Congenital Rubella

Australian Paediatric Surveillance Unit

If you have any questions about this form, please contact the APSU by emailing SCHN-APSU@health.nsw.gov.au

APSU Office Use Only

Study ID #:

Month/Year Report:

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided. DK=Don't Know; NA = Not Applicable

Version 2.1 10.12.2025

REPORTING CLINICIAN

1. APSU Dr Code/Name ☐☐☐☐ /_____

Provide your best organisational email address: _____

2. Month/Year of Report _____ /_____

3. Date questionnaire completed ☐☐ / ☐☐ / ☐☐

PATIENT

4. First 2 letters of first name: ☐☐

5. First 2 letters of surname: ☐☐

6. Date of Birth: ☐☐ / ☐☐ / ☐☐

7. Sex: ☐ M ☐ F

8. Post code: ☐☐☐☐

9. Date of diagnosis: ☐☐ / ☐☐ / ☐☐ *(DD/MM/YY)*

10. Country of Birth: ☐ Australia ☐ Other, specify: _____ ☐ DK

11. Mother's country of birth ☐ Australia ☐ Other, specify: _____ ☐ DK

12. Father's country of birth ☐ Australia ☐ Other, specify: _____ ☐ DK

13. Is the child of Aboriginal or Torres Strait Islander origin? ☐ Yes ☐ No ☐ DK

If this patient is primarily cared for by another physician whom you believe will report the case, please write the other physician's name and complete questionnaire details above this line and return.

If no other report is received for this child we will contact you for further information.

Please keep the patient's name and other details on your APSU file.

The primary clinician caring for this child is: ***Name*** ***Hospital:***

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.

DK= Don't Know, NA = Not applicable

PATIENT'S CLINICAL DETAILS

14. Birth weight: _____ grams

15. Gestational age at birth: _____ weeks

16. a. Were there neonatal signs? ☐ Yes ☐ No ☐ DK

b. ***If yes,*** please specify: _____

17. a. Congenital rubella defects present? ☐ Yes ☐ No ☐ DK

b. ***If yes,*** please specify: _____

18. Failure to thrive/developmental delay? ☐ Yes ☐ No ☐ DK

19. a. Deafness? ☐ Unilateral ☐ Bilateral ☐ No ☐ DK

b. Severity of hearing impairment: ☐ Mild ☐ Moderate ☐ Severe ☐ NA

20. a. Congenital heart disease? ☐ Yes ☐ No ☐ DK

b. ***If yes,*** please specify: _____

21. Cataracts? ☐ Unilateral ☐ Bilateral ☐ No ☐ DK

22. Retinopathy? ☐ Yes ☐ No ☐ DK

23. Developmental delay? ☐ Mild ☐ Moderate ☐ Severe ☐ No ☐ DK ☐ NA

24. Please specify any other defect (s)? (e.g. Congenital glaucoma, Microcephaly, Purpura, Hepatosplenomegaly, Meninigoencephalitis, Radioluscent bone disease): _____

_____

25. Laboratory confirmation of congenital rubella? ☐ Serology ☐ IgM + ve ☐ Virus isolated ☐ DK ☐ Not done

26. a. Is the patient still living? ☐ Yes ☐ No ☐ DK

b. If not, what was the date of death? ☐☐ / ☐☐ / ☐☐ *(DD/MM/YY)*

FAMILY AND PREGNANCY

27. a. If you do not know the answers to the following questions, is there another medical practitioner from whom we could obtain this information? ☐ Yes ☐ No ☐ DK

b. Could you please provide the name and address of patient's obstetrician or general practitioner to whom we could send a questionnaire? _____

_____

28. Mother's age when this child was born (in years) ☐☐ years

29. Affected child's rank in family *(e.g. 1 of 3, 2 of 4, 1 of 1)* _____ of _____

30. a. Did mother have rubella contact in pregnancy? ☐ Yes ☐ No ☐ DK

b. ***If yes,*** state stage of pregnancy in weeks from LMP: ☐☐ weeks

c. Was this contact living in the same household? ☐ Yes ☐ No ☐ DK

d. Did mother received any post-exposure prophylaxis with NHIG? ☐ Yes ☐ No ☐ DK

31. a. Did mother have a rubella-like illness WITH RASH in pregnancy? ☐ Yes ☐ No ☐ DK

b. ***If yes,*** state stage of pregnancy in weeks from LMP: ☐☐ weeks

32. a. Did mother have a rubella-like illness WITHOUT RASH in pregnancy? ☐ Yes ☐ No ☐ DK

b. If yes, state stage of pregnancy in weeks from LMP: ☐☐ weeks

33. a. Has there been serological confirmation of rubella in pregnancy? ☐ Yes ☐ No ☐ DK

b. Give dates and test results if possible _____

_____

34. What is the mother's ethnic background? _____ ☐ DK

35. What is the father's ethnic background? _____ ☐ DK

MOTHER'S RUBELLA VACCINATION HISTORY

36. Had mother been vaccinated for rubella?	☐ Yes	☐ No	☐ DK
37. Was mother vaccinated in the schoolgirl program?	☐ Yes	☐ No	☐ DK
38. Had mother received MORE than one vaccination for rubella prior to this pregnancy?	☐ Yes	☐ No	☐ DK
39. Had mother had a positive rubella antibody titre documented prior to this pregnancy?	☐ Yes	☐ No	☐ DK

40. If mother NOT vaccinated, do you know why she was not vaccinated? (e.g. thought she had had rubella, was not living in Australia, asthma etc)

_____

_____

_____

Thank you for your assistance with this research project

Please return this questionnaire to the APSU via email to SCHN-APSU@health.nsw.gov.au
or by mail to: Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145
or via Fax: (02) 9845 3082

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines