



Varicella Outbreak Report Form

NBS Outbreak Name:
Lead Investigator:
Date Submitted: / /

JURISDICTION(S) INVOLVED:

Total # Cases:

Jurisdiction: # Cases: Investigator:
Jurisdiction: # Cases: Investigator:
Jurisdiction: # Cases: Investigator:
Jurisdiction: # Cases: Investigator:

CASE DATA:

DATE OF SYMPTOM ONSET, FIRST CASE: / / DATE OF SYMPTOM ONSET, LAST CASE: / /

Were any cases lab-confirmed (PCR, culture, DFA or Significant rise in IgG): Yes No Unknown

If yes, total number of lab-confirmed cases:

SITE(S) OF OUTBREAK (e.g. name of daycare, school, business, household, etc.) and VACCINE COVERAGE LEVELS (% of population at that site with 0, 1 or 2 doses of varicella vaccine):

Site:

Site:

# cases at this location:

# cases at this location:

% with one dose of varicella vaccine

% with one dose of varicella vaccine

% with two doses of varicella vaccines

% with two doses of varicella vaccines

% unvaccinated

% unvaccinated

Site:

Site:

# cases at this location:

# cases at this location:

% with one dose of varicella vaccine

% with one dose of varicella vaccine

% with two doses of varicella vaccines

% with two doses of varicella vaccines

% unvaccinated

% unvaccinated

COMMENTS:

An outbreak of varicella is defined as 3 or more cases connected in location within 42 days. Make sure all outbreak-related cases are entered in NBS as confirmed cases and associated with the outbreak name. Additionally, obtain vaccine history and severity (# lesions) for each case and enter it in NBS. This information should be entered into NBS for each case. Contact the VPD team at 512-776-7676 for questions or for assistance with control measures/outbreak response.