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	Report	ed By		Telephone No.			ne No.			
Reporting Site/Clinic				Tow	n/City				County	
Type of Reporting Site ☐ School ☐ Day Care ☐ Ph	ysician	☐ Health Dep	t. ПС	orrec	tional Fac	cility 🗆	Other:			
☐ 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 Hispanic Non-Hispanic Unknown						Gender ☐ Male ☐ Female				
Name of Parent/Guardian						Parent/Guardian Telephone No.				
Case Attends										
☐ School ☐ Day Care ☐ Wo	DIK _	College C	orrectiona	ai Fa	Cility _					
name of institution						Have there been other cases at this site?				
Oit do comb						Yes – How Many?				
City/County No Unknown										
		CLIN	NICAL IN	FOR	MATION					
Is Patient Pregnant?	Is Fin	al DX Shingles R	Related?			-	Chickenpox?			
☐ Yes ☐ No ☐ Unknown	☐ Y€				☐ Yes	– Age:		-	☐ No ☐ Unknown	
Previous History of Vaccination? ☐ Yes ☐ No ☐ Unknown	- 1	If Yes, Date Administered: VZV Dose 1: VZV Dose 2:								
Rash Onset Date	Fe	ver?				Cold	Symptoms?			
		☐ Yes - Tempera	ature:							
		□ No □ Ur	nknown		□ No □ Unknown					
Rash Severity: <pre></pre>										
If lead they FO analify #		Presentation of r	rash (sele	ct all	that appl	y):				
If less than 50, specify #:	_	☐ Vesicu	lar] Maculo	papular				
Name of Treating Physician							Telephone N	lo.		
Laboratory Evaluation? Yes Unknown No							sult:] Positive] Negative		☐ Indeterminate ☐ Unknown	
Hospitalized?										
☐ Yes – Dates Hospitalized: ☐ No ☐ Unknown										
If Yes, Hospital Name:										
Complications?					_					
☐ Yes – Specify: ☐ No ☐ Unknown										
Patient Died?						y Performe				
☐ Yes ☐ No ☐ Unknown				Yes	☐ No	☐ Unkno	wn			

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			1]

Con	ıme	nts
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Clinical Case Definition (2010):

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 (2010):

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.