

Varicella Report Form for Health Care 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:

Date of birth (mm/dd/yyyy):

Gender: Male Female Unknown

Address:

City:

State:

Zip:

Phone number 1:

Phone number 2:

Laboratory and facility information

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 Maculopapular scraping

Crusts/scabs Buccal swab (not preferred, call if using) Other:

Person reporting:

Physician name:

Physician phone:

Institution/clinic reporting:

Rash description

Rash onset date (mm/dd/yyyy):

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

Where did the rash first appear?

Arms Face/head Trunk/abdomen/torso Soles of feet

Face/head

Legs Inside mouth Palms of hands

Trunk/torso

Other, specify:

Extremities

Severity:

Other:

Mild – lesions can easily be counted (less than 50 lesions).

Rash type (check all that apply):

Moderate – several areas where the person's hand can be placed without touching a lesion.

Vesicles Macules Crops/waves

Severe – a person's hand can't be placed anywhere between lesions without touching a lesion.

Papules Pustules Crusts/scabs

Confluent – difficult to see normal skin between lesions.

Painful Itchy

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 health care worker? Yes No Unk If yes, was there direct patient contact? Yes No Unk

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

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