State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Immunization Branch
850 Marina Bay Parkway Building P, 2nd Floor, MS 7313
Richmond, CA 94804-6403
Fax: (510) 620-3949

RUBELLA CASE REPORT FORM

PATIENT INFORMATION

Last Name	First Name	Middle Name	Suffix

Social Security Number (9 digits)	DOB (mm/dd/yyyy)	Age	☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	Apartment / Unit Number

City / Town	State	Zip Code

Census Tract	County of Residence	Country of Residence

Country of Birth	If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)

Home Telephone	Cellular Phone / Pager	Work / School Telephone

E-mail Address	Other Electronic Contact Information

Work / School Location	Work / School Contact

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male/ transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	If Yes, Est. Delivery Date (mm/dd/yyyy)

Medical Record Number	Patient's Parent/Guardian Name

Occupation Setting	Other Describe/Specify

Occupation	Other Describe/Specify

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 7)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian (check all that apply, see list on page 7)
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander
(check all that apply, see list on page 7)
- ☐ Native Hawaiian
- ☐ Fijian
- ☐ Guamanian
- ☐ Samoan
- ☐ Tongan
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

SIGNS AND SYMPTOMS

Rash	Rash Onset Date (mm/dd/yyyy)	Rash Duration (Days)	Generalized Rash	Origin on Body	Direction of Spread
☐ Yes ☐ No ☐ Unknown			☐ Yes ☐ No ☐ Unknown		

Fever	Fever Onset Date (mm/dd/yyyy)	Was temperature >99.0F (37.2C)
☐ Yes ☐ No ☐ Unknown		☐ Yes ☐ No ☐ Unknown

If Yes, highest temperature (specify F/C) If temperature not taken, skin was:

☐ Hot ☐ Warm ☐ Normal ☐ Unknown

Arthralgia / arthritis	Lymphadenopathy	Conjunctivitis	
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	

Diagnosis Date (mm/dd/yyyy)

If Other Symptoms, describe

HOSPITALIZATION

Hospitalized?	Days Hospitalized	
☐ Yes ☐ No ☐ Unknown		
ICU Admission		
☐ Yes ☐ No ☐ Unknown		

Hospital Name	Street Address		
City	State	ZIP Code	Telephone
Admit Date (mm/dd/yyyy)		Discharge / Transfer Date (mm/dd/yyyy)	
Medical Record Number	Discharge Diagnosis		

COMPLICATIONS AND OTHER SYMPTOMS

Encephalitis	Other Complications	If yes, Describe:
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	
Did patient die?	If yes, Date of Death:	
☐ Yes ☐ No ☐ Unknown		

VACCINATION HISTORY	
Has the patient been immunized for this disease? ☐ Yes ☐ No ☐ Unknown	**Type of vaccine administered for last dose** ☐ MMR ☐ MMRV ☐ Measles-Rubella ☐ Rubella-Mumps ☐ Monovalent Rubella Vaccine ☐ Unknown
Dose #1 ☐ Yes, documented ☐ Yes, alleged	Date (mm/dd/yyyy)
If yes, specify type of vaccine administered:	
Dose #2 ☐ Yes, documented ☐ Yes, alleged	Date (mm/dd/yyyy)
If yes, specify type of vaccine administered:	
Dose #3 ☐ Yes, documented ☐ Yes, alleged	Date (mm/dd/yyyy)
If yes, specify type of vaccine administered:	
Reason Not Vaccinated: ☐ Personal Beliefs Exemption (PBE) ☐ Permanent Medical Exemption (PME) ☐ Temporary Medical Exemption ☐ Lab confirmation of previous disease ☐ MD diagnosis of previous disease ☐ Under age for vaccination ☐ Delay in starting series or between doses ☐ Unknown ☐ Other	
If other, specify:	

MEDICAL HISTORY	
Immunocompromised ☐ Yes ☐ No ☐ Unknown	Prior MD diagnosis of this disease? ☐ Yes ☐ No ☐ Unknown
Other pre-existing conditions:	

LABORATORY RESULTS
CASE LAB CONFIRMED ☐ Yes ☐ No ☐Unknown
IF SEROLOGY OR OTHER LAB TESTS DONE, ADD THE LAB TESTS IN THE FOLLOWING SECTION (LABORATORY RESULTS — DETAILS)

