Acute Rubella Enhanced Surveillance Form (page 1)

(For Congenital Rubella cases, see Congenital Rubella Syndrome/Infection Surveillance Form)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hpsc

PATIENT DETAILS

CIDR Event ID | HSE Area | LHO | County

Name | Phone No.

Address

Sex: M = Male, F = Female, U = Unknown

Ethnicity: 1 = Black African, 2 = Black Other, 3 = Chinese, 4 = Indian Subcontinent, 5 = Irish Traveller, 6 = Mixed Background, 7 = Not Known, 8 = White, 9 = Other

Country of Birth

DOB | Age | Is Age in **Years** or **Months**

Source of Notification | Laboratory | Clinician | Date of Notification

Name & Details of Notifier

CLINICAL DETAILS

Date of Onset of Symptoms | Diagnosis Date

	Yes	No	Unk*		Yes	No	Unk		Yes	No	Unk
Maculo-papular Rash				Arthritis				Lymphadenopathy (Cervical/sub-occipital/post. auricular)			
Fever				Arthralgia				Conjunctivitis			

If other clinical presentation, please specify

Date of Rash Onset | Rash Duration (days)

Is the patient pregnant: Yes / No | If yes, please specify no. of weeks pregnant

Hospitalised: Yes / No | Date of admission | Date of discharge

Name of Hospital

COMPLICATIONS

	Yes	No	Unk
Encephalitis			
Thrombocytopaenia			

If other complication(s), please specify

LABORATORY

	1st specimen	2nd specimen
Oral fluid IgM result		
Oral fluid IgG result		
Serum IgM result		
Serum IgG result		†

1 = Positive, 2 = Negative, 3 = Pending, 4 = Not done, 5 = Inconclusive

Specimen Type	Date 1st specimen taken	Date 2nd specimen taken
Oral fluid		
Serum		

†For 2nd Serum IgG result, in addition please specify

For 2nd serum IgG result
S = Significant rise in IgG
NS = No significant rise in IgG
I = Inconclusive
X = Not done

Rubella virus culture result

Rubella virus nucleic acid result

1 = Positive, 2 = Negative, 3 = Pending, 4 = Not done, 5 = Inconclusive

Date specimen taken for viral culture

Date specimen taken for virus nucleic acid test

Virus Genotype

If laboratory confirmed, date 1st positive test reported by laboratory

VACCINATION

Number of Doses of Rubella-containing vaccine — **Please record** 0, 1, 2, 3, 4 or U (for Unknown)

	Vaccine type	Manufacturer	Batch Number
Date of 1st dose			
Date of 2nd dose			
‡Date of most recent vaccination			

If not vaccinated, what was the reason: 1 = Philosophical Objection, 2 = Medical Contraindication, 3 = Parental Refusal, 4 = Lab Evidence of Previous Immunity, 5 = Underage for Vaccination, 6 = Unknown, 7 = Other

If other reason, please specify

Vaccine Information Source: 1 = GP record, 2 = HSE record, 3 = Parent recall, 4 = Parent record, 5 = Self report, 6 = Unknown, 7 = Other

If other source, please specify

*Unk = Unknown ‡If more than 2 doses of vaccine

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Acute Rubella Enhanced Surveillance Form (page 2)

EPIDEMIOLOGICAL

Date Investigation Started

Where did this case most likely acquire rubella

1 = Home
2 = Work
3 = Daycare/Pre-school
4 = Primary School
5 = Secondary School
6 = Third Level Institution
7 = Social Setting
8 = Hospital In-Patient
9 = Hospital Out-Patient
10 = Hospital A&E
11 = GP Surgery
12 = Other Healthcare Facility
13 = International Travel
14 = Unknown
15 = Other

If other setting, please specify

Address where most likely acquired rubella

If this case is related to an outbreak, please give CIDR Outbreak Identifier

	Yes	No	Unk
Is this case epidemiologically linked to a lab confirmed case			
Is this case linked to an imported case			
Did the case travel within Ireland 12-23 days before rash onset			
Did the case arrive from overseas 12-23 days before rash onset			

If overseas travel, please specify country/countries arriving from

Most likely country of infection (please give only one)

CASE CLASSIFICATION (Please see case definition)

Case Classification Confirmed ☐ Probable ☐ Possible ☐

Outcome Recovered ☐ Recovering ☐ Still ill ☐ Long-term sequelae ☐ Died ☐ Unknown ☐

Date of Death

Cause of Death (Due to this ID/Not due to this ID)

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For Local HSE Area Use Only (not for CIDR)

	Yes	No	Unk
Denotified			
Alternative Diagnosis			

If denotified, rationale for denotification

If alternative diagnosis, please specify

CLOSE CONTACT INFORMATION

(Close contacts of person(s) with Rubella or Congenital Rubella Syndrome (CRS) 12-23 days before rash onset)

Name	Rash Onset Date	Relationship	Age (Years)	Same Household
				Yes ☐ No ☐ Unknown ☐
				Yes ☐ No ☐ Unknown ☐
				Yes ☐ No ☐ Unknown ☐
				Yes ☐ No ☐ Unknown ☐

PARENT/GUARDIAN DETAILS

Parent/Guardian Name

Parent/Guardian Phone No.

Parent/Guardian Address

Form Completed by

Date of Completion

NOTES