

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="checkbox"/> 1st = First Trimester <input type="checkbox"/> 2nd = Second Trimester <input type="checkbox"/> 3rd = Third Trimester <input type="checkbox"/> 1 = 1 Week <input type="checkbox"/> 2 = 2 Weeks <input type="checkbox"/> 3 = 3 Weeks <input type="checkbox"/> <input type="checkbox"/> (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"/> 1940-2010	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"/> 1940-2010	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

Country of Birth

Contact(s) 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?	Documented Rubella Seropositivity Before or Within 7 Days	If No or Unknown, Action Taken - Rubella Serology, etc.
		<input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No <input type="checkbox"/> U=Unknown If Yes, Date <input type="text"/> <input type="text"/> <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 If Yes, Date <input type="text"/> <input type="text"/> <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 If Yes, Date <input type="text"/> <input type="text"/> <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 Contact(s) 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/Contact Person	Notes

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.

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.

*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR 1997;46(No.RR-10):39. (h:\esdc\pds\surveil\forms\rubella.pre 1/98)