LABORATORY RESULTS – DETAILS – VIRUS ISOLATION			
Specimen obtained for virus isolation ☐ Yes ☐ No ☐Unknown	Date Collected (mm/dd/yyyy)	Specimen Source	If Other, specify:
Laboratory Name	Telephone		
Virus Isolated ☐ Yes ☐ No ☐Unknown			
LABORATORY RESULTS – DETAILS - OTHER			
Test Type ☐ IgM ☐ IgG (acute) ☐ IgG (convalescent) ☐ Other	If Other, specify	Date Specimen Collected (mm/dd/yyyy)	Result
Laboratory Name	Telephone		
LABORATORY RESULTS – DETAILS - OTHER			
Test Type ☐ IgM ☐ IgG (acute) ☐ IgG (convalescent) ☐ Other	If Other, specify	Date Specimen Collected (mm/dd/yyyy)	Result
Laboratory Name	Telephone		

INCUBATION PERIOD

INCUBATION PERIOD IS 23 DAYS PRIOR TO ILLNESS ONSET

TRAVEL HISTORY

Did patient travel during the incubation period? ☐ Yes ☐ No ☐ Unknown	Did the patient have contact with travelers or visitors during the incubation period? ☐ Yes ☐ No ☐ Unknown
Travel Type ☐ Domestic ☐ International	
State	Country
Location Details	
Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)
Did patient fly while infectious? ☐ Yes ☐ No ☐ Unknown	
Airline	Flight Number
Departure Date (mm/dd/yyyy)	Arrival Date (mm/dd/yyyy)

EPIDEMIOLOGICAL EXPOSURE HISTORY

Close contact with person(s) with rash during incubation period? ☐ Yes ☐ No ☐ Unknown	**Exposure Setting**

SPREAD SETTING

Setting Type	Name of Setting
First Date of Contact (mm/dd/yyyy)	Last Date of Contact (mm/dd/yyyy)
Number Exposed	Notes

GENERAL CONTACTS

Number of susceptible contacts	Number of susceptible contacts who are pregnant
Close contacts with rash 12-23 days after exposure to case? ☐ Yes ☐ No ☐ Unknown	

EPIDEMIOLOGICAL LINKAGE

Was this case part of an identified cluster? ☐ Yes ☐ No ☐ Unknown	Epi-Linked to known case? ☐ Yes ☐ No ☐ Unknown	Case #
Part of known outbreak? ☐ Yes ☐ No ☐ Unknown		

CASE DEFINITION (2013) - RUBELLA

CLINICAL CASE DEFINITION

An illness that has all the following characteristics: (1) acute onset of generalized maculopapular rash; (2) temperature greater than 99.0 F (greater than 37.2 C), if measured; and (3) arthralgia/arthritis, lymphadenopathy, or conjunctivitis

LABORATORY CRITERIA FOR DIAGNOSIS

Isolation of rubella virus, or significant rise between acute- and convalescent-phase titers in serum rubella immunoglobulin G antibody level by any standard serologic assay, or positive serologic test for rubella immunoglobulin M (IgM) antibody

CASE CLASSIFICATION

Suspected: any generalized rash illness of acute onset

Probable: a case that meets the clinical case definition, has no or noncontributory serologic or virologic testing, and is not epidemiologically linked to a laboratory-confirmed case

Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case

Investigator name (print)	Telephone number
Agency Name	
Date (mm/dd/yyyy)	

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

Bangladeshi	Filipino	Japanese	Maldivian	Sri Lankan
Bhutanese	Hmong	Korean	Nepalese	Taiwanese
Burmese	Indian	Laotian	Okinawan	Thai
Cambodian	Indonesian	Madagascar	Pakistani	Vietnamese
Chinese	Iwo Jiman	Malaysian	Singaporean	

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

Carolinian	Kiribati	Micronesian	Pohnpeain	Tahitian
Chamorro	Kosraean	Native Hawaiian	Polynesian	Tokelauan
Chuukese	Mariana Islander	New Hebrides	Saipanese	Tongan
Fijian	Marshallese	Palauan	Samoan	Yapese
Guamanian	Melanesian	Papua New Guinean	Solomon Islander	