

VARICELLA SURVEILLANCE WORKSHEET

Name, Current Address, Telephone: Home, Work, Reporting Physician/Nurse/Hospital/Clinic/Lab, Telephone Number, State Case I.D. Number, Address, ZIP CODE, AREA CODE + 7 DIGITS

VARICELLA SURVEILLANCE WORKSHEET

1600 Approval OMB No. 0920-0207 Exp. Date 7/31/2007

Reported by: State County

- 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

CONDITION

- 10. Diagnosis Date, 11. Illness Onset Date

SIGNS/SYMPTOMS

- 12. Rash Onset Date, 13. Rash Location, 14. How many lesions were there in total?, 15. Character of Lesions (with <50), 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?

COMPLICATIONS

- 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?

Please 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

Discharge Date

Total duration of stay in the hospital: \_\_\_\_\_ 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

Autopsy performed?  Y  N  U

Cause of death \_\_\_\_\_

NOTE: Fill out varicella death worksheet.

**LABORATORY**

Y=Yes N=No U=Unknown

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

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

Date of DFA

DFA Result  Positive  Pending  
 Negative  Not Done  
 Indeterminate  Unknown

30. PCR specimen?  Y  N  U

Date of PCR Specimen

Source of PCR specimen: (check all that apply)  
 Vesicular Swab  Saliva  
 Scab  Blood  
 Tissue Culture  Urine  
 Buccal Swab  Macular Scraping  
 Other \_\_\_\_\_

PCR Result  Positive  Not Done  
 Negative  Pending  
 Indeterminate  Unknown  
 Other \_\_\_\_\_

31. Culture performed?  Y  N  U

Date of Culture Specimen

Culture Result  Positive  Pending  
 Negative  Not Done  
 Indeterminate  Unknown

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

Specify Other Test  Tzanck smear  
 Electron microscopy

Date of Other Test

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

Test Result Value \_\_\_\_\_

33. Serology performed?  Y  N  U

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

Type of IgM Test  Capture ELISA  Unknown  
 Indirect ELISA  Other \_\_\_\_\_

Date IgM Specimen Taken

IgM Test Result  Positive  Pending  
 Negative  Not Done  
 Indeterminate  Unknown

Test Result Value \_\_\_\_\_

35. IgG performed? If "yes":  Y  N  U

Type of IgG Test:  Whole Cell ELISA (specify manufacturer): \_\_\_\_\_

gp ELISA (specify manufacturer): \_\_\_\_\_

FAMA  Latex Bead Agglutination  
 Other \_\_\_\_\_

Date of IgG-Acute

IgG-Acute Result  Positive  Pending  
 Negative  Not Done  
 Indeterminate  Unknown

Test Result Value \_\_\_\_\_

Date of IgG-Convalescent

IgG-Conv. Result  Positive  Pending  
 Negative  Not Done  
 Indeterminate  Unknown

Test Result Value \_\_\_\_\_

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

Date sent for genotyping

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

Strain Type  Wild Type Strain  
 Vaccine Type Strain  
 Unknown