

**West Virginia Bureau for Public Health  
Office of Epidemiology & Prevention Services  
Division of Infectious Disease Epidemiology (DIDE)  
304-558-5358 (Phone) 304-558-8736 (Fax)  
Please fax the completed form to DIDE**

**Varicella Outbreak Case Report Form**

Demographic Information

1. Name \_\_\_\_\_ Gender: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. Parent/Guardian Name: \_\_\_\_\_
4. Name of School attended: \_\_\_\_\_
5. Grade: \_\_\_\_\_ Classroom: \_\_\_\_\_
6. Type of School: Elementary (E), Middle (M), High (H) (Circle appropriate choice)
7. County where School located: \_\_\_\_\_

Clinical Information

8. Rash Onset Date: \_\_\_\_\_  
(mm/dd/yyyy)
9. Severity of Rash (in number of lesions):  
<50\_\_\_\_ 50-249\_\_\_\_ 250-499\_\_\_\_ ≥500\_\_\_\_ (Count number of lesions if <50)
10. Is patient hospitalized due to varicella?  
Yes\_\_\_\_ No\_\_\_\_

Vaccination and Disease History

11. Varicella Vaccination Status

	One Dose	Two Doses	None	Unknown
Date of vaccination				

12. Varicella Disease History

<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Date of Disease	Source of Diagnosis		

13. Has specimen been collected for laboratory specimens?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Control
Date of Collection		

14. Underlying Medical Conditions

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Describe		