		ILLANCE WORKSHEET Appendix 20-5
	For Local Use Only GENERIC MMG	VARICELLA V3.0_MMG_F_R1_20180504
Na	ame	State Case I.D. Number 77993-4
C.,	LAST / FIRST / MIDDLE	Paparting Physician /
		Reporting Physician/ Nurse/Ho <u>spital/</u>
AU		Clinic/Lab 48766-0
	PID-11.3 CITY / COUNTY PID-11.9 / STATE PID-11.4 ZIP CODE PID-11.5	ADDRESS
Te		Telephone Number
	AREA CODE + 7 DIGITS AREA CODE + 7 DIGITS	AREA CODE + 7 DIGITS 52831-5
		it only lower portion if sent to CDC
	VARICELLA SUR	VEILLANCE WORSHEET Form Approved OMB No. 0920-0728
		Exp. Date 2/28/2011
	Reported by: State 77966-0	County 77967-8
1.	Date of Birth PID-11.7	REPORTING SOURCE
	MONTH DAY YEAR	
2.	Current Age 77998-3	7. Date of
		Report 77995-9 MONTH DAY YEAR
,	Ago Tuno 7700 2	8. Earliest Date
э.	Age Type 7798-3 Years Days Hours	
	Months Weeks Unknown	Reported to
4.	Current SexPID-11.8 Male Female Unknown	County 77972-8
		9. Earliest Date
5.	Ethnicity PID-22 Hispanic Not Hispanic Unknown	Reported to 77998-3 MONTH DAY YEAR
		State
6.	Race PID-10 American Indian or Alaskan Native	Contract of the Contract of th
••	Asian Black or African-American	Department of Health and Human Services
	Native Hawaiian or Other Pacific Islander	Department of Health and Human Services Centers for Disease Control and Prevention
	White Unknown	The state of the s
	☐ Wilite ☐ Olikilowii	
C	LINICAL Y=Yes N=1	No U=Unknown
	NDITION	19 Did the nationt have a favor accessed V N N I
50	NUTTION	18. Did the patient have a fever 386661006 Y N U
0.	Diagnosis Diagnosis	19. Date of 81266-9
	Date 77975-1 MONTH DAY YEAR	Fever Onset MONTH DAY YEAR
LI.	Illness 11368-8 MONTH DAY YEAR	20. Highest measured temperature: 81265-1 OBX-6 for OF / °C CIRCLE ONE
	Onset Date MONTH DAY YEAR	81205-1
		21. Total number of days with fever: 81264-4 Days
SIG	SNS/SYMPTOMS	22. Is patient immunocompromised due 370388006
12.	Rash Onset	to medical cond <mark>ition o</mark> r treatment?
	Date 81268-5 MONTH DAY YEAR	(If "yes," specify INV933)
13.	Rash Generalized Focal Unknown	
	Location 725119006	COMPLICATIONS
	If "focal," specify dermatome:	23. Did the patient visit a healthcare Y N U
	If "Generalized," first noted: (check all that apply)	provider during this illness? VAR128
		24. Did the patient develop any Y N U INV920
	☐ Arms ☐ Inside mouth	complications that were diagnosed 67187-5
	☐ Other (specify)	by a healthcare provider? If "yes":
14.	How many lesions were there in total? 300579006	Skin/Soft Tissue Infection Y N UINV920
	<50	Cerebellitis/Ataxia Y N U
15	Character of Lesions (with <50) 246206008 Number of lesions	Encephalitis Y N U
13.		
	Macules (flat) present	Dehydration U Y N D U
	Papules (raised) present	Hemorrhagic Condition Y M U
	Vesicles (fluid) present Y N U Number	Pneumonia
16.	Character of lesions (all categories – 1 to >500) 364637009	How diagnosed: X-Ray MD U
	Mostly macular/papular Y N U	Other complications Y N U
	Mostly vesicular Y N U	
	·	(Specify)
	Hemorrhagid INV911 Y N U	25. Was the patient treated with VAR139
	Itchy 418290006 Y N U	acyclovir, famvir, or any licensed
	Scabs Y N U	antiviral for this illness? If "yes,"
	Crops/waves INV912 Y N U	Name of medication: 29303-5
17		
1/.		Start Date DAY YEAR 86948-7
	If "yes," how many days until all the	
	lesions crusted over? 81269-3 Days	Stop Date 67453-1
	If "no," how many days did the rash last? Days	MONTH DAY YEAR

