SURVEILLANCE OF RUBELLA – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH or PHI 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.

Week ending of notification	☐☐ ☐☐ ☐☐ (d d m m y y)	Serial no: ☐☐☐☐	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office

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	5. Sex	6. Ethnic group	7. Occupation	8. DPDHS division (district)	9. MOH area
☐☐/☐☐ (y y / m m)	☐ 1. male ☐ 2. female ☐ 3. not known	☐ 1. Sinhalese ☐ 2. Tamil ☐ 3. Moor ☐ 4. others ☐ 5. not known	.....	.....	.....
			FOR OFFICE USE ONLY		
			☐☐	☐☐	☐☐

B. PRESENT ILLNESS/OUTCOME

10. Date of onset of symptoms:
☐☐ ☐☐ ☐☐ (d d m m y y)

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

} skip to Q. 21

13. If yes, date of admission:
☐☐ ☐☐ ☐☐ (d d m m y y)

14. Name of hospital: .....

15. Ward: .....

16. BHT no: .....

17. Date of discharge/transfer or death:
☐☐ ☐☐ ☐☐ (d d m m y y)

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
- ☐ 2. died
- ☐ 3. transferred
- ☐ 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): .....

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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,

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 PP if pending)
1. IgG 1st specimen			
2. IgG 2nd specimen			
3. IgM			
4. Virus isolation			

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:

Dose	Date of immunization* (dd/mm/yy)	Type of vaccine**	Batch number	Place of immunization***
1st dose				
2nd dose				
Other				

*If the date is not known but the particular dose is given mark (✓) 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:

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

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

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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