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CONGENITAL RUBELLA REPORTING FORM

REPORTING INFORMATION

Case Identifier:
Month of Reporting:
Province:
Today's Date:

Please complete the following sections for the case identified above. Confidentiality of information will be assured.

CASE DEFINITION FOR CONGENITAL RUBELLA SYNDROME (CRS) OR INFECTION

CRS/Confirmed case: Includes live and stillborn children. Any *clinically compatible defect(s)* and one or more of the following (*laboratory confirmation*):

1. Detection of rubella virus.
2. Detection of rubella-specific IgM (in the absence of recent immunization with rubella-containing vaccine).
3. Persistence of rubella-specific IgG longer than expected from passive transfer of maternal antibody.

CRS/Clinical case: *Clinically compatible defects* without laboratory confirmation, in the absence of any other known cause.

Clinically compatible defects means that the case has, at least, any two complications listed in (A), or one complication from (A) and one from (B).

- (A) Cataracts or congenital glaucoma (either or both, count as one), congenital heart disease, sensorineural hearing loss, pigmentary retinopathy.
- (B) Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease, progressive conditions occurring during childhood or adulthood, such as diabetes and progressive panencephalitis, and any other conditions possibly caused by rubella virus.

N.B.: If any of the following laboratory findings exists, then the case cannot be classified as a "CRS/Clinical case":

1. Rubella antibody titre absent in the infant.
2. Rubella antibody titre absent in the mother.
3. Rubella antibody titre declines in the infant consistent with the normal decline after birth of passively transferred maternal antibody.

Congenital Rubella Infection: A case with no defects present but laboratory confirmation of infection.

SECTION 1 — DEMOGRAPHIC INFORMATION

- 1.1 Patient Identifier: _____
- 1.2 Date of birth: — / — / —
 DD MM YYYY
- 1.3 Sex: Male Female

SECTION 2 — CLINICAL FEATURES

2.1 General Yes No Unknown

Intrauterine growth retardation

Premature birth

In utero death

Infant death

If yes, date of death: ___/___/___
DD MM YYYY

Ocular:

Congenital cataract

Congenital glaucoma

Pigmentary retinopathy

Microphthalmia

Auditory:

Sensorineural hearing loss

Cardiovascular

Patent ductus arteriosus

Pulmonary stenosis

Ventricular/atrial septal defects

Myocarditis

Neurological

Meningoencephalitis

Microcephaly

Mental retardation

Miscellaneous

Splenomegaly

Jaundice

Purpura

Radiolucent bone disease

Progressive conditions

Diabetes

Progressive panencephalitis

Other abnormality(ies) (e.g. generalized lymphadenopathy)

If yes, specify: _____

SECTION 3 — LABORATORY INVESTIGATION OF CHILD

3.1 Isolation of rubella virus: Yes No Unknown Not done
 If yes, site: _____ Date collected: ____/____/____
DD MM YYYY

3.2 Presence of rubella-specific IgM: Yes No Unknown Not done
 If yes, type of test: _____ Result: _____ Date collected: ____/____/____
DD MM YYYY

3.3 Presence of persisting rubella-specific IgG antibodies: Yes No Unknown Not done
 If yes, type of test: _____ Result: _____ Date collected: ____/____/____
DD MM YYYY
 If yes, type of test: _____ Result: _____ Date collected: ____/____/____
DD MM YYYY

SECTION 4 — HISTORY OF MOTHER

4.1 Age at delivery:

4.2 Ethnicity:
 Aboriginal Canadian-born
 Non-aboriginal Canadian-born
 Foreign-born Country of birth: _____ Year of arrival in Canada: _____
 Unknown

4.3 Number of previous pregnancies:
 Gravida Para

4.4 Immunization with rubella-containing vaccine: Yes No Unknown
 If known, name(s) of vaccine(s): _____ Date(s) of immunization(s): ____/____/____ Place (city, prov., country) _____
DD MM YYYY

DD MM YYYY

DD MM YYYY

4.5 Routine rubella IgG testing before or during current/previous pregnancy(ies): Yes No Unknown
 (prenatal screening)
 If yes, type of test most recently done: Result: _____ Date of test: ____/____/____
DD MM YYYY

4.6 Contact with a person with rubella or a rash during pregnancy: Yes No Unknown

4.7 Rubella-like illness or any rash during pregnancy: Yes No Unknown
 If yes, week or month of pregnancy: weeks or months

4.8 Rubella outbreak in mother's area of residence during pregnancy: Yes No Unknown

SECTION 4 — HISTORY OF MOTHER (cont'd)

- 4.9 Laboratory confirmation of rubella infection during pregnancy? Yes No Method _____
 Check all that apply or are appropriate:
- Isolation of rubella virus: Yes No Unknown
- Presence of rubella-specific IgM: Yes No Unknown
- Four-fold rise of rubella-specific IgG antibodies (tests performed simultaneously?): Yes No Unknown

SECTION 5 — REPORTING PHYSICIAN

 First name Surname (_____) Telephone number

 Address _____ (_____) _____
 _____ Fax number

 City Province Postal code Date form completed: ____/____/____
 DD MM YYYY

Thank you for completing this form.