26. Was the patient hospitalized for this illness? If "yes": Admission Date 8656-1 MONTH DAY YEAR Discharge Date 8649-6 MONTH DAY YEAR Total duration of stay in hospital 78033-8 Days Hospital Information NAME	27. Did the patient die from varicella 77978-5 or complications (including Y N U secondary infection) associated with varicella? If "yes": Date of Death PID-29 ON DAY YEAR Autopsy performed? Y N U Cause of death NOTE: Fill out varicella death worksheet.
L ABORATORY Y=Yes N=No	U=Unknown
28. Was laboratory testing done Y N U I V for varicella? LAB630 If "yes":	34. IgM performed? INV290 Y N U If "yes":
29. Direct fluorescent antibody (DFA) Y N U Technique: INV290 Date of DFA U U U U U	Type of Capture ELISA Unknown IgM Test Indirect ELISA Other
DFA Result Positive Pending INV291 Negative Not Done	Date IgM 68963-8 DO DAY YEAR Specimen Taken MONTH DAY YEAR
Indeterminate Unknown 30. PCR specimen: INV290 Y N U Date of PCR U U U	IgM Test Positive Pending Result NV291 Negative Not Done Indeterminate Unknown Test Result Value LAB628
Specimen MONTH DAY YEAR Source of PCR specimen (check all that apply) 31208-2	35. IgG performed? INV290 ☐ Y ☐ N ☐ U
Vesicular swab Saliva Scab Blood Tissue Culture Urine Buccal Swab Macular Scraping Other	If "yes": Type of IgG Test: Whole Cell ELISA (specify manufacturer): gp ELISA (specify manufacturer) FAMA Latex Bead Agglutination Other
31. Culture performed? INV290 Y N U Date of Culture 68963-8 Pecimen MONTH DAY YEAR Culture Positive Pending Result INV291 Negative Not Done Indeterminate Unknown	Date of IgG Acute 68963-8 ON ONTH DAY YEAR IgG Acute Positive Pending Result INV291 Negative Not Done Indeterminate Unknown Test Result Value LAB628
32. Was other laboratory testing NV290 Y N U done? If "yes": Specify Tzanck smear Other Test Electron microscopy Date of 68963-8	36. Were the clinical specimens sent 82314-6 Y N U to CDC for genotyping (molecular typing?) If "yes": Date sent for 85930-6
Other Test Other Lab	genotyping MONTH DAY YEAR 37. Was specimen sent for strain 82314-6 Y N U (wild- or vaccine-type) identification? Strain Type Wild Type Strain Vaccine Type Strain Unknown

	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? Born outside the United States VAC149 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
Unknov	wn	
VAC	CCINATION RECORD	
V	accination Date(s) 30952-6 Vaccine Type 30956-	7 Manufacturer 30957-5 Lot Number 30959-1
FPII	DEMIOLOGIC	
	Case 77979-3	47. Is this case a healthcare worker? 223366009 Y N U 48. Is this case part of an outbreak Y N U of 5 or more cases? 77980-1 If "yes": Outbreak Name: 77981-9 49. Case Status: Confirmed
	weeks offkilowif	50. <i>MMWR</i> Week: 77991-8
43.	Previous case	
44. Where was the patient born (country)? 78746-5		
	Is this case epi-linked to another Y N Confirmed or probable case? VAR154 If "yes," Confirmed varicella case Epi-linked to: Probable varicella case VAR155 Herpes Zoster Case	varicella illness? 77996-7 If "yes": Number of weeks gestation at
46.	Transmission Athletics Hospital Ou Setting College Clinic (Setting of Community Hospital Wa Exposure) Correctional Facility International 81267-7 Daycare Military Doctor's Office Place of Wo Home School	Trimester

☐ Hospital ER	Work			
Other	Unknown			