

VARICELLA SURVEILLANCE WORKSHEET

Appendix 20-5

For Local Use Only

GENERIC MMG

VARICELLA V3.0_MMG_F_R1_20180504

Name _____ State Case I.D. Number 77993-4

LAST / FIRST / MIDDLE

Current Address _____ Reporting Physician/ Nurse/Hospital/ Clinic/Lab 48766-0

NUMBER / STREET / APT. NUMBER ADDRESS

Telephone: Home _____ Work _____ Telephone Number _____

PID-11.3 CITY / COUNTY / STATE / ZIP CODE / AREA CODE + 7 DIGITS / AREA CODE + 7 DIGITS / AREA CODE + 7 DIGITS

Detach here - Transmit only lower portion if sent to CDC

VARICELLA SURVEILLANCE WORKSHEET

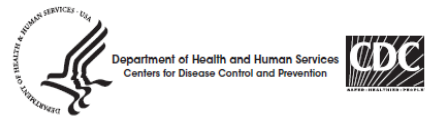
Form Approved OMB No. 0920-0728 Exp. Date 2/28/2011

Reported by: State 77966-0 County 77967-8

- Date of Birth PID-11.7
MONTH DAY YEAR
- Current Age 77998-3
- Age Type Years Days Hours
 Months Weeks Unknown
- Current Sex Male Female Unknown
- Ethnicity Hispanic Not Hispanic Unknown
- Race American Indian or Alaskan Native
 Asian Black or African-American
 Native Hawaiian or Other Pacific Islander
 White Unknown

REPORTING SOURCE

- Date of Report 77995-9
MONTH DAY YEAR
- Earliest Date Reported to County 77972-8
MONTH DAY YEAR
- Earliest Date Reported to State 77998-3
MONTH DAY YEAR



CLINICAL Y=Yes N=No U=Unknown

CONDITION

- Diagnosis Date 77975-1
MONTH DAY YEAR
- Illness Onset Date 11368-8
MONTH DAY YEAR

SIGNS/SYMPTOMS

- Rash Onset Date 81268-5
MONTH DAY YEAR
- Rash Location Generalized Focal Unknown
If "focal," specify dermatome: 725119006
If "Generalized," first noted: (check all that apply)
 Face/Head Legs Trunk
 Arms Inside mouth
 Other (specify) _____
- How many lesions were there in total? 300579006
 <50 50-249 250-499 >500
- Character of Lesions (with <50) 246206008 Number of lesions _____
Macules (flat) present Y N U Number _____
Papules (raised) present Y N U Number _____
Vesicles (fluid) present Y N U Number _____
- Character of lesions (all categories - 1 to >500) 364637009
Mostly macular/papular Y N U
Mostly vesicular Y N U
Hemorrhagic Y N U INV911
Itchy Y N U 418290006
Scabs Y N U
Crops/waves Y N U INV912
- Did the rash crust? Y N U INV913
If "yes," how many days until all the lesions crusted over? 81269-3 Days
If "no," how many days did the rash last? _____ Days

- Did the patient have a fever? Y N U 386661006
- Date of Fever Onset 81266-9
MONTH DAY YEAR
- Highest measured temperature: 81265-1 °F / °C
OBX-6 for 81265-1 CIRCLE ONE
- Total number of days with fever: 81264-4 Days
- Is patient immunocompromised due to medical condition or treatment? Y N U 370388006
(If "yes," specify INV933)

COMPLICATIONS

- Did the patient visit a healthcare provider during this illness? Y N U VAR128
- Did the patient develop any complications that were diagnosed by a healthcare provider? If "yes":
Skin/Soft Tissue Infection Y N U INV920
Cerebellitis/Ataxia Y N U
Encephalitis Y N U
Dehydration Y N U
Hemorrhagic Condition Y N U
Pneumonia Y N U
How diagnosed: X-Ray MD U INV923
Other complications Y N U
(Specify) _____
- Was the patient treated with acyclovir, famvir, or any licensed antiviral for this illness? If "yes,"
Name of medication: 29303-5
Start Date 86948-7
MONTH DAY YEAR
Stop Date 67453-1
MONTH DAY YEAR

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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-0007) Varicella Surveillance 8/30/18

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
INV290

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
INV290

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
INV290

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
INV290

34. IgM performed? Y N U
INV290
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
INV290

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
82314-6
If "yes":

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

37. Was specimen sent for strain identification? Y N U
82314-6
(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)	Vaccine Type	Manufacturer	Lot Number
30952-6	30956-7	30957-5	30959-1
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			
___/___/_____			

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
 Other _____
VAR152
44. Where was the patient born (country)? **78746-5**
45. Is this case epi-linked to another confirmed or probable case? Y N U
 If "yes," Confirmed varicella case
 Probable varicella case
 Epi-linked to: Herpes Zoster Case
VAR155
46. Transmission Setting (Setting of Exposure) **81267-7**
- Athletics
 - College
 - Community
 - Correctional Facility
 - Daycare
 - Doctor's Office
 - Home
 - Hospital ER
 - Hospital Outpatient
 - Clinic
 - Hospital Ward
 - International Travel
 - Military
 - Place of Worship
 - School
 - Work

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: **77992-6**

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: 1st Trimester
 2nd Trimester
 3rd Trimester
81271-9
53. General Comments: **77999-1** _____

Other _____ Unknown