*UNITS</b> <span style="border: 1px solid red; padding: 2px;">OBX-6</span> a=year d=day mo=month w=week UNK=unknown																																																																																																					
<b>INFANT TYPE OF COMPLICATIONS</b> <span style="border: 1px solid red; padding: 2px;">67187-5</span>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>U</th> <th></th> <th>Y</th> <th>N</th> <th>U</th> <th></th> <th>Y</th> <th>N</th> <th>U</th> </tr> </thead> <tbody> <tr> <td>Cataract</td> <td></td> <td></td> <td></td> <td>Hearing impairment</td> <td></td> <td></td> <td></td> <td>Patent ductus arteriosus</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Congenital glaucoma</td> <td></td> <td></td> <td></td> <td>Low platelets</td> <td></td> <td></td> <td></td> <td>Peripheral pulmonic stenosis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Congenital heart disease</td> <td></td> <td></td> <td></td> <td>Meningoencephalitis</td> <td></td> <td></td> <td></td> <td>Pigmentary retinopathy</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dermal erythroplasia</td> <td></td> <td></td> <td></td> <td>Microencephaly</td> <td></td> <td></td> <td></td> <td>Purpura</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Developmental delay or Mental retardation</td> <td></td> <td></td> <td></td> <td>Neonatal jaundice</td> <td></td> <td></td> <td></td> <td>Radiolucent bone disease</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enlarged liver</td> <td></td> <td></td> <td></td> <td>Other (specify) _____</td> <td></td> <td></td> <td></td> <td>Stenosis</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enlarged spleen</td> <td></td> <td></td> <td></td> <td>Other congenital heart disease</td> <td></td> <td></td> <td></td> <td>Unknown</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Y	N	U		Y	N	U		Y	N	U	Cataract				Hearing impairment				Patent ductus arteriosus				Congenital glaucoma				Low platelets				Peripheral pulmonic stenosis				Congenital heart disease				Meningoencephalitis				Pigmentary retinopathy				Dermal erythroplasia				Microencephaly				Purpura				Developmental delay or Mental retardation				Neonatal jaundice				Radiolucent bone disease				Enlarged liver				Other (specify) _____				Stenosis				Enlarged spleen				Other congenital heart disease				Unknown			
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# INFANT DEATH INFORMATION

Date of last evaluation by healthcare provider?  month day year Did infant die?  Y=yes N=no U=unknown ☐

At the time of pregnancy cessation, what was the age of the fetus?  (weeks) Deceased Date  month day year

Death Certificate Primary Cause of Death  Death Certificate Secondary Cause of Death

## MATERNAL HISTORY

Mother's Birth Country  Mother's Country of Residence  Mother's Age at Delivery

Mother's Age at Delivery Units†  Length of time mother has been in the U.S.  (years)

Did the mother attend a family planning clinic prior to conception?  Y=yes N=no U=unknown ☐

The number of children less than 18 years of age living in household during this pregnancy?

Were any of the children living in the household immunized with rubella-containing vaccine?  Y=yes N=no U=unknown ☐

The number of children <18 years of age immunized with the rubella vaccine?

†UNITS  a=year d=day h=hour mo=month w=week min=minute s=second UNK=unknown

## MATERNAL CLINICAL INFORMATION

Rash?  Y=yes N=no U=unknown ☐ Rash Onset Date  month day year Rash Duration  (days)

Fever?  Y=yes N=no U=unknown ☐ Fever Onset Date  month day year Fever Duration  (days)

Did the mother have lymphadenopathy during the time she was pregnant?  Y=yes N=no U=unknown ☐

Did the mother have arthralgia/arthritis during time she was pregnant?  Y=yes N=no U=unknown ☐

Did the mother have other clinical illnesses during the time she was pregnant?  (specify)

Was prenatal care obtained for this pregnancy?  Y=yes N=no U=unknown ☐

Date of first prenatal visit for this pregnancy?  month day year Prenatal Care Provider  ☐ public sector ☐ private sector ☐ unk

Did the mother have serological testing prior to this pregnancy?  Y=yes N=no U=unknown ☐

Mother's pre-pregnancy serological test date?  month day year Pregnancy Outcome ☐ Live-CRS ☐ Other ☐ Unknown

What was the mother's pre-pregnancy serological test interpretation?  ☐ susceptible ☐ immune ☐ unknown

Was there a rubella-like illness during this pregnancy?  Y=yes N=no U=unknown ☐

Pregnancy month that rubella-like symptoms appeared?  Previous U.S. birth(s)?  Y=yes N=no U=unknown ☐

Was rubella physician-diagnosed?  Y=yes N=no U=unknown ☐ U.S. Birth Dates

If rubella not diagnosed by physician, then by whom?  Number of births delivered in U.S.

Was rubella lab testing performed with this pregnancy?  Y=yes N=no U=unk ☐ Number of previous pregnancies?

