Chicken pox/Varicella Case Log

County _____ **Facility** _____ **Outbreak #** _____

Setting of exposure: ☐ Prison ☐ Grade School ☐ Middle School ☐ High School ☐ College ☐ Childcare/preschool ☐ Other (specify) _____

IDENTIFIERS							ONSET	RASH FEATURES						DIAGNOSIS			VACCINATION			
List all students, inmates, and staff with chicken pox	DOB	sex	grade	classroom	cell	person	rash onset	generalized	itchy	blisters	scabs	duration	# of lesions	lab-confirmed	clinician dx	parent dx	vaccination	date1	date 2	complication
name	date (m/d/yr)	F or M				see roles below	date (m/d/yr)	check all that apply				days	codes below	check one			y/n	date (m/d/yr)	date (m/d/yr)	y/n
							TOTALS													

Use these person codes:
S staff
N non-staff

Use these lesion codes:
1 <50
2 50-249
3 >500

Instructions
Mark "yes" answers with a check mark; use a question mark if you're not sure. Use additional sheets as necessary. Fax them to your local health department or as instructed. For help using this log, contact the CD Nurse at your county health department; Juventila Liko, or the on-call epidemiologist at the Oregon Public Health Division in Portland (971-673-1111).

Implemented: December 2013
Updated: April 2014