

VARICELLA SURVEILLANCE WORKSHEET

For Local Use Only

GENERIC MMG

VARICELLA MMG

Name, Address, Telephone, Reporting Physician/Clinic/Lab, Telephone Number, State Case I.D. Number

VARICELLA SURVEILLANCE WORKSHEET

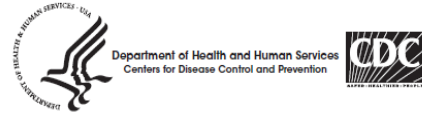
Form Approved OMB No. 0920-0728 Exp. Date 2/28/2011

Reported by: State 77966-0 County 77967-8

- 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



CLINICAL Y=Yes N=No U=Unknown

- 10. Diagnosis Date, 11. Illness Onset Date

- 12. Rash Onset Date, 13. Rash Location, 14. How many lesions were there in total?

- 15. Character of Lesions, 16. Character of lesions (all categories - 1 to >500), 17. Did the rash crust?

- 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?

- 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?

- 25. Was the patient treated with acyclovir, famvir, or any licensed antiviral for this illness? Name of medication, Start Date, Stop Date

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

26. Was the patient hospitalized for this illness? If "yes": Y N U

Admission Date: / /
MONTH DAY YEAR

Discharge Date: / /
MONTH DAY YEAR

Total duration of stay in hospital: 78033-8 Days

Hospital Information: NAME _____

27. Did the patient die from varicella or complications (including secondary infection) associated with varicella? If "yes": Y N U

Date of Death: PID-29 / /
MONTH DAY YEAR

Autopsy performed? Y N U
Cause of death _____

NOTE: Fill out varicella death worksheet.

L LABORATORY

Y=Yes N=No U=Unknown

28. Was laboratory testing done for varicella? Y N U
LAB630 If "yes":

29. Direct fluorescent antibody (DFA) Technique? Y N U
INV290

Date of DFA: / /
MONTH DAY YEAR

DFA Result: Positive Pending
 Negative Not Done
 Indeterminate Unknown

30. PCR specimen? Y N U

Date of PCR Specimen: / /
MONTH DAY YEAR

Source of PCR specimen (check all that apply): 31208-2

- Vesicular swab Saliva
- Scab Blood
- Tissue Culture Urine
- Buccal Swab Macular Scraping
- Other _____

31. Culture performed? Y N U

Date of Culture Specimen: 68963-8 / /
MONTH DAY YEAR

Culture Result: Positive Pending
 Negative Not Done
 Indeterminate Unknown

32. Was other laboratory testing done? If "yes": Y N U

Specify: Tzanck smear
Other Test: Electron microscopy

Date of Other Test: 68963-8 / /
MONTH DAY YEAR

Other Lab Test Result: Positive (results consistent with varicella infection)
 Negative
 Indeterminate Not Done
 Pending Unknown

Test Result Value: LAB628

33. Serology performed? Y N U

34. IgM performed? Y N U
If "yes":

Type of IgM Test: Capture ELISA Unknown
 Indirect ELISA Other _____

Date IgM Specimen Taken: 68963-8 / /
MONTH DAY YEAR

IgM Test Result: Positive Pending
 Negative Not Done
 Indeterminate Unknown

Test Result Value: LAB628

35. IgG performed? Y N U

If "yes":
Type of IgG Test: Whole Cell ELISA (specify manufacturer):
 gp ELISA (specify manufacturer)
 FAMA Latex Bead Agglutination
 Other _____

Date of IgG Acute: 68963-8 / /
MONTH DAY YEAR

IgG Acute Result: Positive Pending
 Negative Not Done
 Indeterminate Unknown

Test Result Value: LAB628

36. Were the clinical specimens sent to CDC for genotyping (molecular typing)? Y N U
If "yes":

Date sent for genotyping: 85930-6 / /
MONTH DAY YEAR

37. Was specimen sent for strain identification? Y N U
(wild- or vaccine-type)

Strain Type: Wild Type Strain
 Vaccine Type Strain
 Unknown

VACCINE INFORMATION

Y=Yes N=No U=Unknown

38. Did the patient receive **VAC126** Y N U
varicella-containing vaccine?

If "no," reason **VAC149**

- 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 _____
- Unknown

39. Number of doses received **on or after** first birthday: **VAC129** _____ 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?

VAC149

- 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 _____
- Unknown

VACCINATION RECORD

Vaccination Date(s) **30952-6** Vaccine Type **30956-7** Manufacturer **30957-5** Lot Number **30959-1**

Vaccination Date(s)	Vaccine Type	Manufacturer	Lot Number
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			

EPIDEMIOLOGIC

41. Case **77979-3**
Investigation Start Date MONTH DAY YEAR

42. Has this patient ever been **VAR150** Y N U
diagnosed with varicella before?
If "yes":

Age at **INV934**
diagnosis

Age Type Years Days
OBX-6 for INV934 Months Hours
 Weeks Unknown

43. Previous case Diagnosed by: Physician/health Care Provider
VAR152 Parent/Friend
 Other _____

44. Where was the patient born (country)? **78746-5** _____

45. Is this case epi-linked to another confirmed or probable case? **VAR154** Y N U
If "yes," Confirmed varicella case
Epi-linked to: Probable varicella case
VAR155 Herpes Zoster Case

46. Transmission Setting (Setting of Exposure) **81267-7**

- Athletics Hospital Outpatient
- College Clinic
- Community Hospital Ward
- Correctional Facility International Travel
- Daycare Military
- Doctor's Office Place of Worship
- Home School
- Hospital ER Work
- Other _____ Unknown

47. Is this case a healthcare worker? **223366009** Y N U

48. Is this case part of an outbreak of 5 or more cases? **77980-1** Y N U
If "yes":

Outbreak Name: **77981-9** _____

49. Case Status: **77990-0**

- Confirmed
- Probable
- Suspect
- Not a Case
- Unknown

50. MMWR Week: **77991-8** _____

51. MMWR Year **77992-6** _____

PREGNANT WOMEN

52. If the case is female, is/was she pregnant during this varicella illness? **77996-7** Y N U
If "yes":

Number of weeks gestation at Onset of illness (1-45 weeks): **81270-1** _____ Weeks

Trimester at Onset of Illness **81271-9**

- 1st Trimester
- 2nd Trimester
- 3rd Trimester

53. General Comments: **77999-1** _____