SURVEILLANCE OF CONGENITAL RUBELLA SYNDROME (CRS) - CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The Medical Officer/Hospital and REE/MOH should carry out the investigation personally. Necessary data should be obtained from the mother of the new baby/BHT/Physician/investigation reports/diagnosis cards. Early investigation and return is essential.

Serial No: ☐☐/☐☐/☐☐/☐☐

A. GENERAL

1. Date of notification to MOH : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)
2. Date of notification to Epidemiology Unit : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)
3. Name of the reporting Institution / Hospital .....
4. Ward No: .....
5. BHT No: .....
6. Name of the hospital where the baby was born .....
7. Ward No: .....
8. BHT No: .....

B. PARTICULARS OF PATIENT *(Please (✓) appropriate box where applicable)*

9. Name of patient (BLOCK LETTERS) …….....……...
10. Name of the parent/guardian .....
11. Residential Address: …….....……
12. Date of Birth : ☐☐/ ☐☐ / ☐☐☐☐ (dd/mm/yy)

13. Age	14. Sex	15. Ethnic group	
☐☐ ☐☐ ☐☐ Yrs Months Days	☐ 1. Male ☐ 2. Female	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. Others ☐ 9. Unknown	16. Mother's occupation …… 17. District ..... 18. MOH area .....

B. PRESENT ILLNESS /OUTCOME

19. Date of detection of signs and symptoms of CRS:	21. Outcome of the event	23. If transferred, name of hospital
☐☐ ☐☐ ☐☐ d d m m y y	☐ 1. Still under treatment ☐ 2. Died ☐ 3. Transferred ☐ 4. Discharged	..... 24. Was patient transferred from some other hospital Yes ☐ / No ☐
20. Where did the patient detect first ☐ 1. Government hospital ☐ 2. Private hospital ☐ 3. Medical Officer of Health ☐ 4. Private practitioner ☐ 5. Ayurvedic institution ☐ 6. Other (specify)	22. Date of discharge, transfer or death (where relevant) ☐☐ ☐☐ ☐☐ d d m m y y	25. If "yes", where was the patient transferred from ? .....

C. CLINICAL DATA

Surveillance Case definition:

Child <1 year of age with maternal history of Rubella infection and/or following signs and symptoms.

List A	List B	Laboratory data consistent with Congenital Rubella Infection (CRI)	**For office use only**
☐ 1. Cateract/s ☐ 2. Congenital glaucoma ☐ 3. Congenital hearth disease ☐ 4. Loss of hearing ☐ 5. Pigmentary Retinopathy	☐ 1. Purpura ☐ 2. Splenomegaly ☐ 3. Microcephaly ☐ 4. Mental Retardation ☐ 5. Meningo-encephalitis ☐ 6. Radiolucent bone disease ☐ 7. Jaundice (within 24hr of delivery)	☐ positive result of rubella IgM	Compatible with the case definition. ☐ 1. Yes ☐ 2. No

D. LABORATORY FINDINGS

26. Was blood taken for rubella serological investigations? ☐ 1. yes ☐ 2. no if no reason .....

27. Was specimens collected for rubella virus isolation ? ☐ 1. yes ☐ 2. no if no reason .....

28. If yes:

Investigation	**Date of collection of specimen** (dd/mm/yy)	**Laboratory** MRI/ other govt./ private/ not known	**Results** (mark **NA** if test results are not available and **RP** if pending)
1. maternal IgG persisting >6/52 in infant			
2. rubella specific IgM			
3. virus isolation / PCR			

E. MATERNAL HISTORY

29. Age of mother at time of delivery:
☐☐ years

30. Did the mother have a rubella-like illness during the present pregnancy?
☐ 1. yes
☐ 2. no
☐ 3. not known

31. If yes, period of gestation at the time of illness
☐☐ in weeks
☐ not known

32. Which of the following symptoms and signs were present?
☐ 1. fever
☐ 2. rash
☐ 3. lymphadenopathy
☐ 4. conjunctivitis
☐ 5. arthritis/arthralgia
☐ 6. others (specify)
.....

33. Was rubella serologically confirmed during pregnancy ?
☐ 1. yes
☐ 2. no
☐ 3. not known

F. MOTHER'S IMMUNIZATION HISTORY

34. Was the mother immunized for rubella?
☐ 1. yes ☐ 2. no ☐ 3. not known

35. If yes, date of vaccination:
☐☐ ☐☐ ☐☐
d d m m y y
☐ not known

36. Type of vaccine used:
☐ 1. Rubella ☐ 3. MR
☐ 2. MMR ☐ 4. Not known

37. Place of vaccination
☐ 1. MOH clinic
☐ 2. school
☐ 3. government hospital
☐ 4. private dispensary/surgery
☐ 5. private hospital
☐ 6. other (specify)
.....
☐ 7. not known

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

G. CONTACT HISTORY

39. Was the mother in contact with a known or suspected case of rubella during the index pregnancy?
☐ 1. yes
☐ 2. no
☐ 3. not known

40. If yes, period of gestation in weeks:
☐☐
☐ not known

FOR OFFICE USE
Time between immunization and development of maternal infection
☐☐ yrs ☐☐ months

41. Remarks: .....
.....
.....
.....

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

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

For office use only	
Final classification	
Laboratory confirmed	☐
Clinically confirmed	☐
C R I	☐

Please return to: Epidemiology Unit, 231, De Seram Place, Colombo 10. email: epidunit@sltnet.lk
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