# Varicella Surveillance Worksheet

| NAME (Last, First) | | Hospital Record No. |
|---|---|---|
| **Address (Street and No.)** | **City** / **County** / **Zip** | **Phone** |
| **Reporting Physician/Nurse/Hospital/Clinic/Lab** | **Address** | **Phone** |

-------------------------------------------------- DETACH HERE and transmit only lower portion if sent to CDC --------------------------------------------------

## Varicella Surveillance Worksheet

**County**     **State**     **Zip**

**Birth Date** — Month / Day / Year

**Age** — Unk = 999

**Age Type**
- 0 = 0-120 years
- 1 = 0-11 months
- 2 = 0-52 weeks
- 3 = 0-28 days
- 9 = Age unknown

**Ethnicity**
- H = Hispanic
- N = Not Hispanic
- U = Unknown

**Race**
- N = Native Amer./Alaskan Native
- A = Asian/Pacific Islander
- B = African American
- W = White
- O = Other
- U = Unknown

**Sex**
- M = Male
- F = Female
- U = Unknown

**Event Date** — Month / Day / Year

**Event Type**
- 1 = Onset Date
- 2 = Diagnosis Date
- 3 = Lab Test Done
- 4 = Reported to County
- 5 = Reported to State or MMWR Report Date
- 9 = Unknown

**Outbreak Associated** — Unk = 999

**Reported** — Month / Day / Year

**Imported**
- 1 = Indigenous
- 2 = International
- 3 = Out of State
- 9 = Unknown

**Report Status**
- 1 = Confirmed
- 2 = Probable
- 3 = Suspect
- 9 = Unknown

### CLINICAL DATA

**Any Rash?**
- Y = Yes
- N = No
- U = Unknown

**Rash Onset** — Month / Day / Year

**Rash Duration** — 0 - 30 Days / 99 = Unknown

**Rash Type**
- G = Generalized
- L = Localized/dermatomal
- U = Unknown

**Immunocompromised?**
- Y = Yes
- N = No
- U = Unknown

**Lesion Severity**
- 1 = Mild: few scattered lesions on the body
- 2 = Moderate: number of lesions between mild and severe
- 3 = Severe: lesions numerous enough to almost touch, or normal skin is difficult to see between lesions

**Fever?**
- Y = Yes
- N = No
- U = Unknown

**If Recorded, Highest Measured Temp.**
- 36.0 - 110.0 degrees
- 999.9 = Unknown

**Fever Duration**
- 0 - 30 Days
- 99 = Unknown

### COMPLICATIONS

**Pneumonia?**
- Y = Yes
- N = No
- U = Unknown

**Encephalitis?**
- Y = Yes
- N = No
- U = Unknown

**Cerebellar Ataxia?**
- Y = Yes
- N = No
- U = Unknown

**Skin Infection?**
- Y = Yes
- N = No
- U = Unknown

**Other Secondary Infection?**
- Y = Yes
- N = No
- U = Unknown

**Thrombocytopenia?**
- Y = Yes
- N = No
- U = Unknown

**Other Complications?**
- Y = Yes
- N = No
- U = Unknown

**If Yes, Please Specify:** _____

**Hospitalized?**
- Y = Yes
- N = No
- U = Unknown

**Days Hospitalized**
- 0 - 998
- 999 - Unknown

**Outpatient Care for Varicella?**
- Y = Yes
- N = No
- U = Unknown

**Death?**
- Y = Yes
- N = No
- U = Unknown

**Date of Death** — Month / Day / Year

**Autopsy Performed?**
- Y = Yes
- N = No
- U = Unknown

**Cause of Death:** _____

### LABORATORY

**Was Laboratory Testing For Varicella Done?**
- Y = Yes
- N = No
- U = Unknown

**Date IgM Specimen Taken*** — Month / Day / Year

**Result**
- P = Positive
- N = Negative
- I = Indeterminate
- E = Pending
- X = Not Done
- U = Unknown

*** Not currently recommended for case investigation**

**Date IgG Specimen Taken** — Month / Day / Year    **Result**

- Acute
- Convalescent

**Specify Other Lab Method:** _____    **Other Lab Result**

**Result Codes**
- P = Significant Rise in IgG
- N = No Significant Rise in IgG
- I = Indeterminate
- E = Pending
- X = Not Done
- U = Unknown

