

INV173

Name, Address, Telephone, Reporting Physician/Nurse/Hospital/Clinic/Lab, Telephone Number

Detach here - Transmit only lower portion if sent to CDC

VARICELLA SURVEILLANCE WORKSHEET

Form Approved OMB No. 0920-0728 Exp. Date 2/28/2011

Reported by: State NOT109 County NOT113

1. Date of Birth, 2. Current Age, 3. Age Type, 4. Current Sex, 5. Ethnicity, 6. Race

REPORTING SOURCE

7. Date of Report, 8. Earliest Date Reported to County, 9. Earliest Date Reported to State



Department of Health and Human Services Centers for Disease Control and Prevention



CLINICAL

Y=Yes N=No U=Unknown

CONDITION

10. Diagnosis Date, 11. Illness Onset Date

SIGNS/SYMPTOMS

12. Rash Onset Date, 13. Rash Location, If "Focal," specify dermatome, If "Generalized," first noted

14. How many lesions were there in total?, 15. Character of Lesions (with <50) Number of lesions

16. Character of Lesions (all categories—1 to >500)

17. Did the rash crust?, If "yes," how many days until all the lesions crusted over?, If "no," how many days did the rash last?

18. Did the patient have a fever?, 19. Date of Fever Onset, 20. Highest measured temperature, 21. Total number of days with fever, 22. Is patient immunocompromised due to medical condition or treatment?

COMPLICATIONS

23. Did the patient visit a healthcare provider during this illness?, 24. Did the patient develop any complications that were diagnosed by a healthcare provider? If "yes": Skin/Soft Tissue Infection, Cerebellitis/Ataxia, Encephalitis, Dehydration, Hemorrhagic Condition, Pneumonia

25. Was the patient treated with acyclovir, famvir, or any licensed antiviral for this illness? If "yes," Name of medication:

Start Date, Stop Date

VACCINE INFORMATION

Y=Yes N=No U=Unknown

38. Did the patient receive varicella-containing vaccine? **VAR101** N U
 If "no," reason:
- VAR145** Born outside the United States
 - Lab evidence of previous disease
 - MD diagnosis of previous disease
 - Medical contraindication
 - Never offered vaccine
 - Parent/patient forgot to vaccinate
 - Parent/patient refusal
 - Parent/patient report of previous disease
 - Philosophical objection
 - Religious exemption
 - Under age for vaccination
 - Other **VAR146** _____
 - Unknown

39. Number of doses received on or after first birthday: **VAR147** Doses
40. If patient is >=6 years old and received one dose on or after 6th birthday but never received second dose, what is the reason?
- VAR162** Born outside the United States
 - Lab evidence of previous disease
 - MD diagnosis of previous disease
 - Medical contraindication
 - Never offered vaccine
 - Parent/patient forgot to vaccinate
 - Parent/patient refusal
 - Parent/patient report of previous disease
 - Philosophical objection
 - Religious exemption
 - Other **VAR149** _____
 - Unknown

VACCINATION RECORD

Vaccination Date(s)	Vaccine Type	Manufacturer	Lot Number
VAC103	VAC101	VAC107	VAR108
/ /			
/ /			
/ /			
/ /			

EPIDEMIOLOGIC

Y=Yes N=No U=Unknown

41. Case Investigation Start Date MONTH DAY YEAR **INV147**
42. Has this patient ever been diagnosed with varicella before? **VAR150** N U
 If "yes":
 Age at Diagnosis **VAR151**
 Age Type **INV2072** Days Months Hours Weeks Unknown
43. Previous case diagnosed by: **VAR152** Health Care Provider Parent/Friend Other **VAR153**
44. Where was the patient born (country)? **DEM126**
45. Is this case epi-linked to another confirmed or probable case? **VAR154** N U
 If "yes," epi-linked to: **VAR155** Confirmed Varicella Case Probable Varicella Case Herpes Zoster Case
46. Transmission Setting (Setting of Exposure) Athletics Hospital Outpatient Clinic **VAR156** Hospital Ward Community Hospital Ward International Travel Correctional Facility Military Daycare Place of Worship Doctor's Office School Home Work Hospital ER Other **VAR157** Unknown

47. Is this case a healthcare worker? Y N U **VAR158**
48. Is this case part of an outbreak of 5 or more cases? **INV150** N U
 If "yes":
 Outbreak Name: **INV151**
49. Case Status: **INV163** Confirmed Probable Suspect Not a Case Unknown
50. MMWR Week: **INV165**
51. MMWR Year: **INV166**

PREGNANT WOMEN

52. If the case is female, is/was she pregnant during this varicella illness? **INV178** N U
 If "yes":
 Number of weeks gestation at onset of illness (1-45 weeks): **VAR159** Weeks
 Trimester at Onset of Illness 1st Trimester **VAR160** 2nd Trimester 3rd Trimester
53. General Comments: _____

