**SURVEILLANCE OF RUBELLA – CASE INVESTIGATION FORM**

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH should do the investigation personally. Necessary data should be obtained from the hospital by reference to the BHT / Physician or from the diagnosis card. Early investigation and return are essential.

<table>
<thead>
<tr>
<th>Week ending of notification</th>
<th>Serial no:</th>
<th>Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office</th>
</tr>
</thead>
</table>

### A. PARTICULARS OF PATIENT (Please tick (√) the appropriate box where applicable)

1. Name of patient (BLOCK LETTERS) ...........................................................................................................

2. Residential address: ........................................................................................................................................

3. Date of birth: / / (dd/mm/yyyy)

4. Age / y y / m m

5. Sex
   - 1. male
   - 2. female
   - 3. not known

6. Ethnic group
   - 1. Sinhalese
   - 2. Tamil
   - 3. Moor
   - 4. others
   - 5. not known

7. Occupation

8. DPDHS division (district)

9. MOH area

### B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms: / / (dd/mm/yyyy)

11. Where did the patient first seek medical advice?
   - 1. government hospital
   - 2. private hospital
   - 3. private practitioner
   - 4. Ayurvedic institution (public/private)
   - 5. other (specify)

12. Was patient admitted to hospital?
   - 1. yes → to Q. 13
   - 2. no
   - 3. not known

13. If yes, date of admission: / / (dd/mm/yyyy)

14. Name of hospital: .............................................

15. Ward: ............

16. BHT no: ...........................

17. Date of discharge/transfer or death: / / (dd/mm/yyyy)

18. If transferred, name of hospital

19. Was patient transferred from some other hospital?
   - 1. yes 2. no

20. If “yes”, where was the patient transferred from?

21. Outcome of the case
   - 1. cured 3. transferred
   - 2. died 4. not known

### C. CLINICAL DATA

**Case definition:** An illness with generalized macular papular rash, fever and arthralgia/arthritis, lymphadenopathy or conjunctivitis

22. Symptoms and signs
   - 1. fever
   - 2. rash
   - 3. lymphadenopathy
   - 4. conjunctivitis
   - 5. arthritis/arthralgia
   - 6. other (specify): .............................................

23. Complications
   - 1. encephalitis
   - 2. other (specify): .............................................

**For office use only**

Compatible with the case definition:
   - 1. Yes
   - 2. No
**D. LABORATORY FINDINGS**

24. Was blood taken for measles serology?  
   - 1. yes  
   - 2. no  
   - 3. not known  

25. If yes,  

<table>
<thead>
<tr>
<th>Investigation</th>
<th>Date of collection of specimen (dd/mm/yy)</th>
<th>Laboratory (MRI/ other govt./ private/ not known)</th>
<th>Results (mark NA if test results are not available and PP if pending)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. IgG 1st specimen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. IgG 2nd specimen</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. IgM</td>
<td></td>
<td></td>
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<tr>
<td>4. Virus isolation</td>
<td></td>
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</tr>
</tbody>
</table>

**E. RUBELLA VACCINATION STATUS**

26. Was rubella/MMR/MR vaccine given before the onset of the present illness?  
   - 1. yes  
   - 2. no  
   - 3. not known  

27. If yes, details of immunization:  

<table>
<thead>
<tr>
<th>Dose</th>
<th>Date of immunization* (dd/mm/yy)</th>
<th>Type of vaccine**</th>
<th>Batch number</th>
<th>Place of immunization***</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st dose</td>
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</tr>
<tr>
<td>2nd dose</td>
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<td></td>
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<tr>
<td>Other</td>
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</tbody>
</table>

*If the date is not known but the particular dose is given mark (3) in the relevant cage  
** Rubella vaccine/ MR vaccine/ MMR vaccine/ not known  
***MOH Office/ Govt. hospital/ PHM field clinic/ private hosp, clinic, GP/ not known/ other

28. If not immunized, reason for non-immunization:  
   - 1. medical contraindication  
   - 2. unaware of the need for vaccination  
   - 3. non-availability of the vaccine  
   - 4. no faith in the vaccine  
   - 5. not known  
   - 6. other (specify) .................................................................

**F. CONTACT HISTORY**

29. Was the patient in contact with a suspected / known case of rubella (fever and rash) in the month prior to the onset of rash?  
   - 1. yes  
   - 2. no  
   - 3. not known  

**G. EXPOSURE DURING PREGNANCY (for females of reproductive age only)**

30. Was the patient pregnant at the time of illness?  
   - 1. yes  
   - 2. no  
   - 3. not known  

31. If yes, period of gestation in weeks: [ ]

**Important:**

All pregnant mothers who had an acute attack should be followed up. If the baby is found to have acquired CRS, a separate CRS case investigation form No EPID/DS/CRS/2007 must be filled.

32. Remarks:

................................................................................................................................................................................................................
................................................................................................................................................................................................................
................................................................................................................................................................................................................

**Signature:** ...................................................... **Name:** ......................................................

**Date:** ...................................................... **Designation:** ......................................

**Final classification**

Laboratory confirmed ☒

Epidemiologically confirmed ☒

Clinically confirmed ☒

Please return to:  
Epidemiologist, Epidemiology Unit, 231, De Saram Place, Colombo 10  
email: epidunit@sltnet.lk Tel: 011-2695112 / 2681548 Fax: 011-2696583