Kansas Department of Health and Environment
Epidemiology and Public Health Informatics

Varicella Form

INTERVIEW

EpiTrax # _____ Interviewer Name:_____

Number of Call Attempts:_____ Follow-up Status: ☐ Interviewed ☐ Refused Interview ☐ Lost to Follow-Up*

Date of Interview (must enter MM/DD/YYYY): _____

Respondent was: ☐ Self ☐ Parent ☐ Spouse ☐ Other, *Specify:*_____

*At least three attempts at different times of the day should be made before considered lost to follow-up.

DEMOGRAPHICS

County: _____ Birth gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____

Hispanic/Latino origin: ☐Yes ☐No ☐Unknown

Race: ☐ White ☐ Black/African American ☐ American Indian/Alaska Native ☐ Asian
☐ Native Hawaiian/Other Pacific Islander ☐ Other_____ ☐ Unknown

CLINICAL

Were you hospitalized? ☐ Yes ☐ No ☐ Unknown Hospital Name:_____
Total Days Hospitalized: _____ Admit Date: _____ Discharge Date: _____

Died? ☐Yes ☐No ☐Unknown If Yes, Date of death:_____

Are you pregnant? ☐Yes ☐No ☐Unknown If Yes, Expected delivery date: _____

EPIDEMIOLOGICAL

Occupation:_____

Health care worker?	☐ Yes ☐ No ☐ Unknown
Group living?	☐ Yes ☐ No ☐ Unknown
Day care association?	☐ Yes ☐ No ☐ Unknown
School association?	☐ Yes ☐ No ☐ Unknown
If yes, type of association	☐ Student ☐ Teacher ☐ Other
For school association, record details on teacher or grade:	

If yes to any, list details for each:

Facility Name(s):	
Address(es):	
Phone Number(s):	

Imported from:

☐ Indigenous ☐ Outside U.S. ☐ Outside of County ☐ Out of State ☐ Unknown

INVESTIGATION

A. Symptoms & Signs

Rash?	☐ Yes ☐ No ☐ Unknown
Rash location: • If "Generalized," locations (mark all that apply):	☐ Generalized ☐ Focal ☐ Unknown ☐ Face/head ☐ Arms ☐ Legs ☐ Trunk ☐ Inside mouth ☐ Other (specify) _____
• Total number of lesions:	☐ < 50 lesions ☐ 50-249 lesions ☐ 250-500 lesions ☐ > 500 lesions
• Is the character of lesions (all categories—1 to >500) known?	☐ Yes ☐ No ☐ Unknown
• If yes, mostly macular/popular?	☐ Yes ☐ No ☐ Unknown
○ Mostly vesicular?	☐ Yes ☐ No ☐ Unknown
○ Hemorrhagic?	☐ Yes ☐ No ☐ Unknown
○ Itchy?	☐ Yes ☐ No ☐ Unknown
○ Scabs?	☐ Yes ☐ No ☐ Unknown
○ Crops/waves?	☐ Yes ☐ No ☐ Unknown
○ Did the rash crust?	☐ Yes ☐ No ☐ Unknown
○ How many days until all the lesions crusted over?	
○ Fever? • Date of fever onset: • If yes, highest measured temperature (F)? • Total number of days with fever:	☐ Yes ☐ No ☐ Unknown _____ _____ _____ days
• Immunocompromised?	☐Yes ☐ No ☐ Unknown If yes, specify: _____

B. Complications

Did you visit a healthcare provider during this illness?	☐ Yes ☐ No ☐ Unknown
Did you develop any complications that were diagnosed by a healthcare provider?	☐ Yes ☐ No ☐ Unknown
• If yes, skin/soft tissue infections?	☐ Yes ☐ No ☐ Unknown
• Cerebellitis/Ataxia?	☐ Yes ☐ No ☐ Unknown If yes specify:
• Encephalitis?	☐ Yes ☐ No ☐ Unknown
• Dehydration?	☐ Yes ☐ No ☐ Unknown
• Hemorrhagic condition?	☐ Yes ☐ No ☐ Unknown
• Pneumonia?	☐ Yes ☐ No ☐ Unknown If yes, how diagnosed? ☐ X-rays ☐ Provider ☐ Unknown
• Other complications?	☐ Yes ☐ No ☐ Unknown If yes, specify: _____

C. Vaccination History

Did you receive varicella-containing vaccine?	☐Yes ☐ No ☐ Unknown
Number of doses received ON or AFTER 1st birthday:	
If >=6 years old and received one dose on or after 6th birthday but never received second dose, what is the reason?	☐ Born outside the United States ☐ Laboratory confirmation of previous disease ☐ MD diagnosis of previous disease ☐ Medical contraindication ☐ Never offered vaccine ☐ Parental/patient forgot to vaccinate ☐ Parental/patient refusal ☐ Parent/patient report of previous disease ☐ Philosophical exemption ☐ Unknown ☐ Other, specify:

D. Vaccination Record

Vaccine #	Vaccination Date	Vaccine Type	Manufacturer	Lot Number
1				
2				
3				
4				

E. Exposure—Risk Factors

Where were you born (country)?	
If not born in the U.S., how many years have you lived in the U.S.?	
Prior to onset of rash, was this case epi-linked to another confirmed or probable case?	☐Yes ☐ No ☐ Unknown
If yes, epi-linked to:	☐Confirmed varicella case ☐ Probable varicella case ☐ Herpes zoster case
Transmission setting (setting of exposure)	☐ Athletics ☐ College ☐ Community ☐ Correctional facility ☐ Day Care ☐ Doctor's Office ☐ Home ☐ Hospital ER ☐ Hospital Ward ☐ Hospital Outpatient Clinic ☐ International Travel ☐ Military ☐ Place of worship ☐ School ☐ Work ☐ Unknown ☐ Other, specify: