Tennessee Department of Health

Rubella Case Report

Draft, Revised: 09/2010

Please fill out all three pages of this form as complete as possible. Anything that appears in **red** is not available for data entry into NEDSS. However, you may find those fields helpful in your investigation. Notify Central Office Immunization Program regarding this case.

DEMOGRAPHICS

CASE ID#:_____

Last Name: _____ **First:** _____ **Middle:** _____ **DOB:** ____/____/_____

Reported Age: _____ □ Days □ Months □ Years **Sex:** □ Male □ Female □ Unknown

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone - Home: _____ **Work:** _____ **Cell:** _____

Ethnicity: □ Hispanic □ Not Hispanic

Race: □ American Indian / Alaskan □ Asian □ Black / African American □ Hawaiian / Pacific Islander □ White □ Other (_____)

Employer/School/Daycare: _____ **Occupation:** _____

ALTERNATE CONTACT INFORMATION

Last Name: _____ **First:**_____ **Relationship:** □ Parent □ Spouse □ Household Member □ Friend □ Other _____

Phone #:_____

INVESTIGATION SUMMARY

Jurisdiction: □ East Tennessee □ Mid-Cumberland □ Northeast □ South Central □ Southeast □ West Tennessee □ Upper Cumberland □ Nashville/Davidson □ Chattanooga/Hamilton □ Knoxville/Knox □ Jackson/Madison □ Memphis/Shelby □ Sullivan □ Out of Tennessee □ Unassigned

INVESTIGATION SUMMARY

Investigation Start Date: _____/_____/_____

Investigation Status: □ Open □ Closed

Investigator: _____

Date Assigned to Investigation: _____/_____/_____

Physician: _____

Physician's Phone: _____

REPORTING SOURCE

Date of Report: _____/_____/_____

Reporting Source: _____

Earliest Date Reported to County: _____/_____/_____

Earliest Date Reported to State: _____/_____/_____

Reporter: _____

CLINICAL INFORMATION

HOSPITAL INFORMATION

Was the patient hospitalized for this illness? □ Yes □ No □ Unknown

Hospital: _____

Admission Date:____/____/_____ **Discharge Date:** ____/____/_____

Diagnosis Date: ____/____/_____ **Illness Onset Date:** ____/____/_____

Illness End Date: ____/____/_____

CONDITION

Maculopapular rash? □ Yes □ No □ Unknown

Rash onset date: ____/____/_____

Rash duration:_____ **Days**

Fever (>100.5°F) □ Yes □ No □ Unknown

Yes, highest temperature _____°F

SYMPTOMS

Did the patient die from rubella or complications (including a secondary infection) associated with rubella? □ Yes □ No □ Unknown

Cause of Death:_____

Arthritis/Arthalgias: □ **Yes** □ **No** □ **Unknown**

Encephalitis: □ **Yes** □ **No** □ **Unknown**

Thrombocytopenia: □ **Yes** □ **No** □ **Unknown**

Other (_____**)**

COMPLICATIONS

Arthritis/Arthalgias:
□ **Yes** □ **No** □ **Unknown**

Lymphadenopathy:
□ **Yes** □ **No** □ **Unknown**

Conjuctivitis:
□ **Yes** □ **No** □ **Unknown**

COMMENTS

_____

_____

_____

_____

LABORATORY

CASE ID#:_____

Was laboratory testing done for rubella? □ Yes □ No □ Unknown *(If yes, complete the table below.)*

	IgM Serum	Acute IgG Serum	Convalescent IgG Serum	RT-PCR Performed?	Virus Isolation Performed?	Other Lab Tests
Was testing performed?	□ Yes □ No □ Unknown	□ Yes □ No □ Unknown	□ Yes □ No □ Unknown	□ Yes □ No □ Unknown	□ Yes □ No □ Unknown	□ Yes □ No □ Unknown
Name of Laboratory						
Date Specimen Taken						
Result of Test	□ Negative □ Positive □ Pending □ Indeterminate □ Unknown	□ No significant rise in IgG □ Significant rise in IgG □ Pending □ Indeterminate □ Unknown		□ Negative □ Positive □ Pending □ Indeterminate □ Unknown	□ Negative □ Positive □ Pending □ Indeterminate □ Unknown	□ Negative □ Positive □ Pending □ Indeterminate □ Unknown

