



98\$,210(,86725<

Received one or more doses of varicella containing vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Number of doses	Dates of vaccination Dose 1: ____/____/____ Dose 2: ____/____/____
Reason for not being vaccinated (check one):		
1 <input type="checkbox"/> Personal Beliefs Exemption (PBE)	4 <input type="checkbox"/> Lab confirmation of previous disease	7 <input type="checkbox"/> Delay in starting series or between doses
2 <input type="checkbox"/> Permanent Medical Exemption (PME)	5 <input type="checkbox"/> MD Diagnosis of previous disease	8 <input type="checkbox"/> Other
3 <input type="checkbox"/> Temporary Medical Exemption	6 <input type="checkbox"/> Underage for vaccination	9 <input type="checkbox"/> Unknown
Prior MD diagnosed varicella (see reason #5 above) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Immunocompromised <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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Acquisition setting (check all that apply)			
1 <input type="checkbox"/> Day care	4 <input type="checkbox"/> Hospital ward	7 <input type="checkbox"/> Home	10 <input type="checkbox"/> College
2 <input type="checkbox"/> School	5 <input type="checkbox"/> Hospital ER	8 <input type="checkbox"/> Work	11 <input type="checkbox"/> Military
3 <input type="checkbox"/> Doctor's office	6 <input type="checkbox"/> Outpatient hospital clinic	9 <input type="checkbox"/> Unknown	12 <input type="checkbox"/> Correctional Facility
			13 <input type="checkbox"/> Church
			14 <input type="checkbox"/> International travel
			15 <input type="checkbox"/> Other
Close contact with person(s) with rash 14–21 days before rash onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
1DPH	5DVK2HWDWH	5HODWLRMS	SHHUV
1			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
2			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Please list other contacts on a separate sheet or use the contact tracing work sheet.

Epi-linked to a confirmed or probable case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Case name or Case ID	Outbreak related <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Outbreak name or location
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217\$,19(67\$,21

Spread setting (check all that apply)			
1 <input type="checkbox"/> Day care	4 <input type="checkbox"/> Hospital ward	7 <input type="checkbox"/> Home	10 <input type="checkbox"/> College
2 <input type="checkbox"/> School	5 <input type="checkbox"/> Hospital ER	8 <input type="checkbox"/> Work	11 <input type="checkbox"/> Military
3 <input type="checkbox"/> Doctor's office	6 <input type="checkbox"/> Outpatient hospital clinic	9 <input type="checkbox"/> Unknown	12 <input type="checkbox"/> Correctional Facility
			13 <input type="checkbox"/> Church
			14 <input type="checkbox"/> International travel
			15 <input type="checkbox"/> Other
Number of susceptible contacts	Number of susceptible contacts who are pregnant	Close contacts who have rash 14–21 days after exposure to case <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
1DPH	5DVK2HWDWH	5HODWLRKLS	SHHUV
1			
2			
3			

Please list other contact(s) on a separate sheet or use the contact tracing work sheet.

6(86),21 (FOR LHD USE) <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable 1RW8DVH88ZQ <input type="checkbox"/>	6(86),21)2567\$(86(21/< <input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Not a case 88ZQ
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**VARICELLA (Chickenpox) 2010 CASE DEFINITION** CSTE Position State a ent Ni a Ver: 0-IID!\*,  
**Clinical Case Definition:** 600BVVZLWKDFXWHRQHWRIGLIXVHJHJUDOLHJGPDFXORSXORYHVLFXODUUDVKZLWKRXRWKHUDSSDUHQWFDXVH  
**Case Classification:**  
 U[ àæ/ ^âK An ac i te illn e s s k i th / d i f f i s e ( g e n e r a l i n e d ) a a c i l o p a p i l o j e s i c i l a r r a s h z A N D l a c k o f l a v o r a t o r m c o n f i r a t i o n z A N D l a c k o f e p i d e a i o l o g i c l i n k a g e t o a n o t h e r p r o v a l e o r c o n f i r a e d c a s e \*  
 A[ } - â{ ^âK An ac i te illn e s s k i th d i f f i s e ( g e n e r a l i n e d ) a a c i l o p a p i l o j e s i c i l a r r a s h z A N D e p i d e a i o l o g i c l i n k a g e t o a n o t h e r p r o v a l e o r c o n f i r a e d c a s e z  
 O R  
 L a v o r a t o r m c o n f i r a t i o n ( c r i t e r i a f o r d i a g n o s i s ) V m a n n o f t h e f o l l o w i n g :  
 I s o l a t i o n o f v a r i c e l l a j i r i s f r o m a c l i n i c a l s p e c i a e n z O R  
 I v a r i c e l l a a n t i g e n d e t e c t e d V m d i r e c t f l u o r e s c e n t a n t i v o d m t e s t z O R  
 9DULFHODVSHFLILF8FOHLFDLGGHWHFWHGESROPHUDVHFKDLQHDFWLR8825  
 6LJQLFDWULVHLQHUXPDWLYDULFHODLPPX8JOREXOLQDWLERGOHYHOEDWWDGDUGVHURORJLFDVVD\

