Georgia Department of Public Health
Varicella Reporting and Case Investigation Form

PATIENT DEMOGRAPHICS

Patient name: Last, First M.I.	Date of birth (mm/dd/yy): ____/____/____	Age *(enter age and check one):* ______ ☐ Days ☐ Weeks ☐ Months ☐ Years		Gender: ☐ Male ☐ Female
Address: Number, Street	City:	State:	ZIP code:	County:

Telephone number:
Home (   )   –   Work (   )   –

Ethnicity (check one):	Race (check all that apply):		
☐ Hispanic/Latino	☐ Black/African-American	☐ Asian /Pacific Islander	☐ Unknown
☐ Non-Hispanic/Latino	☐ Native American/Alaskan Native	☐ Multiracial	
☐ Unknown	☐ White	☐ Other (please specify)____________________	

Country of birth:

TRACKING DATA

Medical record no. or client no.:		State Case ID ***(For state use only)***	
Date reported to health department (mm/dd/yy): ____/____/____	Date investigation started: ____/____/____	Person/clinician reporting:	Reporter telephone: ( ) –
Case investigator completing form:	Investigator telephone: ( ) –	Investigator's organization:	

Is this case epi-linked to another confirmed or probable case? ☐ Yes ☐ No ☐ Unknown

SIGNS, SYMPTOMS AND COMPLICATIONS

Diagnosis date: ____/____/____	Illness onset date: ____/____/____	Rash: ☐ Yes ☐ No ☐ Unknown	Rash onset date: ____/____/____	Estimated number of lesions:
Rash location: ☐ Generalized ☐ Focal ☐ Unknown	If focal, specify area(s) of body:	Where on body did rash 1st occur? (check all that apply) ☐ Face/Head ☐ Legs ☐ Trunk ☐ Arms ☐ Inside mouth ☐ Other (please specify)____________________		☐ < 50 ☐ 50-249 ☐ 250-500 ☐ > 500

Character of lesions :			
Macules (flat) present	☐ Yes	☐ No	☐ Unknown
Papules (raised) present	☐ Yes	☐ No	☐ Unknown
Vesicles (fluid) present)	☐ Yes	☐ No	☐ Unknown
Hemorrhagic	☐ Yes	☐ No	☐ Unknown
Itchy	☐ Yes	☐ No	☐ Unknown
Scabs/crusting	☐ Yes	☐ No	☐ Unknown
Crops/waves	☐ Yes	☐ No	☐ Unknown

Did the rash crust over?
☐ Yes ☐ No ☐ Unknown
If yes, how many days until all the lesions crusted over? __________ days
If no, how many days did the rash last? _________ days

Fever? (T ≥38.5 C or 101.3°F)
☐ Yes ☐ No ☐ Unknown
Date of fever onset: ____/____/____
Highest measured temperature: _________ °F
Total number of days with fever: _____________ days

VACCINATION AND DISEASE HISTORY

Ever received one or more doses of varicella containing vaccine? ☐ Yes ☐ No ☐ Unknown	Number of doses **on** or **after** first birthday: _____ doses

Dose	Vaccination date	Vaccine type	Vaccine manufacturer	Lot number
Dose 1	____/____/____			
Dose 2	____/____/____			

Has this patient ever been diagnosed with varicella before? ☐ Yes ☐ No ☐ Unknown	If previously diagnosed, age at previous diagnosis: ________ ☐ Days ☐ Weeks ☐ Months ☐ Years	Previous diagnosis made by: ☐ Physician/heatlthcare provider ☐ Parent ☐ Other ____________________

Reason for not receiving varicella containing vaccine(s) (check all that apply):
- ☐ Born outside the U.S. **(1)**
- ☐ Lab evidence of previous disease **(2)**
- ☐ MD diagnosis of previous disease **(3)**
- ☐ Medical contraindication **(4)**
- ☐ Never offered vaccine **(5)**
- ☐ Parent/patient forgot to vaccinate **(6)**
- ☐ Parent/patient refusal **(7)**
- ☐ Philosophical objection **(8)**
- ☐ Religious exemption **(9)**
- ☐ Under age for vaccination **(10)**
- ☐ Other **(11)** (specify) ________________
- ☐ Unknown **(12)**

If patient is ≥ 6 yrs. old and received one dose **on** or **after** 6th birthday but never received second dose, what is the reason? ***(Use number codes from question to the left)*** ← _____________

CLINICAL COURSE AND COMPLICATIONS

Did the patient visit a healthcare provider during this illness? □ Yes □ No □ Unknown

Hospitalized: □ Yes □ No □ Unknown	Dates hospitalized: ____/____/____ to ____/____/____	Total # days hosp:	Facility name:

Did the patient develop any complications that were diagnosed by a healthcare provider? □ Yes □ No □ Unknown

If "yes":
(Check all that apply)

□ Skin/soft tissue infection
□ Cerebellitis/ataxia
□ Encephalitis
□ Dehydration
□ Hemorrhagic condition
□ Pneumonia

Death: □ Yes □ No □ Unknown	If yes, date of death: ____/____/____	**If case died, please complete and attach varicella death worksheet**

LABORATORY TESTS

Was laboratory testing for varicella done? □ Yes □ No □ Unknown	Case lab confirmed ***(For state use only)*** □ Yes □ No □ Unknown

	Result	Date Specimen Taken	Lab Name	Result Codes
PCR	______	____/____/____	______________	P:Positive
DFA	______	____/____/____	______________	X:Not done
IgM	______	____/____/____	______________	N:Negative
IgG (acute)	______	____/____/____	______________	I:Indeterminate
IgG (convalescent)	______	____/____/____	______________	E:Pending
Other (specify)	______	____/____/____	______________	U:Unknown

EPIDEMIOLOGIC INFORMATION

Where did this patient acquire varicella?

□ Athletics
□ College
□ Community
□ Hospital ER
□ Daycare
□ Unknown
□ Doctor's office
□ International travel
□ Correctional facility
□ Hospital outpatient clinic
□ Hospital ward
□ Other (specify)______________________
□ Home
□ Military
□ Place of worship
□ School
□ Work

Is the patient:

Pregnant?	□ Y□ N □ Unk
A healthcare worker?	□ Y□ N □ Unk
In daycare?	□ Y□ N □ Unk
Incarcerated?	□ Y□ N □ Unk
Institutionalized? *(nursing home or chronic care facility)*	□ Y□ N □ Unk

2010 CASE DEFINITION

Case definition

An illness with acute onset of diffuse (generalized) maculopapulovesicular rash without other apparent cause.

Breakthrough disease: A case of wild-type varicella infection occuring more than 42 days after vaccination. Such disease is usually mild with a shorter duration of illness, fewer constitutional symptoms, and fewer than 50 skin lesions.

Case classification:

Probable: A case that meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to another probable or confirmed case.

Confirmed: A case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a confirmed or a probable case.

Note: Two probable cases that are epidemiologically linked are considered confirmed, even in the absence of laboratory confirmation.

Varicella death case classification:

Probable: A probable case of varicella that contributes directly or indirectly to acute medical complications that result in death.

Confirmed: A confirmed case of varicella that contributes directly or indirectly to acute medical complications that result in death.