New Jersey Department of Health
Vaccine Preventable Disease Program
PO Box 369
Trenton, NJ 08625-0369

Report Status	
☐ Confirmed ☐ Probable ☐ Not a Case	
CDRSS#	E#

VARICELLA CASE REPORT

REPORTING INFORMATION

Date Reported to LHD/State	Reported By	Telephone No.
		( )

Reporting Site/Clinic	Town/City	County

Type of Reporting Site
☐ School ☐ Day Care ☐ Physician ☐ Health Dept. ☐ Correctional Facility ☐ Other: _____

DEMOGRAPHIC INFORMATION

Name of Patient (Last) (First)	Date of Birth	Age
	__ __ / __ __ / __ __ __ __	

Address	Telephone Number
	( )

City	Zip Code	County

Race
☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Alaskan/Native American ☐ Unknown ☐ Other: _____

Ethnicity	Gender
☐ Hispanic ☐ Non-Hispanic ☐ Unknown	☐ Male ☐ Female

Name of Parent/Guardian	Parent/Guardian Telephone No.
	( )

Case Attends
☐ School ☐ Day Care ☐ Work ☐ College ☐ Correctional Facility ☐ Other: _____

Name of Institution	Have there been other cases at this site?
	☐ Yes – How Many? _____
City/County	☐ No
	☐ Unknown

CLINICAL INFORMATION

Is Patient Pregnant?	Previous History of Chickenpox?
☐ Yes ☐ No ☐ Unknown	☐ Yes – Age: _____ ☐ No ☐ Unknown

Previous History of Vaccination?	If Yes, Date Administered:
☐ Yes ☐ No ☐ Unknown	VZV Dose 1: __ __ / __ __ / __ __ __ __ VZV Dose 2: __ __ / __ __ / __ __ __ __

Rash Onset Date	Fever?	Cold Symptoms?
__ __ / __ __ / __ __ __ __	☐ Yes - Temperature: _____ ☐ No ☐ Unknown	☐ Yes - Onset Date: __ __ / __ __ / __ __ __ ☐ No ☐ Unknown

Rash Severity:
☐ <50 lesions (can be counted in 30 seconds) ☐ 50-249 lesions (enough skin without lesions that sick person's hand can be placed somewhere on skin and not cover any lesions) ☐ 250-499 lesions (typical case, can see normal skin between lesions) ☐ ≥500 lesions (whole body is covered with lesions; confluent rash, unable to see normal skin between lesions) ☐ Unknown

Name of Treating Physician	Telephone No.
	( )

Laboratory Evaluation?	If Yes, Test Type:	Result:
☐ Yes ☐ Unknown ☐ No	☐ DFA ☐ PCR ☐ IgM ☐ Other: _____	☐ Positive ☐ Indeterminate ☐ Negative ☐ Unknown

Hospitalized?
☐ Yes – Dates Hospitalized: _____ ☐ No ☐ Unknown
If Yes, Hospital Name: _____

Complications?
☐ Yes – Specify: _____ ☐ No ☐ Unknown

Patient Died?	If Yes, Autopsy Performed?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown

VARICELLA CASE REPORT
(Continued)

CONTACT INFORMATION								
Primary Contacts [Name / CDRSS No. (if available)]	**Relationship To Patient**	**Exposure Date**	**Date of Birth**	**Telephone Number**	**Name of School/Work**	**Hx Vari-cella Dis.**	**VZV #1 Date**	**VZV #2 Date**

Comments

Clinical Case Definition (1999):

An illness with acute onset of diffuse (generalized) maculo-papulovesicular rash, without other apparent cause.

Outbreak Definition:

Five (5) or more cases of varicella in a particular setting that are epidemiologically linked.

Case Classification (1999):

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

Probable: A case that meets the clinical case definition, is not laboratory confirmed, and is not epidemiologically linked to another probable or confirmed case. NOTE: Two probable cases that are epidemiologically linked would both be considered confirmed, even in the absence of laboratory confirmation.