



Congenital Rubella Syndrome/Infection case reporting form

A suspected case of CRS is any infant presenting with **congenital heart disease**, and/or suspicion of **deafness**, and/or one or more of **eye signs**. For any infant fitting the suspected case definition, kindly fill the following reporting form for a better ascertainment of the case.

1- Patient identification

Patient full name: Address:
 Date of birth: ____/____/____ Town/locality:
 Gender: Male Female Phone number:
 Nationality: Lebanese Other, Qada:
 Residency: Resident Visitor Refugee

2- Health care providers

Physician's name: Patient hospitalized: Yes No
 Initial diagnosis: Hospital name:
 Examination date: ____/____/____ Hospitalization date: ____/____/____

3- Clinical symptoms & evolution

3.1) Sensorial:

Cataract^a: Yes No Unknown
 Glaucoma^a: Yes No Unknown
 Pigmentary retinopathy^a: Yes No Unknown
 Microphthalmia: Yes No Unknown
 Nystagmus: Yes No Unknown
 Hearing impairment/Loss^a: Yes No Unknown

3.2) Congenital heart disease:

Atrial septal defect^a: Yes No Unknown
 Ventricular septal defect^a: Yes No Unknown
 Patent ductus arteriosus^a: Yes No Unknown
 Coarctation of the aorta^a: Yes No Unknown
 Peripheral pulmonic stenosis^a: Yes No Unknown
 Other, specify:

3.3) Bones:

Radiolucent bone disease^b: Yes No Unknown

3.4) Neuro:

Meningoencephalitis^b: Yes No Unknown
 Microcephaly^b: Yes No Unknown
 Mental retardation^b: Yes No Unknown

3.5) Spleen & blood:

Splenomegaly^b: Yes No Unknown
 Purpura on birth^b: Yes No Unknown
 Jaundice^b (within 24 hours after birth): Yes No Unknown

3.6) Other, specify:

3.7) Patient status:

Present status of patient: Alive Dead Unknown
 If dead, date of death: ____/____/____
 Cause of death:
 Autopsy conducted Yes No Unknown
 Autopsy date: ____/____/____
 Autopsy findings:

4- Laboratory investigation

Specimen collected: Yes No Unknown

#	Date of collection	Type of specimen	Laboratory	Result
1 st		<input type="checkbox"/> Serum <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Other		
2 nd		<input type="checkbox"/> Serum <input type="checkbox"/> Throat swab <input type="checkbox"/> Urine <input type="checkbox"/> CSF <input type="checkbox"/> Other		

5- Reporter

Form filled by: Date: ____/____/____
 Function: Signature:

CASE DEFINITIONS:

- A **clinically confirmed case** of CRS presents two complications of the group (a) OR one complication from group (a) and one from group (b).
- A **laboratory-confirmed case** is a clinically confirmed CRS case with a positive blood/urine/CSF test for Rubella IgM.
- A **congenital rubella infection (CRI)** is an infant with a positive blood test for Rubella IgM who does not have clinically-confirmed CRS.

More info: www.moph.gov.lb /Tel:01.614194 / Fax:01.610920