Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

Rubella Report Form

INTERVIEW

EpiTrax # _____ Interviewer Name:_____

Number of Call Attempts:_____ Date of Interview (must enter MM/DD/YYYY): _____

Follow-up Status:
- ☐ Interviewed
- ☐ Refused Interview
- ☐ Lost to Follow-Up*

Respondent was:
- ☐ Self
- ☐ Parent
- ☐ Spouse
- ☐ Other, *Specify:*_____

*At least three attempts at different times of the day should be made before the considered lost to follow-up.

DEMOGRAPHICS

County: _____

Birth Gender:
- ☐ Male
- ☐ Female

Date of Birth: _____

Age: _____

Hispanic/Latino Origin:
- ☐Yes
- ☐No
- ☐Unknown

How would you describe your race?
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Other, _____
- ☐ Unknown

CLINICAL

What date did you start to have symptoms of illness? Onset Date:_____ Onset Time:_____

Date Diagnosed: _____

Were you hospitalized? ☐Yes ☐No ☐Unknown

Hospital Name: _____

Admission Date: _____ Discharge Date: _____

Died? ☐Yes ☐No ☐Unknown

If yes, date of death: _____

Are you pregnant? ☐Yes ☐No ☐Unknown

If yes, expected delivery date: _____

LABORATORY

Was laboratory testing done for rubella? ☐Yes ☐No ☐Unknown

IgM results: ☐ Positive ☐ Negative ☐ Indeterminate
☐ Pending ☐ Not Done ☐ Unknown
Date IgM specimen collected: _____

IgG results: ☐ Significant Rise ☐ No Significant Rise
☐ Indeterminate ☐ Pending
☐ Not Done ☐ Unknown
Date of acute specimen: _____
Date of convalescent specimen: _____

Other lab results, Specify: _____ ☐ Positive ☐ Negative ☐ Indeterminate
☐ Pending ☐ Not Done ☐ Unknown

Was the case laboratory confirmed? ☐ Positive IGM, IGG, or other lab
☐ Not confirmed

EPIDEMIOLOGICAL

Occupation:_____

Is the patient a:

Healthcare Worker? ☐ Yes ☐ No ☐ Unknown
Facility Name: _____
Address: _____
Telephone #: _____

Group Living? ☐ Yes ☐ No ☐ Unknown
Facility Name: _____
Address: _____
Telephone #: _____

Day Care Attendee? ☐ Yes
Facility Name: _____

	☐ No	Address: _____
	☐ Unknown	Telephone #: _____
Day Care Employee?	☐ Yes	Facility Name: _____
	☐ No	Address: _____
	☐ Unknown	Telephone #: _____
School Attendee?	☐ Yes	Facility Name: _____
	☐ No	Address: _____
	☐ Unknown	Telephone #: _____
School Employee?	☐ Yes	Facility Name: _____
	☐ No	Address: _____
	☐ Unknown	Telephone #: _____

If associated with a school, please record details on teacher and grade: _____

_____

_____

_____

If Yes to any above, did you work or attend while ill? ☐ Yes ☐ No ☐ Unknown

If Yes, Dates Worked or Attended/Notes:_____

_____

_____

_____

Imported from: ☐ Indigenous ☐ Outside U.S. ☐ Outside of County ☐ Out of State ☐ Unknown

INVESTIGATION

A. Symptoms & Signs

Did you have any rash? ☐Yes ☐ No ☐ Unknown Onset date of rash: _____

Rash duration: _____ (days)

Rash location: ☐ Generalized ☐ Focal ☐ Unknown

If generalized, mark all locations that apply:
☐ Face/head
☐ Arms
☐ Legs
☐ Trunk
☐ Inside mouth
☐ Other
☐ Unknown

Origin of rash: ☐ Face/head ☐ Arms ☐ Legs ☐ Trunk ☐ Inside mouth ☐ Other ☐ Unknown

Type of rash:

Mostly macular/popular?	☐Yes ☐ No ☐ Unknown
Mostly vesicular?	☐Yes ☐ No ☐ Unknown
Hemorrhagic?	☐Yes ☐ No ☐ Unknown
Itchy?	☐Yes ☐ No ☐ Unknown
Crops/waves?	☐Yes ☐ No ☐ Unknown

Fever? ☐Yes ☐ No ☐ Unknown If yes, highest measured temperature (°F) _____

Arthralgia/arthritis (symptoms)? ☐Yes ☐ No ☐ Unknown

Lymphadenopathy? ☐Yes ☐ No ☐ Unknown

Conjunctivitis? ☐Yes ☐ No ☐ Unknown

B. Complications

Encephalitis? ☐Yes ☐ No ☐ Unknown

Thrombocytopenia? ☐Yes ☐ No ☐ Unknown

Arthralgia/arthritis (complications)? ☐Yes ☐ No ☐ Unknown

Other Complications? ☐Yes ☐ No ☐ Unknown If yes, specify: _____

C. Vaccination History

Vaccinated? ☐Yes ☐ No ☐ Unknown

If yes, number of doses received **on or after** first (1st) birthday?

☐ 0 ☐1 ☐ 2 ☐ 3 ☐ Unknown

If not vaccinated, what was the reason?

☐ Religious exemption ☐ Medical contraindication
☐ Philosophical objection ☐ Laboratory confirmation of previous disease
☐ MD diagnosis of previous disease ☐ Underage for vaccine
☐ Parental refusal ☐ Unknown
☐ Other, specify: _____

Vaccination Record:

Vaccination Date #1: _____ Vaccination Date #2: _____
Vaccination Date #3: _____ Vaccination Date #4: _____
Vaccination Date #5: _____

C. Exposure – Risk Factors

- Prior to onset of rash, was this case epi-linked to another confirmed or probable case? ☐Yes ☐ No ☐ Unknown
- Is this case linked to an internationally imported case either directly or within same chain of transmission? ☐Yes ☐ No ☐ Unknown
- Transmission setting – where did this case acquire mumps?
  ☐ Day Care ☐ School
  ☐ Doctor's Office ☐ Hospital Ward
  ☐ Hospital ER ☐ Hospital Outpatient Clinic
  ☐ Home ☐ Work
  ☐ College ☐ Military
  ☐ Correctional Facility ☐ Church
  ☐ International Travel ☐ Unknown
  ☐ Other, specify: _____
- Was the patient age and setting verified? ☐Yes ☐ No ☐ Unknown
- What was the source of infection? Specify: _____

D. Exposure – Travel Questions

Did you travel outside of the USA in the 18 days prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City/Country Resort Information) and Dates traveled: _____

_____

_____

Traveled outside of Kansas, but inside USA? ☐ Yes ☐ No ☐ Unknown

Location traveled to (i.e., City and State Hotel Information) and Dates traveled: _____

_____

_____

Traveled outside of county, but inside Kansas? ☐ Yes ☐ No ☐ Unknown

Cities traveled to in Kansas and Dates: _____

_____

_____

Public Health Interventions (Check all that apply)

☐ Hygiene Education Provided ☐ Daycare Inspection

☐ Follow-up of other household member(s) ☐ Work or Daycare restriction for case

☐ Other

If other, specify: _____

That completes the interview, thank you for taking the time to answer all these questions. Your responses may be helpful in preventing others from becoming sick.

Additional notes: _____

_____

_____