U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
Atlanta, GA 30333

Congenital Rubella Syndrome Case Report

Date of Report: _____ / _____ / _____ (Mo. / Day / Yr.)

Date of Last Evaluation of Infant: _____ / _____ / _____ (Mo. / Day / Yr.)

I Patient Information

Child's Name: _____ (Last) (First) (Middle)

Current Address: *(County, State and Zip Code)*
_____

Age Congenital Rubella Syndrome Diagnosed:
____ Years ____ Months ☐ <1 Month ☐ Unk

Date of Birth:
_____ / _____ / _____ (Mo. / Day / Yr.)

Birth Weight:
_____ Grams
____ lbs. ____ oz.

Gestational Age:
____ weeks

Sex:
☐ M ☐ F
☐ Unk

Race:
☐ American Indian or Alaska Native
☐ Asian or Pacific Islander
☐ Black ☐ White
☐ Other *(specify)* _____

Ethnicity: ☐ Hispanic Origin ☐ Not of Hispanic Origin ☐ Unk

II Clinical Characteristics

	Yes	No	Unk
Cataracts	☐	☐	☐
Hearing Loss	☐	☐	☐
Mental Retardation	☐	☐	☐
Congenital Heart Disease			
1. Patent Ductus Arteriosus	☐	☐	☐
2. Peripheral Pulmonic Stenosis	☐	☐	☐
3. Congenital Heart Disease Type Unknown	☐	☐	☐
4. Other *(specify)* _____			

	Yes	No	Unk
Meningoencephalitis	☐	☐	☐
Microcephaly	☐	☐	☐
Purpura	☐	☐	☐
Enlarged Spleen	☐	☐	☐
Enlarged Liver	☐	☐	☐
Long Bone Radiolucencies	☐	☐	☐
Congenital Glaucoma	☐	☐	☐
Pigmentary Retinopathy	☐	☐	☐

Other Abnormalities: If Yes, specify _____
☐ Yes ☐ No ☐ Unk _____

If Child Died, Was Autopsy Performed?
☐ Yes ☐ No ☐ Unk

Final Anatomical Diagnosis: _____
_____

III Maternal History

Mothers Name: *(Last, First, Middle)*
_____

Age at Delivery:
_____ years

Occupation at Time of Conception:
_____
☐ Unemployed
☐ Unk

Did Mother Attend Family Planning Clinic Prior to Conception?
☐ Yes ☐ No ☐ Unk

No. of Previous Live Births:
_____ ☐ Unk

No. of Previous Pregnancies:
_____ ☐ Unk

Prenatal Care for this Pregnancy:
☐ Yes ☐ No ☐ Unk
Date of 1st Visit:
_____ / _____ / _____ ☐ Unk (Mo. / Day / Yr)

Was Prenatal Care Obtained in:
☐ Public Sector
☐ Private Sector
☐ Unk

Rubella-Like Illness During Pregnancy:
☐ Yes ☐ No ☐ Unk

If Yes, Month of Pregnancy:
_____ ☐ Unk

Was Rubella Diagnosed by a Physician at Time of Illness?
☐ Yes ☐ No ☐ Unk
If not MD, by Whom? _____

Was Rubella Semlogically Confirmed at Time of Illness?
☐ Yes ☐ No ☐ Unk

Location of Exposure: Yes No Unk Within United States.... ☐ ☐ ☐ Outside United States... ☐ ☐ ☐ If Yes, specify country (if known, Specify city/county): ______________________________	If Location of Exposure is Unknown did Mother travel outside the United States during 1st Trimester of Pregnancy? ☐Yes ☐No ☐Unk If Yes, specify country (if known, specify city/county) ________________ Date of Travel: _____ / _____ / _____ *Mo. Day Yr.*	**Source of Exposure:** Was the Mother Directly Exposed to a Known Rubella Case? ☐Yes ☐No ☐Unk If Yes, please specify relationship ___________________________ Date of Exposure: _____ / _____ / _____ *Mo. Day Yr.*

Number of Other Children <18
Living in Household During Pregnancy: _____

Were any of the Children
Immunized with Rubella Vaccine? ☐Yes ☐No ☐Unk

Clinical Features of Mental Illness: Yes No Unk Rash ………………….. ☐ ☐ ☐ Date of Onset : _____ / _____ / _____ *Mo. Day Yr.* Fever ………………… ☐ ☐ ☐ Lymphadenopathy …… ☐ ☐ ☐ Arthralgia/Arthritis ….. ☐ ☐ ☐ Other *(specify)* ___________________	**Mother Immunized with Rubella Vaccine** ☐ Yes ☐ No ☐ Unk If Yes, Date Vaccinated: _____ / _____ / _____ *Mo. Day Yr.* **If Yes, Source of Information:** ☐ Physician ☐ Mother Only ☐ School ☐ Other *(specify)*__________ ☐ Public Sector ☐ Private Sector ☐ Unk	Did the mother have serological testing for rubella Immunity prior to exposure? ☐Yes ☐No ☐Unk If Yes, Date: _____ / _____ / _____ *Mo. Day Yr.* Interpretation of Test Results: ☐ Susceptible ☐ Immune ☐ Unk If more than one serologic test, include dates & results for each time tested.

IV Laboratory

Specimens for Viral Study ☐ Yes ☐ No

(Check one) Mother	Infant	Type Specimen	Date Collected	Laboratory	Specific Test Methods Used *(see below)**	Test Results
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________
☐	☐	________	___ / ___ / ___	________	________	________

V Appraisal

☐ Confirmed ☐ Probable ☐ Possible ☐ Infection Only ☐ Not CRS ☐ Stillbirth ☐ Unk
☐ Indigenous to U.S. ☐ Imported to U.S.

Investigator's Name:	Telephone:	Date:

Physician Responsible for Child's Care:	Telephone:

Source of Report: ☐ Private MD ☐ Death Record ☐ Birth Record ☐ Laboratory ☐ Hospital ☐ Other

Lab Test Methods

a) Viral Cultures
b) RIA
c) IFA
d) ELISA
a) Hernaglutination Inhibition (HAI)
f) Latex Agglutination
9) Passive Hernaglutination (PHIA)
h) Other *(specify)* _____

- If Antibody Testing was Performed, Please Specify Which Rubella-Specific Immunoglobin Antibody (IgM or IgG) was used.

Definitions

Clinics Description:

An illness of newborns resulting from rubella infection into utero and characterized by signs and symptoms from the following categories:

A. Cataracts/congenital glaucoma, congenital heart disease (most Commonly patent ductus arteriosus, peripheral pulmonary artery stenosis), loss of hearing, pigmentary retinopathy.
B. Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease.

Clinical Case Definition:

Presence of any defects or laboratory data consistent with congenital rubella infection (as reported by a health professional).

Laboratory Criteria for Diagnosis:

- Isolation of rubella virus, *or*
- Demonstration of rubella-specific IgM antibody, *or*
- An infant's rubella antibody level that persists above and beyond that expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month).

Case Classification:

Possible: A case with some compatible clinical findings but not meeting the criteria for a probable case.

Probable: A case that is not laboratory-confirmed and that has any two complications listed in A above, or one complication from A and one from B.

Confirmed: A clinically compatible case that is laboratory-confirmed.

Infection Only: A case with laboratory evidence of infection, but without any clinical symptoms or signs.

Comment: In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication.

Other Definitions:

Imported to U.S.: A case which has its source of exposure outside the United States.

Indigenous in U.S.: Any case which cannot be proved to be imported.