

Rubella Surveillance Worksheet

RUBELLA MMG

GENERIC MMG

NAME (last) _____ (first) _____		ADDRESS (Street and No.) _____		Phone _____	Hospital Record No. _____												
This information will not be sent to CDC																	
REPORTING SOURCE TYPE 48766-0 <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 PID-11.3 SUBJECT ADDRESS STATE PID-11.4 SUBJECT ADDRESS COUNTY PID-11.9 SUBJECT ADDRESS ZIP CODE PID-11.5 LOCAL SUBJECT ID PID-3													
CASE INFORMATION																	
Date of Birth PID-7 _____ month _____ day _____ year _____ Sex M=male F=female <input type="checkbox"/> PID-8		Ethnic Group H=Hispanic/Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/> PID-22															
Race PID-10 <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 77995-9 _____ month _____ day _____ year _____		Date First Reported to PHD 77970-2 _____ month _____ day _____ year _____		National Reporting Jurisdiction 77968-6													
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		<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 rowspan="2">Unknown</td> </tr> <tr> <td>Closed</td> <td>In progress</td> <td>Other (specify) _____</td> <td>Rejected</td> <td>Suspended</td> </tr> </table>				Approved	Deleted	Notified	Ready for review	Reviewed	Unknown	Closed	In progress	Other (specify) _____	Rejected	Suspended	
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		<input type="checkbox"/> Laboratory report <input type="checkbox"/> Prenatal testing <input type="checkbox"/> Provider reported <input type="checkbox"/> Self-referral <input type="checkbox"/> Other _____ <input type="checkbox"/> Prison entry screening <input type="checkbox"/> Routine physical <input type="checkbox"/> Unknown		Confirmation Date INV162 _____ month _____ day _____ year													
CASE CONFIRMATION METHOD INV161		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Active surveillance</td> <td><input type="checkbox"/> Lab diagnosis</td> <td><input type="checkbox"/> No information given</td> </tr> <tr> <td><input type="checkbox"/> Case/outbreak investigation</td> <td><input type="checkbox"/> Lab reporting</td> <td><input type="checkbox"/> Occupational disease surveillance</td> </tr> <tr> <td><input type="checkbox"/> Clinical diagnosis</td> <td><input type="checkbox"/> Local/state specified</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Epi-linked</td> <td><input type="checkbox"/> Medical records review</td> <td><input type="checkbox"/> Provider certified</td> </tr> </table>				<input type="checkbox"/> 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
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CLINICAL INFORMATION																	
SIGNS/SYMPTOMS 56831-1 Y N U Rash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Onset Date 81268-5 _____ month _____ day _____ year _____ Duration 81269-3 _____ (days) Age at Onset 85949-6 _____ Age Type Units* OBX-6 for 85949-6		Highest Measured Temperature 81266-9 _____ Tempertaure Units 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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Arthritis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		Conjunctivitis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Lymphadenopathy <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		Other <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U													
ILLNESS		Onset Date 11368-8 _____ month _____ day _____ year _____ End Date 77976-9 _____ month _____ day _____ year _____ Diagnosis 77975-1 _____ month _____ day _____ year _____ Duration 77977-7 _____ Illness Duration Units* OBX-6 for 77977-7															
HOSPITALIZATION		Hospitalized? 77974-4 Y=yes N=no U=unknown <input type="checkbox"/> Admit Date 8656-1 _____ month _____ day _____ year _____ Discharge Date 8649-6 _____ month _____ day _____ year _____ Duration 78033-8 _____ (days) Pregnancy Status 77996-7 Y=yes N=no U=Unknown <input type="checkbox"/>															
INV920 Y N U Y N U Y N U																	
COMPLICATIONS 67187-5		Encephalitis <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Thrombocytopenia <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U		Other <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Death? 77978-5 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Deceased Date PID-29 _____ Cause of Death 79378-6 _____													

