VARICELLA SURVEILLANCE WORKSHEET

1. Date of Birth
   - Month
   - Day
   - Year

2. Current Age
   - [ ] Years
   - [ ] Months
   - [ ] Days
   - [ ] Hours

3. Age Type
   - [ ] Hispanic
   - [ ] Not Hispanic
   - [ ] Unknown

4. Current Sex
   - [ ] Male
   - [ ] Female
   - [ ] Unknown

5. Ethnicity
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African-American
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] White
   - [ ] Unknown

6. Race
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African-American
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] White
   - [ ] Unknown

CLINICAL

10. Diagnosis
    [ ] Date

11. Illness
    [ ] Onset Date

SIGN/SYMPTOMS

12. Rash Onset
    [ ] Date

13. Rash Location
    - [ ] Generalized
    - [ ] Focal
    - [ ] Unknown
    - [ ] Face
    - [ ] Head
    - [ ] Legs
    - [ ] Trunk
    - [ ] Arms
    - [ ] Inside Mouth
    - [ ] Other

14. How many lesions were there in total?
    - [ ] <50
    - [ ] 50–499
    - [ ] 500–999
    - [ ] 1,000–4,999
    - [ ] 5,000–9,999
    - [ ] >10,000

15. Character of Lesions (with <50)
    - Macules (flat) present: [ ] Y
    - Papules (raised) present: [ ] Y
    - Vesicles (fluid) present: [ ] Y

16. Character of Lesions (all categories—1 to >500)
    - Mostly macular/papular: [ ] Y
    - Mostly vesicular: [ ] Y
    - Hemorrhagic: [ ] Y
    - Itchy: [ ] Y
    - Seborrheic: [ ] Y
    - Crusts/waves: [ ] Y

17. Did the rash crust?
    - [ ] Yes
    - [ ] No
    - [ ] Unknown

18. Did the patient have a fever?
    - [ ] Yes
    - [ ] No
    - [ ] Unknown

19. Date of Fever Onset
    - Month
    - Day
    - Year

20. Highest measured temperature:
    - °F
    - °C

21. Total number of days with fever:
    - Days

22. Is patient immunocompromised due to medical condition or treatment?
    - [ ] Yes
    - [ ] No
    - [ ] Unknown

23. Did the patient visit a healthcare provider during this illness?
    - [ ] Yes
    - [ ] No
    - [ ] Unknown

24. Did the patient develop any complications that were diagnosed by a healthcare provider? If "yes":
    - Skin/Soft Tissue Infection
    - Cerebellitis/Ataxia
    - Encephalitis
    - Dehydration
    - Hemorrhagic Condition
    - Pneumonia
    - Other:
    - Days

25. Was the patient treated with acyclovir, famciclovir, or any licensed antiviral for this illness? If "yes,"
    - Name of medication:
    - Start Date
    - Stop Date

Notes: Using this form could reduce siblational interaction. It is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the form.

Date Received

State/Local Program

For Local Use Only

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   - [ ] Hours

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Date Received

State/Local Program

For Local Use Only
### LABORATORY

<table>
<thead>
<tr>
<th></th>
<th>Y-Yes</th>
<th>N-No</th>
<th>U-Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Was laboratory testing done for varicella? If &quot;yes&quot;:</td>
<td>Y  N  U</td>
<td></td>
<td></td>
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<tr>
<td>29. Direct fluorescent antibody (DFA) technique?</td>
<td>Y  N  U</td>
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<tr>
<td>Date of DFA</td>
<td>MONTH  DAY  YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFA Result</td>
<td>Positive  Negative  Indeterminate  Unknown  Pending</td>
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<td></td>
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<tr>
<td>30. PCR specimen?</td>
<td>Y  N  U</td>
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</tr>
<tr>
<td>Date of PCR Specimen</td>
<td>MONTH  DAY  YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Source of PCR specimen: (check all that apply)</td>
<td>Vesicular Swab  Scab  Tissue Culture  Buccal Swab  Macular Scraping</td>
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<tr>
<td>PCR Result</td>
<td>Positive  Negative  Indeterminate  Unknown  Pending</td>
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<tr>
<td>31. Culture performed?</td>
<td>Y  N  U</td>
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<tr>
<td>Date of Culture Specimen</td>
<td>MONTH  DAY  YEAR</td>
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</tr>
<tr>
<td>Culture Result</td>
<td>Positive  Negative  Indeterminate  Unknown  Pending</td>
<td></td>
<td></td>
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<tr>
<td>32. Was other laboratory testing done? If &quot;yes&quot;:</td>
<td>Y  N  U</td>
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</tr>
<tr>
<td>Specify Other Test</td>
<td>Tzanck smear  Electron microscopy</td>
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<td></td>
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<tr>
<td>Date of Other Test</td>
<td>MONTH  DAY  YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Lab Test Result</td>
<td>Positive (results consistent with varicella infection)  Negative  Indeterminate  Unknown  Pending</td>
<td></td>
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<tr>
<td>Test Result Value</td>
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<td></td>
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</tr>
<tr>
<td>33. Serology performed?</td>
<td>Y  N  U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. IgM performed?</td>
<td>Y  N  U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;yes&quot;:</td>
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<tr>
<td>Type of IgM Test</td>
<td>Capture ELISA  Indirect ELISA  Other  Unknown</td>
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<tr>
<td>Date IgM Specimen Taken</td>
<td>MONTH  DAY  YEAR</td>
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</tr>
<tr>
<td>IgM Test Result</td>
<td>Positive  Negative  Indeterminate  Unknown  Pending</td>
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<tr>
<td>Test Result Value</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>35. IgG performed?</td>
<td>Y  N  U</td>
<td></td>
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</tr>
<tr>
<td>If &quot;yes&quot;:</td>
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<td></td>
<td></td>
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<tr>
<td>Type of IgG Test</td>
<td>Whole Cell ELISA (specify manufacturer)  gp ELISA (specify manufacturer)  FAMA  Latex Read Agglutination  Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of IgG-Acute</td>
<td>MONTH  DAY  YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgG-Acute Result</td>
<td>Positive  Negative  Indeterminate  Unknown  Pending</td>
<td></td>
<td></td>
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<tr>
<td>Test Result Value</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Date of IgG-Covalescent</td>
<td>MONTH  DAY  YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IgG-Covalescent Result</td>
<td>Positive  Negative  Indeterminate  Unknown  Pending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Result Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Were the clinical specimens sent to CDC for genotyping (molecular typing)? If &quot;yes&quot;:</td>
<td>Y  N  U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date sent for genotyping</td>
<td>MONTH  DAY  YEAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Was specimen sent for strain (wild- or vaccine-type) identification?</td>
<td>Y  N  U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strain Type</td>
<td>Wild Type Strain  Vaccine Type Strain  Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Fill out varicella death worksheet.