Were the clinical specimens sent to CDC for genotyping (molecular typing)? □ Yes □ No □ Unknown **Date sent for genotyping:** _____/_____/_____

Was rubella virus genotype sequenced? □ Yes □ No □ Unknown **Specimen Type:**_____

VACCINATION

Did the patient receive rubella containing vaccine? □ Yes □ No □ Unknown

If no, Reason:

□ Born outside of US
□ Laboratory evidence of previous disease
□ MD diagnosis of previous disease
□ Medical Contraindication
□ Parent/Patient forgot to vaccinate
□ Parent/Patient refusal
□ Parent/Patient report of disease
□ Philosophical objection
□ Religious exemption
□ Underage for vaccination
□ Unknown
□ Other (_____)

Number of doses received ON or AFTER 1st birthday: _____

Dates of each MMR vaccination: **1** ____/____/_____ **2** ____/____/_____ □ Dates Unknown

EPIDEMIOLOGIC INFORMATION

Is this case epi-linked to a lab confirmed case?: □ Yes □ No □ Unknown ***If yes*, Case ID of epi-linked case:** _____

What was the transmission setting (use number from choices)?_____

1 - Athletics 2 - College 3 - Community 4 - Correctional facility 5 - Day Care 6 - Doctor's office
7 - Home 8 - Hospital ER 9 - Hospital outpatient clinic 10 - Hospital ward 11 - International travel 12 - Military
13 - Church 14 - School 15 - Unknown 16 - Work 17 - Other

Is this case part of an outbreak of 3 or more cases?: □ Yes □ No □ Unknown **Outbreak name:** _____

Source of infection (i.e. Person ID, Country…):_____

Did rash onset occur 14-23 days upon entering the USA, following any travel or living outside the USA? □ Yes □ No □ Unknown

Is this case traceable (linked) to an international import? □ Yes □ No □ Unknown

Where was the disease acquired?: □ Indigenous (within jurisdiction) □ Out of country □ Out of state □ Out of jurisdiction □ Unknown

Imported Country: _____ **Imported State:** _____

Imported City: _____ **Imported County:** _____

Country of Birth: _____ **Length of time in the US:**_____

Confirmation Method: □ Clinical Diagnosis □ Epidemiologically-linked □ Lab Confirmed □ Other (_____)

Case Status: □ Confirmed □ Probable □ Suspect

COMMENTS

_____

_____

_____

MEDICAL HISTORY

CASE ID#:_____

If this is a female, is she pregnant? □ Yes □ No □ Unknown **Expected delivery date:**____/____/_____

Expected place of delivery:_____

Number of weeks gestation at the time of rubella disease? _____

Trimester of gestation at the time of rubella disease? □ First □ Second □ Third □ Unknown

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Is there documentation of previous rubella immunity testing? □ Yes □ No □ Unknown

If yes, Result of immunity testing? □ Indeterminate □ Negative □ Not done □ Pending □ Positive □ Unknown

Year of immunity testing?_____ **Age of the woman at immunity testing?**_____

Did the woman ever have rubella prior to this pregnancy? □ Yes □ No □ Unknown

If yes, was previous rubella disease serologically confirmed by a physician? □ Yes □ No □ Unknown

Year of previous disease?_____ **Age of the woman at time of previous disease?**_____

What was the outcome of the current pregnancy? □ Live birth □ Not a live birth □ Unknown □ Other

If Live birth: □ Live birth with CRS □ Live birth with infection only □ Live birth without CRS or infection

If not a live birth: □ Elective termination □ Fetal death □ Spontaneous abortion □ Stillbirth

At the time of cessation of pregnancy, what was the age of the fetus?_____weeks

Was autopsy/pathology study conducted? □ Yes □ No □ Unknown

Result of autopsy/pathology:_____

CONTACT INFORMATION

Index Case Name:	**Index Case #:**

Contact Name	Date of Birth	Relationship To case	Date of exposure	# of Vaccines Doses	Date of Last Vaccine	Phone Number

COMMENTS

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_____

_____

FOR ADMINISTRATIVE USE ONLY:

Date of Interview: ____/____/_____

Interviewer's Name: _____

Other Notes: _____

Was the case entered into NEDSS? □ Yes □ No □ Unknown

Date entered into NEDSS: ____/____/_____

Data Entry Person's Name: _____