



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)? If "yes":  Y  N  U

Date sent for genotyping:  85930-6    
MONTH DAY YEAR

37. Was specimen sent for strain identification?  Y  N  U

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  $\geq 6$  years old **and** received one dose **on or after** 6<sup>th</sup> 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)	Vaccine Type	Manufacturer	Lot Number
<b>30952-6</b>	<b>30956-7</b>	<b>30957-5</b>	<b>30959-1</b>
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			

**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  
 Months  Hours  
 Weeks  Unknown  
 OBX-6 for INV934
43. Previous case Diagnosed by:  Physician/health Care Provider  
 Parent/Friend  
 6  **VAR152**  Other \_\_\_\_\_
44. Where was the patient born (country)? **78746-5**
45. Is this case epi-linked to another  Y  N  U  
 confirmed or probable case? **VAR154**  
 If "yes,"  Confirmed varicella case  
 Epi-linked to:  Probable varicella case  
 Herpes Zoster Case  
**VAR155**
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

47. Is this case a healthcare worker? **223366009**  Y  N  U
48. Is this case part of an outbreak of 5 or more cases?  Y  N  U  
 If "yes": **77980-1**  
 Outbreak Name: **77981-9**
49. Case Status:  Confirmed  
 Probable  
 Suspect  
 Not a Case  
 Unknown  
**77990-0**
50. MMWR Week: **77991-8**
51. MMWR Year **77992-**

**PREGNANT WOMEN**

52. If the case is female, is/was she pregnant during this varicella illness?  Y  N  U  
 If "yes": **77996-7**  
 Number of weeks gestation at Onset of illness (1-45 weeks): **81270-1** \_\_\_\_\_ Weeks
- Trimester at Onset of Illness **81271-9**
- 1<sup>st</sup> Trimester
  - 2<sup>nd</sup> Trimester
  - 3<sup>rd</sup> Trimester
53. General Comments: **77999-1**

Hospital ER       Work  
 Other \_\_\_\_\_     Unknown

