

Rubella

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Investigation Information

*indicates required fields

Investigation Status*

Closed Open Regional Review State Review Superseded Unassigned

Case Status*

Confirmed Not a Case Probable Suspect Unknown

Patient Information

* indicates required fields

Last Name***First Name*****Middle Initial****Street Address****City****County****State**

West Virginia

Zip**Is the patient's residence a:**

Correctional Facility (Specify) _____ Long Term Care Facility (Specify) _____
 Shelter or Group Home (Specify) _____ None of the above

Home Phone

###-###-####

Ext.**Other Phone**

###-###-####

Ext.**Report Date**

mm/dd/yyyy

Parent / Guardian Information

Last Name**First Name****Middle Initial****Relationship to Patient**

Check if address is same as above; otherwise complete guardian contact information below

Guardian Street Address**City****County****State**

West Virginia

Zip**Home Phone**

###-###-####

Ext.**Other Phone**

###-###-####

Ext.

Patient Demographic Information

* indicates required fields

Sex

Male Female Transsexual Unknown Failure to report sex/missing sex Other (Specify) _____

Date of Birth*

mm/dd/yyyy

Age**Age Units**

Days Weeks Months Years

Patient Demographic Information cont.

Ethnicity

Hispanic or Latino Not Hispanic or Latino Unknown Failure to report ethnicity/missing ethnicity

Race

(Check all that apply)

American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander _____
 White Unknown
 Failure to report race/missing race Some Other Race _____

Outcome and Clinical Information

Date of onset of symptoms

mm/dd/yyyy

Date of diagnosis

mm/dd/yyyy

Was the patient hospitalized for the disease?

 Yes No Unknown

Name of Hospital

Date of Admission

mm/dd/yyyy

Number of days Hospitalized

Patient outcome from this disease:

 Died Survived Unknown

Date of Death

mm/dd/yyyy

Clinical Data

Any Rash?

 Yes No Unknown

Rash Onset Date

mm/dd/yyyy

Rash Duration

Arthralgia/Arthritis?

 Yes No Unknown

Lymphadenopathy?

 Yes No Unknown

Conjunctivitis?

 Yes No Unknown

Fever?

 Yes No Unknown

If Recorded, Highest Measured Temperature

If Recorded, Highest Measured Temperature (unit)

 Celsius Fahrenheit

Complications

Encephalitis?

 Yes No Unknown

Thrombocytopenia?

 Yes No Unknown

Other Complications?

 Yes No Unknown

If Yes, Specify

Laboratory Information

Was Laboratory Testing For Rubella Done?

 Yes No Unknown

IgM

Collection Date

mm/dd/yyyy

Result IgM

 Positive Negative Indeterminate Pending Not Done Unknown

IgG

Acute:

Collection Date

mm/dd/yyyy

Convalescent:

Collection Date

mm/dd/yyyy

Result IgG

 Indeterminate Pending Not Done Unknown

Other Lab Test

Specify Other Lab Method

Other Lab Result

 Significant Rise in IgG No Significant Rise in IgG Positive Negative Indeterminate Pending Not Done Unknown

Laboratory Name

Phone

###-###-####

Ext.

Fax Number

###-###-####

Laboratory Information cont.

Address			
State: West Virginia		Zip:	
Reporting Source			
Last Name		First Name	
Phone ###-###-####	Ext.	Fax ###-###-####	
Facility			
Address			
City	State West Virginia	Zip	
E-mail			
Provider with Further Patient Information			
Last Name		First Name	
Phone ###-###-####	Ext.	Fax ###-###-####	
Address			
City	State West Virginia	Zip	

Public Health Investigation

Name of Person Interviewed		Relationship to Patient		Date reported to public health mm/dd/yyyy	
Investigator		Date public health investigation began mm/dd/yyyy		Health Department	
Ext.				Phone ###-###-####	
Investigation ID		Part of an Outbreak? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Outbreak Name	
				Lost to follow-up? <input type="radio"/> Yes <input type="radio"/> No	
Imported <input type="radio"/> Indigenous <input type="radio"/> International <input type="radio"/> Out Of State <input type="radio"/> Unknown					
Vaccine History					
Received rubella-containing vaccine? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			Number of doses received ON or AFTER 1st birthday		
If not vaccinated, what was the reason? <input type="radio"/> Religious Exemption <input type="radio"/> Medical Contraindication <input type="radio"/> Philosophical Objection <input type="radio"/> Lab Evidence of Previous Disease <input type="radio"/> MD Diagnosis of Previous Disease <input type="radio"/> Under Age For Vaccination <input type="radio"/> Parental Refusal <input type="radio"/> Other _____ <input type="radio"/> Unknown					
Vaccination Date	Vaccine Type	Vaccine Manufacturer	Lot Number		
mm/dd/yyyy	A=MMR B=Rubella O=Other U=Unknown	M=Merck O=Other U=Unknown			
What was the transmission setting? (Where did this case acquire Rubella) <input type="radio"/> Church <input type="radio"/> College <input type="radio"/> Correctional Facility <input type="radio"/> Daycare <input type="radio"/> Doctor's Office <input type="radio"/> Home <input type="radio"/> Hospital ER <input type="radio"/> Hospital Outpatient <input type="radio"/> Hospital Ward <input type="radio"/> International Travel <input type="radio"/> Military <input type="radio"/> School <input type="radio"/> Work <input type="radio"/> Unknown <input type="radio"/> Other (specify) _____					
Were Age and Setting Verified? (Is age appropriate for setting, i.e. under 16 and school, etc) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			Epi-Linked to Another Confirmed or Probable Case? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of US; enter State if source was out-of-state)					

Pregnant Women										
<p>If the case was female, was she pregnant? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>										
<p>Number of Trimester at Onset of Illness <input type="radio"/> First <input type="radio"/> Second <input type="radio"/> Third</p>			<p>OR</p>			<p>Number of Gestation Weeks at Onset of Illness (1=1 Week, 2=2 Weeks, 3=3 Weeks, Etc.--continuing up to 45 weeks)</p>				
<p>Prior Evidence of Serological Immunity? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>		<p>If Yes, Year of Test (YYYY)</p>		<p>OR</p>		<p>Age of Patient at Time of Test (0-50; 99-Unknown)</p>				
<p>Was Previous Rubella Serologically Confirmed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>			<p>If Yes, Year of Disease (YYYY)</p>			<p>OR</p>		<p>Age of Patient at Time of Disease (0-50; 99-Unknown)</p>		
<p>Exposure Period</p>										
<p>21 Days Before Onset mm/dd/yyyy</p>			<p>14 Days Before Onset mm/dd/yyyy</p>			<p>7 Days Before Onset mm/dd/yyyy</p>			<p>Rash Onset mm/dd/yyyy</p>	
<p>Contacts to case in case's infectious period (7 days before to 7 days after rash onset) who are in 1st 5 months of pregnancy</p>										
<p>Name</p>			<p>Address/Phone</p>			<p>Documented Prior Rubella Immunization? Y=Yes N=No UNK=Unknown</p>		<p>If Yes, Date mm/dd/yyyy</p>		
						<p>Y=Yes N=No UNK=Unknown</p>				
<p>Group Contacts 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.</p>										
<p>Contact person name</p>			<p>Name of Group/Site</p>			<p>Address/Phone</p>			<p>Notes</p>	
<p>Describe public health action taken:</p>										

Other Information

Comments / Notes: