

Committee: Infectious

Title: Public Health Reporting and National Notification for Congenital Rubella Syndrome

I. Statement of the Problem

CSTE position statement 07-EC-02 recognized the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. The position statement also specified that each definition had to comply with American Health Information Community recommended standards to support “automated case reporting from electronic health records or other clinical care information systems.” In July 2008, CSTE identified sixty-eight conditions warranting inclusion on the official list, each of which now requires a standardized reporting definition.

II. Background and Justification

Background¹

While rubella has been eliminated from the United States, a low number of cases of congenital rubella syndrome continue to occur in the US. Infants with congenital rubella syndrome are typically born to mothers who were born outside the United States and were never vaccinated during childhood. These women may be exposed to rubella while traveling home to countries where rubella remains endemic or when rubella virus circulates for a limited period following introduction into an under immunized immigrant community. Surveillance for congenital rubella syndrome is necessary to document the incidence of infection and to define high-risk populations for intervention.

Justification

Congenital rubella syndrome meets the following criteria for a nationally and **standard** notifiable condition, as specified in CSTE position statement 08-EC-02:

- A majority of state and territorial jurisdictions—or jurisdictions comprising a majority of the US population—have laws or regulations requiring **standard** reporting of Congenital rubella syndrome to public health authorities
- CDC requests **standard** notification of Congenital rubella syndrome to federal authorities
- CDC has condition-specific policies and practices concerning the agency’s response to, and use of, notifications.

¹ Much of the material in the background is directly quoted from the CDC’s congenital rubella syndrome Website. See the References for further information on this source.

III. Statement of the desired action(s) to be taken

CSTE requests that CDC adopt this standardized reporting definition for Congenital rubella syndrome to facilitate more timely, complete, and standardized local and national reporting of this condition.

IV. Goals of Surveillance

To provide information on the temporal, geographic, and demographic occurrence of Congenital rubella syndrome to facilitate its prevention and control.

V. Methods for Surveillance

Surveillance for Congenital rubella syndrome should use the sources of data and the extent of coverage listed in table V.

Table V. Recommended sources of data and extent of coverage for ascertaining cases of Congenital rubella syndrome.

Source of data for case ascertainment	Coverage	
	Population-wide	Sentinel sites
clinician reporting	X	
laboratory reporting	X	
reporting by other entities (e.g., hospitals, veterinarians, pharmacies)	X	
death certificates	X	
hospital discharge or outpatient records	X	
extracts from electronic medical records		
telephone survey		
school-based survey		
other _____		

VI. Criteria for Reporting

Reporting refers to the process of healthcare providers or institutions (e.g., clinicians, clinical laboratories, hospitals) submitting basic information to governmental public health agencies about cases of illness that meet certain reporting requirements or criteria. Cases of illness may also be ascertained by the secondary analysis of administrative health data or clinical data. The purpose of this section is to provide those criteria that should be used by humans and machines to determine whether a specific illness should be reported.²

² “Human-based” criteria (described below under “A. Narrative”) can be applied by medical care providers and laboratory staff based on clinical judgment and clinical diagnosis. Machine-based criteria (described below under

A. Narrative description of criteria to determine whether a case should be reported to public health authorities

Report any illness to public health authorities that meets any of the following criteria:

1. Any infant with laboratory evidence of rubella infection including: a positive culture for rubella virus from a clinical specimen, a positive rubella IgM test, PCR positive for rubella virus or a persistently high rubella antibody test.
2. Any infant with 2 or more clinical findings compatible with congenital rubella syndrome for which no alternate cause is evident. These findings include: cataracts/congenital glaucoma, congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis), hearing impairment, pigmentary retinopathy, purpura, hepatosplenomegaly, jaundice, microcephaly, developmental delay, meningoencephalitis, and/or radiolucent bone disease.
3. Any infant born to a mother with a history of rubella during pregnancy.
4. Any infant diagnosed by a physician as having congenital rubella syndrome.

Other recommended reporting procedures

- All cases of congenital rubella syndrome should be reported.
- Reporting should be on-going and routine.
- Frequency of reporting should follow the state health department's routine schedule.

B. Table of criteria to determine whether a case should be reported to public health authorities

Table VI-B. Proposed Table of criteria to determine whether a case should be reported to public health authorities. Note: The following criteria are proposed for evaluation before general implementation. For purposes of currently implementing reporting the narrative description in VI-A, should be used.

	Reporting			
<i>Clinical Presentation</i>				
<u>Category A</u>				
Cataracts or congenital glaucoma		O*		
Congenital heart disease (patent ductus arteriosus or peripheral pulmonary stenosis are the most common)		O*		
Hearing impairment		O*		

“B. Table”) can be applied using computerized algorithms that operate in electronic health record systems, including computerized records of laboratory test orders and laboratory test results; other clinical data systems (e.g., hospital discharge data systems serving multiple hospitals); or administrative data (e.g., healthcare provider billing data, vital records, and EMS data).