Rubella serologically confirmed at time of illness?  Y=yes N=no U=unknown ☐ Number of total live births?

EXPOSURE INFORMATION

Does the mother know where she might have been exposed to rubella?

85710-2

Y=yes N=no U=unknown

Did the mother travel outside the U.S. during the first trimester of pregnancy?

85709-4

Y=yes N=no U=unknown

International Destination(s) of Recent Travel

82764-2

Date Left for Travel

82752-7

month day year

Travel Return Date

55209-1

month day year

Date Left for Travel

82752-7

month day year

Travel Return Date

55209-1

month day year

Import Status – US-Acquired

INV516

1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other

Was the mother directly exposed to a confirmed case?

85708-6

Y=yes N=no U=unknown

Exposure Date

85706-0

month day year

MOTHER’S RELATIONSHIP TO CONFIRMED RUBELLA CASE

85707-8

Brother

Father

Friend

Grandparent

Mother

Neighbor

Other

Sister

Spouse

Unknown

Country of Exposure

77984-3

State or Province of Exposure

77985-0

County of Exposure

77987-6

City of Exposure

77986-8

CASE DISEASE IMPORTED CODE

77982-7

Indigenous

In state, out of jurisdiction

Unknown

International

Out of state

Yes, imported, but not able to determine source state/country

Imported Country

INV153

Imported State

INV154

Imported County

INV156

Imported City

INV155

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	Specimen from			Date Specimen Collected	Date Specimen Sent to CDC	Date Specimen Analyzed	Test Result	Test Result Quantitative	Result Units	Test Method	Specimen Source	Specimen Type	Performing Lab Type
	mother	infant	unknown										
INV290				68963-8	85930-6	45375-3	INV291	LAB628	LAB115	85069-3	31208-2	66746-9	82771-7
IgM													
IgM (capture)													
IgG EIA (acute)													
IgG EIA (conv)													
culture													
PCR													
other													
unknown													
IFA													
Ab latex													
genotype													

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TEST RESULTS CODES	SPECIMEN TYPE CODES	PERFORMING LABORATORY TYPE CODES	GENOTYPE CODES
<b>P=positive N=negative</b> <b>X=not done E=pending</b> <b>I=Indeterminate</b> <b>NS=no significant rise in titer</b> <b>PS=significant rise in titer</b> <b>U=unknown</b>	<b>1=entire throat</b> <b>2=intervertebral space</b> <b>3=skin structure</b> <b>4=mouth region</b> <b>5=lens of eye</b> <b>6=entire eye</b> <b>7=pharyngeal</b> <b>8=other (specify)</b> <b>9=unknown</b> <b>10=nasal cavity</b>	<b>1=CDC lab</b> <b>2=commercial lab</b> <b>3=hospital lab</b> <b>4=other clinical lab</b> <b>5=public health lab</b> <b>6=VPD testing lab</b> <b>8=other (specify)</b> <b>9=unknown</b>	<div>85690-6</div> <b>1a 1F 2A</b> <b>1B 1g 2B</b> <b>1C 1H 2c</b> <b>1D 1I other</b> <b>1E 1J unknown</b>

**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 38=urine 40=viral isolate 41=other 42=unknown

VACCINATION HISTORY								
<b>Vaccinated (was the mother immunized with a rubella vaccine)?</b> <div>85702-9</div> Y=yes N=no U=unknown <input type="checkbox"/>								
<b>Number of vaccine doses the mother received on or after her first birthday?</b> <div>VAC129</div> 0-6 99=unknown <input type="checkbox"/> (doses)								
<b>Date of mother's last vaccine dose against this disease prior to illness onset</b> <div>VAC142</div> ____ (mm/dd/yyyy)								
<b>Was mother vaccinated as recommended by ACIP?</b> <div>VAC148</div> Y=yes N=no U=unknown <input type="checkbox"/> <b>If "no" select reason below:</b>								
<b>Reason Not Vaccinated Per ACIP</b> <div>VAC149</div> <div>           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         </div>								
<b>Source of mother's vaccine information?</b> <div>48766-0</div> 1=mother 2=physician 3=school 4=IIS 8=other _____ 9=unknown <input type="checkbox"/>								
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
<div>30956-7</div>	<div>30952-6</div> month day year	<div>30957-5</div>	<div>30959-1</div>	<div>VAC109</div> month day year	<div>VAC153</div>	<div>VAC102</div>	<div>VAC147</div>	<div>30973-2</div>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>VACCINE TYPE CODES</b>				<b>VACCINE MANUFACTURER CODES</b>		<b>VACCINE EVENT INFORMATION SOURCE CODES</b>		
<b>03=MMR (measles, mumps, rubella virus)</b> <b>04=M/R (measles &amp; rubella virus)</b> <b>05=Measles (measles virus)</b> <b>OTH=other</b> <b>06=Rubella (rubella virus)</b> <b>998=no vaccine administered</b> <b>07=Mumps (mumps virus)</b> <b>999=unknown</b> <b>38=Rubella/mumps (rubella &amp; mumps virus)</b> <b>94=MMRV (measles, mumps, rubella, &amp; varicella virus)</b>				<b>MSD = Merck</b> <b>OTH = other (specify)</b> <b>UNK = unknown</b>		<b>00=new immunization record</b> <b>01=historical information, source unspecified</b> <b>02=historical information, other provider</b> <b>11=IIS record</b> <b>05=historical information, other registry</b> <b>OTH=other (specify)</b> <b>06=historical information, birth certificate</b> <b>UNK=unknown</b> <b>07=historical information, school record</b> <b>08=historical information, public agency</b> <b>09=historical information, patient or parent recall</b> <b>10=historical information, patient or parent written record</b>		

