Rubella Surveillance Worksheet

NA	AME (Last, First)					Hospital Record No.						
Ac	ddress (Street and No.)		County				Phone					
Re	eporting Physician/Nurse/Hospital/Clinic				•		Phone					
	DETACH HERE and transmit only lower portion if sent to CDC											
Rubella Surveillance Worksheet												
	Age Age Type 0 = 0-120;	F :	M = Male F = Female U = Unknown Race N = Native Amer/Alaskan Native A = Asian/Pacific Islander U = Unknown U = Unknown U = Unknown				Ethnicity H = Hispanic N = Not Hispanic U = Unknown					
C	County		Zij									
CLINICAL DATA	Any Rash? Rash Onset Rash D	h Duration 0 - 30 Days 99 = Unknown		[Encephalitis? Y = Yes N = No U = Unknown		Y = 1					
				Y:	nbocytopenia? = Yes = No = Unknown	Y = Yes N = No		Other Complications? Y = Yes N = No U = Unknown				
	Arthralgia/ Arthritis? Y = Yes N = No U = Unknown Lymphadenopathy? Y = Yes N = No U = Unknown Conjunctivitis? Y = Yes N = No U = Unknown U = Unknown			Y :	Hospitalized? Days Hospitalized Y = Yes N = No U = Unknown If Yes, Please Specif (Max 15 spaces)							
	Was Laboratory Testing For Rubella Done? Y = Yes N = No U = Unknown			Vaccinated? (Received rubella-containing vaccine?) Y = Yes N = No U = Unknown								
LABORATORY	Date IGM Result Specimen Taken P = Positive E = Pending N = Negative X = Not Done I = Indeterminate U = Unknown			Vaccination Date Month Day Year Type Manuf. Lot Number. Lot Number. Vaccine Type Codes A = MMR B = Rubella O = Other U = Unknown Vaccine Vaccine Vaccine Wanuf. Lot Number. Vaccine Manuf. Codes M = Merck O = Other U = Unknown								
	Date IGG Acute Specimen Taken Month Day Year Date IGG Convalescent Specimen Taken Month Day Year Date IGG Convalescent Specimen Taken Month Day Year Date IGG Convalescent Specimen Taken Month Day Year Date IGG Convalescent Specimen Taken Month Specimen Taken Specimen Taken Month Specimen Taken Specimen Taken Month Specimen Taken											
				Number	r of doses received ON or AFTER 1st birthday							
				If Not Vaccinated, What Was The Reason? 1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Objection 4 = Lab. Evidence of Previous Disease 5 = MD Diagnosis of Previous Disease								
ATION	Date First Reported to a Health Month Day Year	Departmer	ıt		D [ate Case I	nvestigation S	started				
NEOFWATION	3 = Doctor's Office 8 = Work 4 = Hospital Ward 9 = Unknown	a?) I Facil I Trav	•	Y = Yes N = No U = Unkno								
EPIDEMOLOGIC	5 = Hospital ER 10 = College 15 = Other Were Age and Setting If Transmission Setting Not Verified? (Is age appropriate for setting, i.e. under 16 Transmission Setting?				Enter State ID if sou Enter Country if so	Source of Exposure For Current Case (Max 15 Spaces) Enter State ID if source was an in-state case Enter Country if source was out of USA Enter State if source was out-of-state						
	and in school, etc.) (Max 15 Spaces) Y = Yes N = N0 U = Unknown			Y = Yes N = No								

IEN	Y=Ye N=No		Number of Weel	rs Gestation (or Trimes	ster) at Onset	of Illness	1st = First Tr 2nd = Secon 3rd = Third T	d Trimester	1 = 1 Week 2 = 2 Weeks 3 = 3 Weeks ' ' ' ' (etc continue up to 45 weeks)	
PREGNANT WOMEN	Y=Ye		ll Immunity?	Year of Test		nt at Time of T	est			
PREG	Was Previous Rubella Serologically Confirmed? Y=Yes N=No U=Unknown			Year of Disease	OR A	Age of Patie	nt at Time of D	isease		
		Thei	nformation below is e	epidemiologically impo			n NETSS scre	ens		
Cou	The information below is epidemiologically important, but not included on NETSS screens Country of Birth									
Cor	ntact(s) to	Case in Case's Infec	tious Period (7 Days	Before to 7 Days After	Rash Onset)	Who Are in	1st 5 Months	of Pregna	ncy	
				.,	D	ocumented	Rubella	•	•	
				Documented Prior		eropositivity Within 7 Da		If No or U Action Ta	Inknown, eken –	
	<u>Name</u>	<u>Addre</u>	ss/Phone	Rubella Immunization			irst Exposed?		ubella Serology, etc.	
			Γ	If Yes, Date	, 		Y=Yes			
_				U=No UULL U=Unknown Month	Day Year		N=No U=Unknown			
			_	If Yes, Date	•	_				
_				Y=Yes N=No			Y=Yes N=No			
				U=Unknown Month	Day Year		U=Unknown			
]	Y=Yes If Yes, Date			Y=Yes			
_				U=Unknown Month	Day Year		N=No U=Unknown			
	-			7 Days Before to 7 Day			Households,	Child Care	e Center, School,	
Col			hysician's Office/Clir	nic/Hospital/Emergenc	•	•				
	Name o	f Group/Site		Address/Phone/Cont	act Person		<u>N</u>	<u>otes</u>		
-										
-										
Clir	Clinical Case Definition*:									
	An illness that has all of the following characteristics: acute onset of generalized maculopapular rash, temperature > 99.0 F (>37.2 C), if measured, and arthralgia/arthritis, lymphadenopathy, or conjunctivitis.									
Cas	Case Classification*:									
	•		sh illness of acute o							
Pro	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-									
Co										
		confirmed case.	=			•			<i>₹</i>	

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