



Fax completed form to DOH
 Communicable Disease Epi
 Fax: 206-364-1060

Date of initial notification to LHJ:

___/___/___

Date report sent to DOH:

___/___/___

Form Status

- Preliminary report; in progress
 Final report

LHJ Cluster #: _____

LHJ Cluster Name: _____

DOH outbreak #: _____

Outbreak/Cluster Reporting Form Vaccine Preventable Disease: Varicella

CDC definitions: Outbreak: ≥ 5 cases
 Cluster: ≥ 3 cases

SECTION 1. Reporting Agency Information

Local health jurisdiction (LHJ) _____

Contact person _____

Contact person phone (____) ____-_____

Lead agency _____

Initial LHJ notification date & time ___/___/___ ____ am/pm

Notified by: _____

(E.g. Report from school, daycare, lab, etc.)

Investigation start date & time ___/___/___ ____ am/pm

Investigation completion date ___/___/___

Investigation Methods (check all that apply)

- Interviews of ill persons Cohort study Case-control study Site visit (e.g. outbreak in an institution)
 Other (please explain _____)

If applicable, attach further information about investigative activities and tools (e.g. epidemic curves, questionnaires, case definitions)

Comments:

Geographic Location

- Exposure occurred in a single county
 Exposure occurred in a single county, but cases resided in multiple counties
 Exposure occurred in multiple counties

Please list LHJs involved:

SECTION 2. Exposure And Outbreak Setting Details

Details of likely exposure setting for index case:

Major setting(s) of Outbreak/Cluster (choose all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Child day care | <input type="checkbox"/> Religious facility | <input type="checkbox"/> Workplace | <input type="checkbox"/> Other (please specify):

_____ |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Multiple settings (e.g., >1 school) | |
| <input type="checkbox"/> Community-wide | <input type="checkbox"/> School- Elementary school | Specify _____ | |
| <input type="checkbox"/> Hospital/Health care facility | <input type="checkbox"/> School- Middle School | _____ | |
| <input type="checkbox"/> Hotel | <input type="checkbox"/> School- High School | _____ | |
| <input type="checkbox"/> Long term care facility | <input type="checkbox"/> School- Mixed grade | _____ | |
| <input type="checkbox"/> Prison/detention/correctional facility | <input type="checkbox"/> Sporting event | | |

Name(s) of facility of major setting(s):

SECTION 3. Outbreak/Cluster Details

Number of Cases in this Outbreak/Cluster

Earliest rash onset date ___/___/___

Details:

Latest rash onset date ___/___/___

Details:

Total number of cases

Laboratory-confirmed

Epi-linked

If you have case-specific information, please fill in the CDC reporting form on page 2, then complete Section 4 (page 3). If you do NOT have case-specific information, please provide consolidated report information using the form at the top of page 3, then complete Section 4. Please note: there is no need to fill out both the CDC AND consolidated reporting forms.

VARICELLA CASE-SPECIFIC REPORTING FORM - CDC

Case #	Outbreak Setting	Rash Onset date	Age	Number of Lesions	Vaccinated (Yes, No, Unk)	# of doses (1, 2, ≥3, Unk)	Date of vaccination (dose 1)	Date of vaccination (dose 2)‡	History of varicella (Yes, No, Unk)	How history of disease assessed (IgG, Provider, Self)	Laboratory confirmed? (Yes, No, Unk)	Was case hospitalized? (Yes, No, Unk)	Complications (specify)	Comments (e.g., source of exposure, relationship between cases [siblings, classmates])
1														
2														
3														
4														
5														
6														
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8														
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17														
18														

SECTION 3. (Continued)

CONSOLIDATED OUTBREAK/CLUSTER REPORTING FORM

(Based on the total number of cases reported on page 1, please show the distribution of cases in each category.)

Cases by Age group			Cases by Number of Lesions			Cases by Vaccine Status		
<1		20-49		<50		# Unvaccinated		
1-4		50-74		50-249		# 1-dose		
5-9		≥75		250-500		# 2-dose		
10-14		Unknown		>500		# ≥3-dose		
15-19				Unknown		# Unknown		
Cases by Outcome			Cases by Gender			Cases by Disease History		
# No complications			# Female			# <u>Who claimed previous disease history as evidence of immunity:</u>		
# Unknown			# Male			Assessed by:		
# With complications			# Unknown					
Describe complications:			Cases by Health Care Status			Provider (#)		
			# Hospitalized			Self/Parent (#)		
			# No Health Care Provider visit			Serology (IgG) (#)		
			# Unknown			# With no previous history of disease:		

Please complete for all outbreak/cluster reports if known: Total number exposed (e.g. affected classroom(s) including teachers or total population of a defined community)	# _____
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SECTION 4. Public Health Actions And Control Measures
<input type="checkbox"/> Cases excluded from sensitive occupations or situations during contagious period <input type="checkbox"/> Immune status of close contacts evaluated <input type="checkbox"/> Prophylaxis of appropriate contacts recommended <input type="checkbox"/> Susceptible individuals excluded from work/school setting. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <u>What exclusion criteria were applied?:</u> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </div>

SECTION 5. Comments/Notes
You may use this section to include any additional information (e.g., whether exposed susceptible persons were identified and if any prophylaxis was given):

A large, empty rectangular box with a thin black border, occupying the central portion of the page. It is intended for the user to provide detailed information related to the outbreak reporting form.