# Acute Rubella Enhanced Surveillance Form (page 1)

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

## PATIENT DETAILS

CIDR Event ID | HSE Health Region: Please select | LHO | County

Name | Phone No. | Sex: Please select

Address

Ethnicity * : Please select | Country of Birth

DOB | Age (Please state whether **Months or Years**)

Source of Notification: Please select | Date of Notification

Name & Details of Notifier

## CLINICAL DETAILS

Date of Onset of Symptoms | Diagnosis Date

Maculo-papular Rash: Please select | Arthritis: Please select | Lymphadenopathy (Cervical/sub-occipital/post. auricular): Please select

Fever: Please select | Arthralgia: Please select | Conjunctivitis: Please select

If other clinical presentation, please specify

Date of Rash Onset | Rash Duration (days)

Is the patient pregnant: Please select | If yes, please specify no. of weeks pregnant

Hospitalised: Please select | Date of admission | Date of discharge

Name of Hospital

## COMPLICATIONS

Encephalitis: Please select

Thrombocytopaenia: Please select

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: Please select

Rubella virus nucleic acid result: Please select

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: Please select

If other reason, please specify

Vaccine Information Source: Please select

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 [Please select] If other setting, please specify

Address where most likely acquired rubella

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

Is this case epidemiologically linked to a lab confirmed case [Please select]

Is this case linked to an imported case [Please select]

Did the case travel within Ireland 12-23 days before rash onset [Please select]

Did the case arrive from overseas 12-23 days before rash onset [Please select]

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** [Please select]

**Outcome** [Please select]

Date of Death

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

**For Local HSE Area Use Only (not for CIDR)**

Denotified [Please select] If denotified, rationale for denotification

Alternative Diagnosis [Please select] 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 |
|---|---|---|---|---|
| | | | | Please select |
| | | | | Please select |
| | | | | Please select |
| | | | | Please select |

**PARENT/GUARDIAN DETAILS**

Parent/Guardian Name Parent/Guardian Phone No.

Parent/Guardian Address

**Form Completed by** **Date of Completion**

**NOTES**

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## Guidance for completing Ethnicity field

*Note: Ethnicity should be self-reported and is that to which the individual case identifies him or herself. It should not be 'given' by investigator. Categories used as per Census 2016 with the addition of Roma. Further information and resources on collecting ethnic information can be found at:

https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/ethnic-equality-monitoring/