Varicella Report Form for Healthcare Providers

Use this form to report cases of varicella (chickenpox) to the Minnesota Department of Health (MDH) within one working day. Return this form by fax to 1-800-295-9769. Do not report cases of zoster (shingles) on this form. Lab testing is available at MDH without charge.

Patient information

Patient's last name: Patient's first name:

Patient date of birth: (mm/dd/yyyyy) Patient medical record number: Gender: ☐ Male ☐ Female ☐ Unknown

Address: City:

State: Zip: Phone number 1: Phone number 2:

Laboratory and facility information

Date of clinic visit: (mm/dd/yyyy) Person reporting:

Institution/clinic reporting:

Physician name: Physician phone:

Status:

- ☐ Case
- ☐ Suspected case (not lab confirmed)

How was the case information obtained?

- ☐ Face-to-face visit
- ☐ Phone call with case/parent
- ☐ Other:

Types of specimen collected (PCR testing recommended*):

- ☐ Vesicular swab
- ☐ Buccal swab (not preferred, call if using)
- ☐ Crusts/scabs
- ☐ Maculopapular scraping
- ☐ Other:

**Lab testing for VZV DNA is needed to guide post-exposure prophylaxis & other disease control measures*

Rash description

Rash onset date (mm/dd/yyyy):

Where did the rash first appear?

- ☐ Face/head
- ☐ Trunk/torso
- ☐ Extremities
- ☐ Other:

Rash type (check all that apply):

- ☐ Vesicles ☐ Macules ☐ Crops/waves
- ☐ Papules ☐ Pustules ☐ Crusts/scabs
- ☐ Painful ☐ Itchy

Distribution (check all that apply in area(s) where lesions are most concentrated):

- ☐ Arms ☐ Face/head ☐ Trunk/abdomen/torso ☐ Soles of feet
- ☐ Legs ☐ Inside mouth ☐ Palms of hands
- ☐ Other, specify:

Severity:

- ☐ Mild – lesions can easily be counted (less than 50 lesions).
- ☐ Moderate – several areas where the person's hand can be placed without touching a lesion.
- ☐ Severe – a person's hand can't be placed anywhere between lesions without touching a lesion.
- ☐ Confluent – difficult to see normal skin between lesions.

Disease history and vaccination

Has the patient been previously diagnosed with chickenpox? ☐ Yes, lab confirmed ☐ Yes, clinically diagnosed ☐ No ☐ Unk If yes, age or year diagnosed:

Did patient receive varicella-containing vaccine? ☐ Yes ☐ No ☐ Unk If yes, how many doses? ☐ 1 ☐ 2 ☐ Unk

Date(s) of vaccinations (mm/dd/yyyy): and

Exposure information

Is patient a healthcare worker? ☐ Yes ☐ No ☐ Unk If yes, was there direct patient contact? ☐ Yes ☐ No ☐ Unk

Does patient have contact with children in a school or childcare? ☐ Yes ☐ No ☐ Unk ☐ Other:

Name of school or childcare (if known)?