Congenital Rubella Syndrome/Infection Surveillance Form

This form seeks information on infant and mother

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hpsc

Infant Details

Infant Name _____ Infant Address _____ Phone _____

ID No. _____ HSE Area _____ LHO _____ County _____

Ethnicity:

Black African ☐ Indian Subcontinent ☐ Not known ☐ Other ☐ If **Other Ethnicity**, please specify _____

Black other ☐ Irish Traveller ☐ Not specified ☐

Chinese ☐ Mixed Background ☐ White ☐ Country of Birth _____

Sex: M ☐ F ☐ NK ☐ Gestational age ☐☐☐ **NOT KNOWN = NK**

Please state if age is in: ☐ Months ☐ Years

Date of Notification ☐☐/☐☐/☐☐☐☐ Date of delivery ☐☐/☐☐/☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

Clinical Details

Date of Diagnosis ☐☐/☐☐/☐☐☐☐

	Yes	No	Don't know
Cataracts	☐	☐	☐
Hearing loss	☐	☐	☐
Mental disability	☐	☐	☐
Congenital Heart Disease:			
Patent Ductus Arteriosus	☐	☐	☐
Peripheral Pulmonic Stenosis	☐	☐	☐
Unknown CgHD	☐	☐	☐

	Yes	No	Don't know
Meningoencephalitis	☐	☐	☐
Microcephaly	☐	☐	☐
Purpura	☐	☐	☐
Enlarged Liver	☐	☐	☐
Enlarged Spleen	☐	☐	☐
Long Bone Radiolucencies	☐	☐	☐
Congenital Glaucoma	☐	☐	☐
Pigmentary Retinopathy	☐	☐	☐

Other Abnormalities (please specify only if present) _____

Is child living? Yes ☐ No ☐ Don't know ☐ If 'No', Date of Death: ☐☐/☐☐/☐☐☐☐

Cause(s) of Death: (From death certificate) 1 _____ 2 _____

If child died, was post mortem examination performed? Yes ☐ No ☐ Don't know ☐

Final anatomical diagnosis: _____

Mother's details:

Name _____ Age at delivery _____ Occupation _____

Other Risk: Asylum seeker ☐ Migrant ☐ Other ☐

No. of Previous live births: _____ ☐ Unknown

No. of previous pregnancies: _____ ☐ Unknown

Prenatal care for this pregnancy: ☐ Yes ☐ No ☐ Unknown

Specify other: _____

Where was prenatal care obtained?

GP practice ☐ Name : _____ Address: _____

Hospital ☐ Name: _____ Address: _____

Rubella-like illness during pregnancy: Yes ☐ No ☐ Don't know ☐

If 'Yes', Month of pregnancy: _____ ☐ Unknown

Was Rubella diagnosed by a physcian? Yes ☐ No ☐ Don't know ☐

If 'No', by whom? _____

Was Rubella serologically confirmed at time of illess? Yes ☐ No ☐ Don't know ☐

Location of Rubella Exposure

Inside Ireland Yes ☐ No ☐ Don't know ☐

Outside Ireland Yes ☐ No ☐ Don't know ☐

If 'Yes' specify country; also specify county and/or city if known _____

If location of exposure is unknown, did mother travel outside Ireland during pregnancy? Yes ☐ No ☐ Don't know ☐

If 'Yes' specify country; also specify county and/or city if known _____

Date of travel ☐☐/☐☐/☐☐☐☐ ☐ Don't know

Source of exposure: Was mother directly exposed to a known rubella case? Yes ☐ No ☐ Don't know ☐

If 'Yes' specify relationship _____

Date of exposure ☐☐/☐☐/☐☐☐☐ ☐ Don't know

No. of other children <18 years old living in household during this pregnancy _____

Were any of the children immunised with rubella vaccine? Yes ☐ No ☐ Don't know ☐

PTO

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Clinical Features of Maternal Illness

	Yes	No	Don't know
Fever	☐	☐	☐
Lymphadenopathy	☐	☐	☐
Arthralgia	☐	☐	☐
Arthritis	☐	☐	☐
Rash	☐	☐	☐

If rash is present, date of onset: ☐☐/☐☐/☐☐☐☐

Was mother immunised with rubella containing vaccine?

Yes ☐ No ☐ Don't know ☐

If 'Yes', Date of vaccination ☐☐/☐☐/☐☐☐☐

If 'Yes', source of information

GP ☐ School ☐ HSE ☐ Unknown ☐

Mother only ☐

Other (specify) _____

Did mother have serological testing for rubella immunity prior to exposure?

Yes ☐ No ☐ Don't know ☐

If 'Yes', Date: ☐☐/☐☐/☐☐☐☐

If 'Yes', interpretation of results:

☐ Susceptible ☐ Immune ☐ Don't know

(If more than 1 serological test, include dates and results for each time tested)

Laboratory

Laboratory name: _____

Specimens for viral study: ☐ Yes ☐ No

Mother (Check one)	Infant (Check one)	Specimen type	Date collected	Laboratory	Specific test method used (see below)*	Test results
☐	☐					
☐	☐					
☐	☐					

Appraisal

☐ Confirmed ☐ Probable ☐ Possible ☐ Infection only ☐ Not CRS ☐ Stillbirth ☐ Unknown

☐ Indigenous to Ireland ☐ Imported to Ireland

Notifier's name: (print) ☐ GP ☐ Clinician

Date ☐☐/☐☐/☐☐☐☐

Telephone: _____

Clinician currently responsible for child's care: _____

Telephone (Clinician) _____

Lab Test Methods

☐ Viral culture ☐ RIA ☐ IFA ☐ ELISA ☐ Haemagglutination Inhibition ☐ Latex Agglutination

☐ Passive Haemagglutination (PHIA) ☐ Other (Please specify) _____

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

Definition:

Please see Case Definitions for Notifiable Diseases

Notes:

Form completed by: _____