

**New Jersey Department of Health
Vaccine Preventable Diseases Program
PO Box 369
Trenton, NJ 08625-0369**

Case Status
<input type="checkbox"/> Confirmed
<input type="checkbox"/> Probable
<input type="checkbox"/> Not a Case

RUBELLA SURVEILLANCE WORKSHEET

Patient Name (Last, First)			Telephone No.			CDRSS #			E#			
Street Address				City				Zip		County		
Reporting Source			Treating Physician			Address of Physician			Telephone No.			
Dates Physician Saw			Name of Investigator			Name of Agency			Telephone No.			
Hospital			Hospital Record Number			Hospital Address			Telephone No.			
Country of Birth		Birth Date ____/____/____ (mm/dd/yy)		Age _____ (Unknown = 999)		Age Type 0 <input type="checkbox"/> 0-120 Years 1 <input type="checkbox"/> 0-11 Months		2 <input type="checkbox"/> 0-2 Weeks 3 <input type="checkbox"/> 0-28 Days 9 <input type="checkbox"/> Age Unknown				
Ethnicity H <input type="checkbox"/> Hispanic N <input type="checkbox"/> Not Hispanic U <input type="checkbox"/> Unknown			Race N <input type="checkbox"/> Native American/Alaskan Native A <input type="checkbox"/> Asian/Pacific Islander B <input type="checkbox"/> African American			W <input type="checkbox"/> White O <input type="checkbox"/> Other U <input type="checkbox"/> Unknown			Sex M <input type="checkbox"/> Male F <input type="checkbox"/> Female U <input type="checkbox"/> Unknown			
Event Date ____/____/____ (mm/dd/yy)			Event Type 1 <input type="checkbox"/> Onset Date 3 <input type="checkbox"/> Lab Test Date 5 <input type="checkbox"/> Reported to State or MMWR Report Date 2 <input type="checkbox"/> Diagnosis Type 4 <input type="checkbox"/> Reported to County 9 <input type="checkbox"/> Unknown									
Outbreak Associated _____ (Unknown = 999)		Reported ____/____/____ (mm/dd/yy)		Imported 1 <input type="checkbox"/> Indigenous 2 <input type="checkbox"/> International		3 <input type="checkbox"/> Out of State 9 <input type="checkbox"/> Unknown		Report Status 1 <input type="checkbox"/> Confirmed 3 <input type="checkbox"/> Not a Case 2 <input type="checkbox"/> Probable 9 <input type="checkbox"/> Unknown				
CLINICAL DATA						COMPLICATIONS						
Symptoms			Yes	No	Unknown	Symptoms			Yes	No	Unknown	
Any Rash If Yes, Date of Rash Onset: ____/____/____ (mm/dd/yy) Rash Duration: _____ (0-30; 99 = Unknown)						Encephalitis						
						Arthralgia/Arthritis						
						Thrombocytopenia						
						Death						
Fever If Recorded, Highest Measured Temperature _____. Degrees F. (36.0 – 110.0; 999=Unknown)						Other Complications (If Yes, specify):						
Arthralgia/Arthritis						Hospitalized? (If Yes, Days Hospitalized): _____ (0-998; 999 = Unknown)						
Lymphadenopathy												
Conjunctivitis												
LABORATORY												
Was Laboratory Testing for Rubella Done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Date IgM Specimen Taken ____/____/____ (mm/dd/yy)				Result P <input type="checkbox"/> Positive X <input type="checkbox"/> Not Done E <input type="checkbox"/> Pending I <input type="checkbox"/> Indeterminate N <input type="checkbox"/> Negative U <input type="checkbox"/> Unknown				
Date IgG Acute Specimen Taken ____/____/____ (mm/dd/yy)			Date IgG Convalescent Specimen Taken ____/____/____ (mm/dd/yy)			Result P <input type="checkbox"/> Significant Rise in IgG X <input type="checkbox"/> Not Done N <input type="checkbox"/> No Significant Rise in IgG E <input type="checkbox"/> Pending I <input type="checkbox"/> Indeterminate U <input type="checkbox"/> Unknown						
Other Lab Result P <input type="checkbox"/> Positive X <input type="checkbox"/> Not Done N <input type="checkbox"/> Negative E <input type="checkbox"/> Pending I <input type="checkbox"/> Indeterminate U <input type="checkbox"/> Unknown					Specify Other Lab Method							

RUBELLA SURVEILLANCE WORKSHEET, Continued

CONTACT INFORMATION				
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.				
Name Address Telephone	Documented Prior Rubella Immunization?	If Yes, Date	Documented Rubella Seropositivity Before or Within 7 Days After First Exposed	If No or Unknown, Action taken (Rubella Serology, etc.)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	___ / ___ / ___ (mm/dd/yy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	___ / ___ / ___ (mm/dd/yy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	___ / ___ / ___ (mm/dd/yy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.				
Name of Group/Site	Address/Telephone	Notes		

<p>Clinical Case Definition: An illness that has all of the following characteristics: acute onset of generalized maculopapular rash, temperature >99° F (>37° C), if measured, and arthralgia/arthritis, lymphadenopathy, or conjunctivitis.</p>
<p>Case Classification: <i>Suspected:</i> any generalized rash illness of acute onset. <i>Probable:</i> a case that meets the clinical case definition, has no or non-contributory serologic or virologic testing, and is not epidemiologically linked to a laboratory-confirmed case. <i>Confirmed:</i> a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case.</p>