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?	Is Final DX Shingles Related?	Previous History of Chickenpox?
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No	☐ 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

If less than 50, specify #: _____	Presentation of rash (select all that apply): ☐ Vesicular ☐ Maculopapular ☐ Other: _____

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

Current clinical case definition and case classification, can be found at: https://ndc.services.cdc.gov/conditions/varicella/

Outbreak Definition:
Three (3) or more cases of Varicella in a particular setting that are epidemiologically linked.