

## Instructions for Completing the Varicella Outbreak Surveillance Reporting Worksheet

**GENERAL** Please complete the Varicella Outbreak Surveillance Reporting Worksheet to keep track of the number of cases associated with varicella outbreaks each year. Each case that is associated with an outbreak (3 or more cases) of varicella (epidemiologically linked), regardless of household status, should be listed in the line list on the 'Outbreak Sheet'. Jurisdictions are welcome to report transmission with 2 epi-linked cases in the outbreak report worksheet if they collect this information. ***Please keep a running list of cases for the year. Add outbreak cases for each new quarter of report to the previous list and submit the entire list each quarter.*** Please complete as much information as possible for each case. Listing each case and their information will help provide the data needed to assess characteristics of cases associated with varicella clusters/outbreaks to help guide control and prevention strategies.

Reports should be submitted quarterly to CDC via SAMS.

### Cover Sheet

1. **SITE REPORTING.** Select Grantee site from drop down menu.
2. **NAME OF PERSON REPORTING.** Name of person completing worksheet.
3. **PHONE.** Phone number of person completing worksheet.
4. **EMAIL.** Email of person completing worksheet.
5. **QUARTER OF REPORT.** Select the current reporting quarter. Quarters are based on the calendar year (January to December).
6. **YEAR OF REPORT.** Enter the year of report.
7. **TOTAL NUMBER OF OUTBREAKS.** Enter the cumulative number of outbreaks identified through current period of report.
8. **NEW OUTBREAKS THIS QUARTER.** Please check Yes or No if there have been new outbreaks this quarter.

### Outbreak Sheet

- A. **CASE #.** This is to keep track of the total number of cases reported during the calendar year (January to December) and does NOT need to be changed.
- B. **GRANTEE.** Select Grantee site from drop down menu.
- C. **OUTBREAK NAME OR ID.** Name or ID given to the cluster/outbreak with which the case is associated. The outbreak name/ID is important because it will allow us to group together cases from the same cluster/outbreak and will be used to generate information on cluster/outbreak size and duration.
- D. **OUTBREAK SETTING.** Select a setting for the cluster/outbreak from the drop-down menu. If "other" is selected, please specify the setting in the cell.
- E. **CASE ID.** Grantee assigned ID for each case associated with cluster/outbreak.
- F. **RASH ONSET DATE.** Case-patient's rash onset date.
- G. **AGE.** Case-patient's age at time of illness.
- H. **NUMBER OF LESIONS.** Enter range of lesions for case-patient. Valid values include: <50, 50-249, 50-500, 250-499, ≥500, Unknown. Select from drop down menu. **\*\*If case-patient has <50 lesions, please enter the number of lesions in the cell, if known. \*\*\*Please only enter 'unknown' if number of lesions is truly unknown.**

- I. **VACCINATED WITH VARICELLA CONTAINING VACCINE.** Was case-patient vaccinated with varicella-containing vaccine? Select from drop down menu.
- J. **IF VACCINATED, # OF DOSES.** If case-patient vaccinated with varicella-containing vaccine, how many doses were received? Select from drop down menu.
- K. **DATE OF VACCINATION (DOSE 1).** Date of vaccination for dose 1 (*MM/DD/YYYY*), if known.
- L. **DATE OF VACCINATION (DOSE 2).** Date of vaccination for dose 2 (*MM/DD/YYYY*), if known. If  $\geq 3$  doses given, please provide dates of vaccination for additional doses in COMMENTS (column R).
- M. **HISTORY OF VARICELLA DISEASE.** Did the case-patient have varicella in the past before this current episode? Select from drop down menu.
- N. **HOW HISTORY OF DISEASE WAS ASSESSED.** If case-patient had history of varicella disease in the past, how was it assessed? Select from drop down menu.
- O. **WAS CASE LABORATORY CONFIRMED.** Was a specimen collected for laboratory confirmation and the case was laboratory-confirmed as having varicella? A case would be considered laboratory-confirmed if (1) VZV was detected by PCR from a skin lesion (ideally vesicles or crusts/scabs), (2) positive VZV IgM, or (3) 4-fold rise in IgG antibody from acute to convalescent sera. Select from drop down menu.
- P. **WAS CASE HOSPITALIZED.** Was the case-patient hospitalized because of this illness? Select from drop down menu.
- Q. **COMPLICATIONS.** Specify any complications that the case-patient experienced because of this illness.
- R. **COMMENTS.** List any other comments about this case-patient that are helpful, such as source of exposure, whether case-patient is in the same household as another case-patient that is part of the cluster/outbreak, immunocompromised status if known, did varicella illness result in death, other outbreak setting from those listed in drop down menu for OUTBREAK SETTING (column D), additional dates of vaccination if vaccinated with  $\geq 3$  doses, etc.