# CASE NOTIFICATION

<b>CONDITION CODE</b> <span>OBR-31</span>	<b>10370</b>	<b>Immediate National Notifiable Condition</b> Y=yes N=no U=unknown <input type="checkbox"/>		<b>Legacy Case ID</b> <span>77997-5</span>
<b>State Case ID</b> <span>77993-4</span>	<b>Local Record ID</b> <span>OBR-3</span>	<b>Jurisdiction Code</b> <span>77969-4</span>	<b>Binational Reporting Criteria</b> <span>77988-4</span>	
<b>Date First Verbal Notification to CDC</b> <span>77994-2</span> month day year		<b>Date Report First Electronically Submitted</b> <span>OBR-7</span> month day year		
<b>Date of Electronic Case Notification to CDC</b> <span>OBR-22</span> month day year		<b>MMWR Week</b> <span>77991-8</span>	<b>MMWR Year</b> <span>77992-6</span>	
<b>Notification Result Status</b> <span>OBR-25</span> <input type="checkbox"/> Final results <input type="checkbox"/> Record coming as correction <input type="checkbox"/> Results cannot be obtained				
<b>Person Reporting to CDC NAME</b> <span>74549-7</span> (first) (last)		<b>Person Reporting to CDC Email</b> <span>74547-1</span> @ <b>Person Reporting to CDC Phone No.</b> <span>74548-9</span> ( )		
<b>Current Occupation</b> <span>85658-3</span>		<b>Current Occupation Standardized</b> <span>85659-1</span>		
<b>Current Industry</b> <span>85078-4</span>		<b>Current Industry Standardized</b> <span>85657-5</span>		
<b>COMMENTS</b> <span>77999-1</span>				

## CLINICAL CASE DEFINITION <sup>†</sup>

### SUSPECTED

An infant that does not meet the criteria for a probable or confirmed case but who has one of more of the following clinical findings:

- cataracts or congenital glaucoma,
- congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis),
- hearing impairment,
- pigmentary retinopathy,
- purpura,
- hepatosplenomegaly,
- jaundice,
- microcephaly,
- developmental delay,
- meningoencephalitis, OR
- radiolucent bone disease

### PROBABLE

An infant without an alternative etiology that does not have laboratory confirmation of rubella infection but has at least two of the following<sup>§</sup>:

- cataracts or congenital glaucoma,<sup>§</sup>
- congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis),
- hearing impairment, OR
- pigmentary retinopathy;

### OR

An infant without an alternative etiology that does not have laboratory confirmation of rubella infection but has at least one or more of the following:

- cataracts or congenital glaucoma,<sup>§</sup>
- congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis),
- hearing impairment, OR
- pigmentary retinopathy

**AND** one or more of the following:

- purpura,
- hepatosplenomegaly,
- jaundice,
- microcephaly,
- developmental delay,
- meningoencephalitis, OR
- radiolucent bone disease

### CONFIRMED

An infant with at least one symptom (listed above) that is clinically consistent with congenital rubella syndrome; and laboratory evidence of congenital rubella infection as demonstrated by:

- isolation of rubella virus,  
**OR**
- detection of rubella-specific immunoglobulin M (IgM) antibody,  
**OR**
- infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month),  
**OR**
- a specimen that is PCR positive for rubella virus.

### OTHER CRITERIA

#### **Infection only:**

An infant without any clinical symptoms or signs but with laboratory evidence of infection as demonstrated by:

- isolation of rubella virus,  
**OR**
- detection of rubella-specific immunoglobulin M (IgM) antibody,  
**OR**
- infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month),  
**OR**
- a specimen that is PCR positive for rubella virus.

§In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication. In cases classified as infection only, if any compatible signs or symptoms (e.g., hearing loss) are identified later, the case is reclassified as confirmed.

<sup>†</sup>CSTE Position Statement 09-ID-61 at <https://wwwn.cdc.gov/nndss/conditions/rubella-congenital-syndrome/case-definition/2010/>