

	Fax completed form to DOH Communicable Disease Epi Fax: 206-364-1060	Date of initial notification to LHJ: ____/____/____	LHJ Cluster #: _____ LHJ Cluster Name: _____ DOH outbreak #: _____
	Outbreak Reporting Form Vaccine Preventable Disease: Varicella	Date report sent to DOH: ____/____/____	
CDC definition: Outbreak: ≥ 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

<input type="checkbox"/> Exposure occurred in a single county <input type="checkbox"/> Exposure occurred in a single county, but cases resided in multiple counties <input type="checkbox"/> 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"/> College/University <input type="checkbox"/> Community-wide <input type="checkbox"/> Hospital/Health care facility <input type="checkbox"/> Hotel <input type="checkbox"/> Long term care facility <input type="checkbox"/> Prison/detention/correctional facility	<input type="checkbox"/> Religious facility <input type="checkbox"/> Restaurant <input type="checkbox"/> School- Elementary school <input type="checkbox"/> School- Middle School <input type="checkbox"/> School- High School <input type="checkbox"/> School- Mixed grade <input type="checkbox"/> Sporting event	<input type="checkbox"/> Workplace <input type="checkbox"/> Multiple settings (e.g., >1 school) Specify _____ _____ _____	<input type="checkbox"/> Other (please specify): _____
--	---	---	--

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														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
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		# Who claimed previous disease history as evidence of immunity	
# Unknown				# Male			
# With complications				# Unknown		Assessed by:	
				# Other			
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)

SECTION 4. Public Health Actions And Control Measures☐ Cases excluded from sensitive occupations or situations during contagious period☐ Immune status of close contacts evaluated☐ Prophylaxis of appropriate contacts recommended☐ Susceptible individuals excluded from work/school setting.

What exclusion criteria were applied?:

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):

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.