Pigmentary retinopathy		O*		
<u>Category B</u>				
Hepatosplenomegaly		O*		
Jaundice		O*		
Microcephaly		O*		
Developmental delay		O*		
Meningoencephalitis		O*		
Radiolucent bone disease		O*		
Purpura		O*		
Physician diagnosis of congenital rubella syndrome				S
<i>Laboratory findings</i>				
Rubella virus isolated from a clinical specimen	S			
Rubella IgM test positive	S			
PCR positive for Rubella virus	S			
Persistently high Rubella antibody titer	S			
<i>Epidemiological risk factors</i>				
Mother born outside the US		C		
Maternal rubella during pregnancy		C	S	

Notes:

S = This criterion alone is sufficient to report a case

*O = For congenital rubella syndrome, at least two of the clinical “O” criteria are required to report a case. For a case to be classified as “probable,” a minimum of either 2 clinical findings from Category A or 1 clinical finding from Category A and 1 clinical finding from category B must be present.

C = This finding corroborates (i.e., supports) the diagnosis of—or is associated with—Congenital rubella syndrome, but is not required for reporting.

C. Disease Specific Data Elements:

Disease-specific data elements to be included in the initial report are listed below.

Epidemiological Risk Factors

Country of Mother's birth

Country of Child's birth

Maternal Travel History During Pregnancy

Maternal Rubella Immunization History

Maternal Rubella Serology Result(s) with Dates

History of Maternal Illness During Pregnancy

 Fever (Date of Onset, Duration)

 Rash (Date of Onset, Duration)

Maternal Contact to Persons with Rash Illness, Dates

VII. Case Definition for Case Classification

A. Narrative description of criteria to determine whether a case should be classified as confirmed, probable (presumptive), suspected (possible).

Case classification

Suspected Case: An infant that does not meet the criteria for a probable or confirmed case but who has one of more of the following clinical findings:

- cataracts or congenital glaucoma,
- congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis),
- hearing impairment,
- pigmentary retinopathy
- purpura,

- hepatosplenomegaly,
- jaundice,
- microcephaly,
- developmental delay,
- meningoencephalitis, or
- radiolucent bone disease

Probable Case: An infant without an alternative etiology that does not have laboratory confirmation of rubella infection but has at least 2 of the following:

- cataracts or congenital glaucoma,*
- congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis),
- hearing impairment, or
- pigmentary retinopathy;

OR

An infant without an alternative etiology that does not have laboratory confirmation of rubella infection but has at least one or more of the following:

- cataracts or congenital glaucoma,*
- congenital heart disease (most commonly patent ductus arteriosus or peripheral pulmonary artery stenosis),
- hearing impairment, or
- pigmentary retinopathy

AND one or more of the following:

- purpura,
- hepatosplenomegaly,
- jaundice,
- microcephaly,
- developmental delay,
- meningoencephalitis, or
- radiolucent bone disease.

Confirmed Case: An infant with one at least one symptom (listed above) that is clinically consistent with congenital rubella syndrome; and laboratory evidence of congenital rubella infection as demonstrated by:

- isolation of rubella virus, or
- detection of rubella-specific immunoglobulin M (IgM) antibody, or
- infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month), or
- a specimen that is PCR positive for rubella virus.

Infection only: An infant without any clinical symptoms or signs but with laboratory evidence of infection as demonstrated by

- isolation of rubella virus, or
- detection of rubella-specific immunoglobulin M (IgM) antibody, or
- infant rubella antibody level that persists at a higher level and for a longer period than expected from passive transfer of maternal antibody (i.e., rubella titer that does not drop at the expected rate of a twofold dilution per month), or
- a specimen that is PCR positive for rubella virus.

*In probable cases, either or both of the eye-related findings (cataracts and congenital glaucoma) count as a single complication. In cases classified as infection only, if any compatible signs or symptoms (e.g., hearing loss) are identified later, the case is reclassified as confirmed.

Epidemiologic Classification of Internationally-Imported and U.S.-Acquired

Congenital rubella syndrome cases will be classified epidemiologically as internationally imported or U.S.-acquired, according to the source of infection in the mother, using the definitions below, which parallel the classifications for rubella cases.

Internationally imported case: To be classified as an internationally imported CRS case, the mother must have acquired rubella infection outside the U.S. or in the absence of documented rubella infection, the mother was outside the United States during the period when she may have had exposure to rubella that affected her pregnancy (from 21 days before conception and through the first 24 weeks of pregnancy).

U.S.-acquired case: A US-acquired case is one in which the mother acquired rubella from an exposure in the United States. U.S.-acquired cases are subclassified into four mutually exclusive groups:

Import-linked case: Any case in a chain of transmission that is epidemiologically linked to an internationally imported case.

