# Congenital Rubella Syndrome Case Report

## I Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td>Last</td>
</tr>
<tr>
<td>Current Address (County, State and Zip Code)</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Month</td>
</tr>
<tr>
<td>Birth Weight</td>
<td>___ lbs. ___ oz.</td>
</tr>
<tr>
<td>Gestational Age</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>M</td>
</tr>
<tr>
<td>Race</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Hispanic Origin</td>
</tr>
<tr>
<td>Date of Report</td>
<td>Month</td>
</tr>
<tr>
<td>Date of Last Evaluation of Infant</td>
<td>Month</td>
</tr>
</tbody>
</table>

## II Clinical Characteristics

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Abnormalities</td>
<td>Yes</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Causes of Death</td>
<td>(from death certificate)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Anatomical Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Other Abnormalities</td>
<td></td>
</tr>
</tbody>
</table>

## III Maternal History

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Name</td>
<td>Last</td>
</tr>
<tr>
<td>Age at Delivery</td>
<td>___ years</td>
</tr>
<tr>
<td>Occupation at Time of Conception</td>
<td></td>
</tr>
<tr>
<td>Prenatal Care for this Pregnancy</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of First Visit</td>
<td>Month</td>
</tr>
<tr>
<td>Was Prenatal Care Obtained in</td>
<td></td>
</tr>
<tr>
<td>Location of Exposure</td>
<td></td>
</tr>
<tr>
<td>Rubella-Like Illness During Pregnancy</td>
<td>Yes</td>
</tr>
<tr>
<td>Was Rubella Diagnosed by a Physician at Time of Illness</td>
<td>Yes</td>
</tr>
<tr>
<td>Source of Exposure: Was the Mother Directly Exposed to a Known Rubella Case</td>
<td></td>
</tr>
<tr>
<td>Number of Previous Live Births</td>
<td>___</td>
</tr>
<tr>
<td>Number of Previous Pregnancies</td>
<td>___</td>
</tr>
<tr>
<td>If Location of Exposure is Unknown, did Mother Travel Outside the U.S. During the First Trimester of Pregnancy</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of Travel</td>
<td>Month</td>
</tr>
<tr>
<td>If Yes, specify country; also specify county and city, if known</td>
<td></td>
</tr>
<tr>
<td>Was Rubella Serologically Confirmed at Time of Illness</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of Other Children Less than 18 Years of Age Living in House- hold During this Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Were Any of the Children Immunized with Rubella Vaccine</td>
<td>Yes</td>
</tr>
<tr>
<td>Date of Exposure</td>
<td>Month</td>
</tr>
<tr>
<td>If Yes, specify relationship</td>
<td></td>
</tr>
<tr>
<td>Date of Travel</td>
<td>Month</td>
</tr>
</tbody>
</table>
Clinical Features of Maternal Illness:
- Rash
  - Yes
  - No
  - Unknown
  - If Yes, Date of Onset:
    - Month
    - Day
    - Year
- Fever
  - Yes
  - No
  - Unknown
- Lymphadenopathy
  - Yes
  - No
  - Unknown
- Arthralgia/Arthritis:
  - Yes
  - No
  - Unknown
  - Other (specify)

Was Mother Immunized with Rubella Vaccine?
- Yes
- No
- Unknown

If Yes, Date Vaccinated:
- Month
- Day
- Year

If Yes, Source of Information:
- Physician
- Mother Only
- School
- Other (specify)
- Public Sector
- Private Sector
- Unknown

Did the Mother Have Serological Testing for Rubella Immunity Prior to Exposure?
- Yes
- No
- Unknown

If Yes, Date:
- Month
- Day
- Year

If Yes, Interpretation of Test Results:
- Susceptible
- Immune
- Unknown

(If more than one serologic test, include dates and results for each time tested.)

Specimens for Viral Study
- Yes
- No

Mother and Infant
- Specimen
- Date Collected
- Laboratory
- Specific Test Methods Used
- Test Results

 Investigator’s Name (print):

Physician Responsible for Child’s Care:

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

LAB TEST METHODS

a) Viral Cultures
b) RIA
c) IFA
d) ELISA
e) Hemagglutination Inhibition
f) Latex Agglutination
g) Passive Hemagglutination (PHIA)
h) Other (Specify)

*If antibody testing was performed, specify which rubella-specific immunoglobulin antibody (IgM or IgG) was used.

DEFINITIONS

Clinical Case Definition
An illness of newborns resulting from rubella infection in utero and characterized by signs and symptoms in 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, meningencephalitis, radiolucent bone disease.

Clinical Description
The 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 form passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of twofold dilution per month).

Case Classification

Possible: A case with some compatible 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 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.

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

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

Indigenous to U.S.
A case which cannot be proved to be imported.