### VACCINE HISTORY

**Vaccinated?** (Received varicella-containing vaccine?)
- Y = Yes
- N = No
- U = Unknown

**Number of doses received ON or AFTER 1st birthday**

| Vaccination Date | | | Vaccine Type* | Vaccine Manuf** | Lot Number |
|---|---|---|---|---|---|
| Month | Day | Year | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**\* Vaccine Type Codes**
- A = MMR
- B = Varicella
- O = Other
- U = Unknown

**\*\*Vaccine Manuf. Codes**
- M = Merck
- O = Other
- U = Unknown

**If Not Vaccinated, What Was The Reason?**

**Reason Codes**
- 1 = Religious Exemption
- 2 = Medical Contraindication
- 3 = Philosophical Objection
- 4 = Lab. Evidence of Previous Disease
- 5 = MD Diagnosis of Previous Disease
- 6 = Under Age For Vaccination
- 7 = Parental Refusal
- 8 = Other
- 9 = Unknown

### EPIDEMIOLOGIC INFORMATION

**Date First Reported to a Health Department** — Month / Day / Year

**Date Case Investigation Started** — Month / Day / Year

**Transmission Setting (Where did this case acquire measles?)**
- 1 = Day Care
- 2 = School
- 3 = Doctor's Office
- 4 = Hospital Ward
- 5 = Hospital ER
- 6 = Hospital Outpatient Clinic
- 7 = Home
- 8 = Work
- 9 = Unknown
- 10 = College
- 11 = Military
- 12 = Correctional Facility
- 13 = Church
- 14 = International Travel
- 15 = Other

**Outbreak Related?** **If Yes, Outbreak Name**
- Y = Yes
- N = No
- U = Unknown

**Source of Exposure For Current Case** (Enter State ID if source was an in-state case; enter Country if source was out of US; enter State if source was out-of-state)

**Were Age and Setting Verified?** (Is age appropriate for setting, i.e. aged 49 years and in day care, etc.)
- Y = Yes
- N = No
- U = Unknown

**If Transmission Setting Not Among Those Listed And Known, What Was The Transmission Setting?** _____

**Epi-Linked to Another Confirmed or Probable Case?**
- Y = Yes
- N = No
- U = Unknown

**Contact Information:  (For state/local health department use)**

| Mother's Name | Father's Name |
|---|---|
| **Phone** | |

---------------------------------------------------------------------------------- **DETACH HERE** --------------------------------------------------------------------------------------

**The information below is epidemiologically important, but not included on NETSS screens**

<table>
<tr>
<td rowspan="3" style="writing-mode: vertical-rl">PREGNANT WOMEN</td>
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**If the case was female, was she pregnant?**

□    **Y = Yes**<br>     **N = No**<br>     **U = Unknown**
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**Number of Weeks Gestation (or Trimester) at Onset of Illness**

□□□    **1st= First Trimester**<br>     **2nd=Second Trimester**<br>     **3rd=Third Trimester**
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**Prior Evidence of Serological Immunity?**

□    **Y = Yes**<br>     **N = No**<br>     **U = Unknown**
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<td>

**Year of Test**

□□□□
</td>
<td>**OR**</td>
<td>

**Age of Patient at Time of Test**

□□
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**Was Previous Varicella Serologically Confirmed?**

□    **Y = Yes**<br>     **N = No**<br>     **U = Unknown**
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**Year of Disease**

□□□□
</td>
<td>**OR**</td>
<td>

**Age of Patient at Time of Disease**

□□
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**Notes/Comments:**

**Page 2 of 2**