PREGNANCY INFORMATION

Expected Delivery Date <u>11778-8</u> (mm/dd/yyyy)		Expected Place of Delivery <u>85712-8</u>	
Trimester at onset of illness? <u>81271-9</u> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Unknown		Number of weeks gestation at onset? <u>81270-1</u> <input type="checkbox"/> <input type="checkbox"/>	
Is there documentation of previous immunity testing? <u>85694-8</u> Y=yes N=no U=unknown <input type="checkbox"/>		Age at previous testing? <u>85698-9</u> <input type="checkbox"/> <input type="checkbox"/>	
Previous Immunity Testing Result <u>85693-0</u>	<input type="checkbox"/> Positive	<input type="checkbox"/> Significant rise in IgG	
	<input type="checkbox"/> Negative	<input type="checkbox"/> No significant rise in IgG	
	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Other	
	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done	
	<input type="checkbox"/> Unknown		
Year of previous rubella immunity test? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <u>85692-2</u>		Diagnosed <u>85697-1</u> the condition before? Y=yes N=no U=Unknown <input type="checkbox"/>	
Previous disease serologically confirmed? <u>85696-3</u> Y=yes N=no U=unknown <input type="checkbox"/>		Year of previous disease? <u>85695-5</u> Age <u>63932-8</u> at diagnosis? <input type="checkbox"/> <input type="checkbox"/>	
Previous case diagnosed by: <u>85676-5</u> <input type="checkbox"/> physician/healthcare provider <input type="checkbox"/> parent <input type="checkbox"/> other			Age Units† <u>OBX-6 for 63932-8</u>
†UNITS a = year d = day mo = month wk = week unk = unknown			

PREGNANCY OUTCOME

What <u>63893-2</u> outcome of current pregnancy? <input type="checkbox"/> Live birth with CRS <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Autopsy Result <u>85691-4</u>
Age of fetus at time of pregnancy cessation: <u>85719-3</u> (weeks)	Was an autopsy performed? <u>85699-7</u> Y=yes N=no U=unknown <input type="checkbox"/>

EXPOSURE AND IMPORTATION INFORMATION

Did symptom onset occur within 14-23 days of entering U.S. following <u>INV293</u> travel or living outside the U.S.? Y=yes N=no U=unknown <input type="checkbox"/>			
International Destination(s) of Recent Travel <u>82764-2</u>		Travel Return Date <u>TRAVEL08</u> (mm/dd/yyyy)	
		Travel Return Date <u>TRAVEL08</u> (mm/dd/yyyy)	
Length of time in the U.S. since last travel: <u>DEM225</u>		Length of time in U.S. units†: <u>OBX-6 for DEM225</u>	
Country of Exposure <u>77984-3</u>		State or Province of Exposure <u>77985-0</u>	
County of Exposure <u>77987-6</u>		City of Exposure <u>77986-8</u>	
Import Status – US-Acquired <u>INV516</u> 1=import-linked case 2=imported virus case 3=endemic case 4=unknown source case 5=other <input type="checkbox"/>			
CASE DISEASE <u>77982-7</u> IMPORTED CODE	<input type="checkbox"/> Indigenous	<input type="checkbox"/> In state, out of jurisdiction	
	<input type="checkbox"/> International	<input type="checkbox"/> Yes, imported, but not able to determine source state/country	
	<input type="checkbox"/> Out of state	<input type="checkbox"/> Unknown	
Imported Country <u>INV153</u>		Imported State <u>INV154</u>	
Traceable to <u>INV286</u> international import? Y=yes N=no U=unknown <input type="checkbox"/>		Imported County <u>INV156</u>	Imported City <u>INV155</u>

TRANSMISSION SETTING <u>81267-7</u>	<input type="checkbox"/> Athletics	<input type="checkbox"/> Day care center	<input type="checkbox"/> Hospital outpatient clinic	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> College	<input type="checkbox"/> Doctor's office	<input type="checkbox"/> Hospital ward	<input type="checkbox"/> Place of worship
	<input type="checkbox"/> Community	<input type="checkbox"/> Home	<input type="checkbox"/> International travel	<input type="checkbox"/> School
	<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Hospital ER	<input type="checkbox"/> Military	<input type="checkbox"/> Work
				<input type="checkbox"/> Unknown

Age & setting <u>85700-3</u> verified? Y=yes N=no U=unknown <input type="checkbox"/>	Epi-linked <u>INV217</u> confirmed or probable case? Y=yes N=no U=unknown <input type="checkbox"/>
Was case a healthcare provider? <u>223366009</u> Y=yes N=no U=unknown <input type="checkbox"/>	Part of an outbreak? <u>INV963</u> Y=yes N=no U=unknown <input type="checkbox"/>

COMMENTS 77999-1

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

VACCINE TYPE CODES 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)	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 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
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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 month day year		Date Report First Electronically Submitted <input checked="" type="checkbox"/> OBR-7 month day year	
Date of Electronic Notification to CDC <input checked="" type="checkbox"/> OBR-22 (mm/dd/yyyy)		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 (first) (last)		Person Reporting to CDC Email <input checked="" type="checkbox"/> 74547-1 @ <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/>