

Varicella Outbreak Reporting Worksheet

Date of Report to CDC: ___/___/___

State reporting	Name of Person Reporting	Phone	Email	Fax

Please enter the total number of reported outbreaks for the calendar year in this box → Year of report: _____

If more detailed information about each individual outbreak is available, please enter the information in the table below.

Out-break	Dates of	Outbreak setting	Size of outbreak	Number of cases in each age				Number of cases in each lesion category		Vaccination status of		Vaccination		Number of laboratory confirmed cases in outbreak	
										# vax		# unvax	1-dose		2-dose
										1-dose	2-dose				
1				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							
2				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							
3				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							
4				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							
5				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							
6				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							
7				<1		15-19		<50							
				1-4		≥20		50-249							
				5-9		Unk		250-499							
				10-14				≥500							

Please email or fax this form annually to Adriana Lopez at CDC: alopez@cdc.gov or 404-315-3398

****PLEASE NOTE: Minimum information requested for reporting is total number of outbreaks per year****