Import-virus case: a case for which an epidemiologic link to an internationally imported case was not identified but for which viral genetic evidence indicates an imported rubella genotype, i.e., a genotype that is not occurring within the United States in a pattern indicative of endemic transmission. An endemic genotype is the genotype of any rubella virus that occurs in an endemic chain of transmission (i.e., lasting ≥ 12 months). Any genotype that is found repeatedly in U.S.-acquired cases should be thoroughly investigated as a potential endemic genotype, especially if the cases are closely related in time or location.

Endemic case: a case for which epidemiological or virological evidence indicates an endemic chain of transmission. Endemic transmission is defined as a chain of rubella virus transmission continuous for ≥ 12 months within the United States.

Unknown source case: a case for which an epidemiological or virological link to importation or to endemic transmission within the U.S. cannot be established after a thorough investigation. These cases must be carefully assessed epidemiologically to assure that they do not represent a sustained U.S.-acquired chain of transmission or an endemic chain of transmission within the U.S.

Note: Internationally imported, import-linked, and imported-virus cases are considered collectively to be import-associated cases.

States may also choose to classify cases as “out-of-state-imported” when imported from another state in the United States. For national reporting, however, cases will be classified as either internationally imported or U.S.-acquired.

B. Classification Tables

Table VII-B lists the criteria that must be met for a case to be classified as confirmed, probable (presumptive), suspected (possible) or infection only.

Table VII-B. Proposed table of criteria to determine whether a case is classified. Note: The following criteria are proposed for evaluation before general implementation. For purposes of current notification, the narrative description in VII-A, should be used.

	Case Definition			
	Confirmed	Probable*	Suspected	Infection Only
<i>Clinical Presentation</i>				
Category A*				
Cataracts or congenital glaucoma	O	O	O	A
Congenital heart disease (patent ductus arteriosus or peripheral pulmonary stenosis are the most common)	O	O	O	A
Hearing impairment	O	O	O	A
Pigmentary retinopathy	O	O	O	A
Category B*				
Purpura	O	O	O	A
Hepatosplenomegaly	O	O	O	A
Jaundice	O	O	O	A
Microcephaly	O	O	O	A
Developmental delay	O	O	O	A
Meningoencephalitis	O	O	O	A
Radiolucent bone disease	O	O	O	A
<i>Laboratory findings</i>				
Rubella virus isolated from a clinical specimen	O			O
Rubella IgM test positive	O			O
PCR positive for Rubella virus	O			O
Persistently high Rubella antibody titer	O			O

Notes:

O = At least one of these “O” criteria in each category in the same column (e.g., clinical presentation and laboratory findings)—in conjunction with all other “N” criteria in the same column—is required to classify a case .

*For a case to be classified as “probable,” a minimum of either 2 clinical findings from Category A or 1 clinical finding from Category A and 1 clinical finding from category B must be present.
A = This criterion must be absent (i.e., NOT present) for the case to meet the case definition.
C = This finding corroborates (i.e., supports) the diagnosis of—or is associated with—
Congenital rubella syndrome, but is not included in the case definition.

VIII. Period of Surveillance

Surveillance should be on-going.

IX. Data sharing/release and print criteria

Notification to CDC for confirmed cases of congenital rubella is recommended.

- Data reported to NCIRD staff is summarized weekly internally via an NCIRD weekly surveillance report for vaccine preventable diseases. Electronic reports of congenital rubella syndrome (CRS) in NNDSS are also summarized weekly in the MMWR Tables. However, because of delays in data entry and data transmission via NNDSS, these two data sources may not correspond. Annual case data on CRS is used in the yearly Summary of Notifiable Diseases and monitored for meeting Healthy People 2010 goals.
- State-specific compiled data will continue to be published in the weekly NCIRD reports as well as annual MMWR Summaries of Notifiable Diseases. In addition to those reports, the frequency of reports/feedback to the states and territories will be dependent on the current epidemiologic situation surrounding the CRS patient. Given elimination of endemic rubella in the US., identifying the country during exposure is imperative. Frequency of cases, epidemiologic distribution, importation status, transmission risk to non-immune pregnant females will guide frequency and method of communication and information feedback.
- State-specific compiled data will continue to be published in the weekly reports and annual MMWR Surveillance Summaries. All cases are verified with the state (s) before publication. Data are also included in PAHO and WHO annual reports. The frequency of release of additional publication of this data will be dependent on the current epidemiologic situation in the country. These publications might include annual epidemiologic summaries in the MMWR or manuscripts in peer-reviewed journals.
- As part of an effort to maintain and document rubella elimination in the Americas, we will share data on CRS cases known to NCIRD with PAHO. CRS is endemic outside the Western Hemisphere, also in Argentina and Brazil. Although no longer endemic in the U. S., CRS continues to be identified due to importation. State Health Departments are notified when cases are identified communicable in their jurisdiction. CRS information will be shared with PAHO upon request such as sex, age, rash onset, clinical description, mother’s country of birth, genotype and source (import, import-associated etc.). No personal identifying or state specific information is re-released to PAHO or WHO.

X. References

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