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Massachusetts Department of Public Health

Division of Epidemiology and Immunization, Surveillance Program

305 South Street, Jamaica Plain, MA 02130

Phone: 617-983-6800 Confidential Fax: 617-983-6813

Rcvd

Date:

Chickenpox (Varicella)

For assistance completing this form, call 617-983-6800

Confidential Case Report

(Leave this section blank for state & authorized health department use)

Report Status:

- Confirmed
 Probable
 Revoked
 Unk

DEMOGRAPHIC INFORMATION

Last Name First Name
 Address
 City State Zip County
 Phone () -
 Sex Male Female Unk Other
 DOB / / Country of Birth
 Race (check all that apply): American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian/Pacific Islander White Unk
 Hispanic: Yes No Unk

CLINICAL INFORMATION

Rash: Rash onset date: / /
 Severity (check one):
 < 50 lesions (could be counted in < 30 seconds)
 50 - 249 (enough space without lesions, so if you put sick person's hand on that space, it will not be covering any lesions)
 250 - 500 lesions (a typical case, can see normal skin between lesions)
 > 500 (the whole body is covered with lesions; confluent rash, unable to see normal skin between lesions)
 Unk
Fever: Yes No Unk Duration days Highest temperature . °F / °C
History: Reliable prior history of chickenpox? Yes No Unk
 If YES, date of previous disease or age at previous disease: Date: / / or Age
Complications (check all that apply):
 None Hepatitis Pneumonia Diarrhea / Dehydration
 Secondary Bacterial Skin Infection CNS Manifestation (specify)
 Invasive Group A Streptococcal Infection Other Bacterial Infection (specify)
Hospitalized: Yes No Unk If YES, hospital name:
Death: Yes No Unk
Diagnosed: Date: / / By: MD/PA/NP/RN Parent/Guardian Self Other
Lab confirmed: Yes No Unk **Test:** DFA IgM IgG PCR Other _____
Result: Positive Negative Undetermined Unknown

VACCINE INFORMATION

Case ever received **varicella vaccine**? Yes No Unk
 If YES, specify: Date: Manufacturer: Lot #:

VZV Dose 1 / / / /

VZV Dose 2 / / / /

Reported by: Phone () -

Site Reporting: School Daycare Provider Hospital Board of Health Provider #

(Leave this section blank for state & authorized health department use)

Case report reviewed by epidemiologist? Yes Date reviewed: / / Name: _____

Chickenpox (Varicella) Reporting Instructions

Please use this form to report cases of chickenpox. (Regulation 105 CMR 300.000)

Shingles cases do not need to be reported to the local board of health or the Massachusetts Department of Public Health.

When filling out this form, use blue or black ink. Please print in capital letters and avoid contact with the edge of the box. Example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

If you are an approved provider of state-supplied varicella vaccine, please enter your vaccine provider site number in the field called "Provider#."

Health Care Providers and School Health Personnel: Submit case reports to your local board of health at least on a monthly basis. In addition to monthly reporting of cases, **please report any unusual or high-risk cases, outbreaks, or high-risk settings immediately by telephone** to both the local board of health and the Massachusetts Department of Public Health, Division of Epidemiology and Immunization (617-983-6800) for assistance with control measures. Examples:

- case(s) with unusual presentations or severe complications, such as invasive group A streptococcal infection, pneumonia, hospitalization, or death;
- case(s) in immunocompromised individuals;
- outbreaks involving adolescents and adults;
- outbreaks within vaccinated populations;
- case(s) in health care settings;
- case(s) in child care centers with infants;
- case(s) in other high-risk institutional settings;
- large outbreaks.

Local Boards of Health and Health Departments: Submit case report forms (in an envelope marked "Confidential") to the Massachusetts Department of Public Health (MDPH), Division of Epidemiology and Immunization, Surveillance Program, Room 563, 305 South Street, Jamaica Plain, MA 02130. Reports can be batched and mailed on a monthly basis. Reports may also be faxed to our confidential fax number at (617) 983-6813. Please report all cases of varicella, whether reported to you by providers, school nurses, or other health professionals. If you receive multiple reports for the same case, please combine into the most complete information and submit a single case report to MDPH.

For assistance completing this form, call (617) 983-6800.