

Varicella Report Form

Use this form to report cases of varicella (chickenpox) to MDH within one working day. Return the form by fax to 1-800-295-9769. Do not report cases of zoster (shingles) on this form.

Patient Information			
Patient's name: (last)		(first)	
Date of birth: ___/___/_____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Phone: home () -		work () -	
Address:			
City:	State:	ZIP:	County:
Laboratory and Facility Information			
Status: <input type="checkbox"/> Case <input type="checkbox"/> Suspected case (<i>not lab confirmed</i>)		Date reported to MDH: ___/___/_____	
How was the case information obtained? <input type="checkbox"/> Face-to-face visit <input type="checkbox"/> Phone call with case or parent <input type="checkbox"/> Other, specify: _____			
Types of specimen collected (PCR testing recommended*): <input type="checkbox"/> Vesicular swab <input type="checkbox"/> Maculopapular scraping <input type="checkbox"/> Crusts/scabs <input type="checkbox"/> Buccal swab (not preferred, call if using) <input type="checkbox"/> Other, specify: _____		Physician: _____ Phone: () -	
Person reporting: _____ Phone: () -		Institution/clinic reporting: _____	
Rash Description			
Rash onset date: ___/___/_____		Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, onset date: ___/___/_____	
Rash type (check all that apply): <input type="checkbox"/> Macules <input type="checkbox"/> Papules <input type="checkbox"/> Vesicles <input type="checkbox"/> Pustules <input type="checkbox"/> Crusts/Scabs <input type="checkbox"/> Itchy <input type="checkbox"/> Painful <input type="checkbox"/> Crops/waves			
Distribution (check all that apply and circle area(s) where lesions are most concentrated): <input type="checkbox"/> Arms <input type="checkbox"/> Leg(s) <input type="checkbox"/> Face/Head <input type="checkbox"/> Inside mouth <input type="checkbox"/> Trunk/abdomen/torso <input type="checkbox"/> Palms of hands <input type="checkbox"/> Soles of feet <input type="checkbox"/> Other, specify: _____			
Severity: <input type="checkbox"/> Less than 50 lesions - the lesions can be easily counted within 30 seconds. <input type="checkbox"/> 50-249 lesions - several areas where the person's hand can be placed between the lesions without touching a lesion. <input type="checkbox"/> 250-499 lesions - no places where the person's hand can be placed between the lesions without touching a lesion. <input type="checkbox"/> More than 500 lesions - the lesions are clumped so closely together that it is difficult to see normal skin.			
Where did the rash first appear? <input type="checkbox"/> Face/head <input type="checkbox"/> Trunk/torso <input type="checkbox"/> Extremities <input type="checkbox"/> Other, specify: _____			
Disease History and Vaccination			
Has patient been diagnosed with chickenpox previously? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, age of diagnosis: _____ or Year of previous diagnosis: _____ If yes, previously diagnosed by: <input type="checkbox"/> Physician/health care provider <input type="checkbox"/> Parent/friend <input type="checkbox"/> Other, specify: _____			
Did patient receive varicella-containing vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, number of doses: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Unknown	
Dates of vaccinations: ___/___/_____ ; ___/___/_____			
Exposure Information			
Patient a health care worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, direct patient contact? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does patient have contact with children in child care or school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify: _____			

*Lab testing for VZV DNA is needed to guide post-exposure prophylaxis and other disease control measures.

Testing is available without charge at MDH.