

Instructions for Completing the Varicella Surveillance Worksheet (Appendix 20-6)

General

- If the month and year for any date are known but the exact day is unknown, enter 15 for the day.
- While “unknown” is an option for many questions, please make every effort to obtain the appropriate data.
- If information is obtained after the record has been submitted to the Centers for Disease Control and Prevention (CDC), please update the electronic record with the new information and resend the record during the next scheduled transmission.
- Please note that patient name, address, phone no and hospital record no will not be sent to CDC to preserve confidentiality.

Reporting Source and Subject/Patient Information

Reporting Source: Please check the appropriate reporting source type, name, address, zip code and phone number.

Subject/Patient Information: Please fill in the city, state, county, 5-digit zip code and the local subject ID for the patient.

Case Information

Date of birth: If known, enter the birth date. If unknown, leave this blank and enter the age at case investigation and age unit (units are listed at the bottom of page 1).

Sex, Ethnic Group, Race: Enter appropriate responses.

Birth Country: Enter the country of birth of the patient including US born. A value set of countries has been created.

Other Birth Place: If the country of birth is not found in the values set for Birth Country, please fill in here the birth country.

Country of Usual Residence: Enter the country where the patient resides.

Age at Case Investigation and Age Unit: Enter age of patient at onset of symptoms in number of years, months, weeks, or days as indicated by the age unit codes at the bottom of page 1.

Reporting County and Reporting State: Enter the county and the state that is reporting this case.

National Reporting Jurisdiction: Enter jurisdiction reporting the case.

Date Reported (called Event Date in NETSS) and Event Date Type (not on form but requested as part of data transmission): Enter the date associated with the earliest known incident of disease. The Event Date Type describes what event date was entered in the Date Reported. There is an order of preference for what event date should be used in the Date Reported variable; the order is date of: (1) rash onset, (2) diagnosis, (3) lab test, (4) case reported to county, or (5) case reported to state/MMWR report date. If none of these dates is known, indicate (9) unknown.

Reported Dates to Health Department: Enter the dates associated with the date the case was reported to the Public Health Department, to the County, and to the State.

Case Class Status: Enter the case classification for the patient as per [CSTE case classification](#). Case classification criteria are listed at the end of the Varicella Surveillance Worksheet (Appendix 20-4).

Case Investigation Variables: Enter the start date of the case investigation and the status code for the investigation, respectively.

Clinical Information

Hospitalization Variables: Enter whether the patient was hospitalized, and if so, when they were admitted, discharged, and duration of stay in days. Check the most compelling reason for hospitalization.

Illness Onset and End Dates: Enter the onset date and end date of the patient's illness. Note that onset date is the reported date of onset of any symptoms of the condition, including prodromal symptoms such as fever and malaise. Use these fields to calculate the **Illness Duration** and fill in the **Illness Duration Units** (units are listed at the bottom of page 1). If illness is ongoing at the time of investigation, please update the electronic record later after the illness has ended with final information on the illness end date and duration.

Date of Diagnosis: Enter the date the patient was diagnosed with varicella.

Pregnancy Status: Enter the patient's pregnancy status.

Rash Variables: Enter whether a description of the rash is available, whether the rash was generalized and the date of rash onset. Enter the respective information on characteristics of the rash: body region, number of lesions, character of the majority of lesions, whether itchy, vesicles or scabs present. Information on whether the rash was generalized and whether vesicles were present will help with case classification.

Healthcare Provider Visit: Enter whether the patient visited a healthcare provider during this illness.

Fever Variables: Fill in the **Date of Fever Onset** and **Fever Duration**, as well as the **Highest Temperature**, and mark the appropriate units of temperature (degrees Fahrenheit or Celsius) in the **Temperature Units** variable.

Complications: Fill in the table with Y (Yes), N (No), or U (Unknown) for all complications listed.

Immunocompromised Status: Enter whether the patient is immunocompromised and list the immunocompromising conditions or treatment.

Death Variables: Enter whether patient died from this illness or complications of this illness and date of death.

Treatment

Treatment: Enter whether the patient received antiviral treatment, the medication received, start date and duration of treatment.

Laboratory Testing

Laboratory testing variables: Fill out whether there was laboratory testing done to confirm the diagnosis, whether the case was laboratory confirmed (see below for confirmatory test types), and whether a specimen was sent to CDC.

VPD Lab Message Reference Laboratory, Patient Identifier, and Specimen Identifier: Fill in as appropriate from VPD lab.

Test Type and Results: Enter data for all testing types performed. Tests are listed with molecular laboratory tests (PCR, genotyping, DFA, culture) listed first, followed by serological tests (IgM, IgG,

serology unspecified), other tests and unknown tests. PCR genotyping can be used to distinguish rashes due to wild-type VZV. For genotyped specimens, please list “V” for vaccine type and “W” for wild type in the ‘Test Result’ column of the table.

Note about IgG Tests: *IgG test results can be confirmatory only if a paired serum specimen was taken (IgG1 (acute) and IgG (conv)). The criterion for positivity is seroconversion or a four-fold rise in specimen antibody titer between acute and convalescent phase serum specimen. A single IgG result can assess immune status only.*

Specimen Source: Use the specimen source codes from the bottom of the table to enter the specimen type.

Date Specimen Collected, Sent to CDC, and Analyzed: Fill in the date each specimen was collected, sent to CDC (if done), and analyzed.

Performing Laboratory Type: Use the performing laboratory type codes at the bottom of the table to enter the performing laboratory type for each of the specimens collected.

Vaccination History

Vaccinated: Fill in if the patient has ever received a vaccine against varicella, the number of vaccine doses received on or after their first birthday, and doses received prior to illness onset. If known, enter the date of last vaccine dose prior to illness onset. Finally, indicate whether the patient received vaccination according to the Advisory Committee on Immunization Practices (ACIP) schedule.

Vaccine Type, Dose, and Dates: As appropriate, fill in table with vaccination information, using vaccine type codes, vaccine manufacturer codes, and vaccine event information source codes as specified at the bottom of the table.

Reason Not Vaccinated: Enter the reason not vaccinated using the codes listed.

Epidemiologic

History of varicella: Enter whether the patient had been diagnosed with varicella before, age and age units at diagnosis and how the previous case was diagnosed (parent, provider, other, unknown).

Pregnancy status: If pregnant at the time of illness, enter the trimester and gestational age in weeks.

Healthcare worker: Enter whether the patient is a healthcare worker.

Epi-Linkage: Indicate whether the case was epi-linked to a confirmed or probable case, and the type of epi-linkage: a laboratory-confirmed case, varicella cluster or outbreak with ≥ 1 laboratory-confirmed case, probable varicella case, herpes zoster case, or unknown. Information on epi-linkage will help with case classification.

Transmission Mode: This is a field for all pathogens, not a varicella-specific variable. Fill in the appropriate mode of transmission for cases with known exposure. For varicella, “Airborne transmission” should be selected.

Transmission Setting: Fill in appropriate transmission setting, if known.

Outbreak Related

Outbreak Related Variables: A case is outbreak related if ≥ 3 confirmed cases of varicella are clustered in time and space. Please indicate whether the case is Outbreak related, the Outbreak Name, and whether there was at least 1 lab-confirmed case in the outbreak. For Outbreak-related cases, it is important to fill in the Outbreak Name variable and to use the same Outbreak name for all cases associated with a given outbreak.