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For Local Use Only

## VARICELLA DEATH INVESTIGATION WORKSHEET

NameLAST / FIRST / MIDDLE	Hospital Record Number
Address NUMBER / STREET / APT. NUMBER	Reporting Physician/ Nurse/Hospital/ Clinic/Lab
CITY / COUNTY / STATE ZIP CODE Telephone: Home Work	Telephone Number
AREA CODE + 7 DIGITS AREA CODE + 7 DIGITS	y lower portion if sent to CDC
	STIGATION WORKSHEET Government Stress
DEMOGRAPHIC DATA	
1. Date of Birth	7. Date of MONTH DAY YEAR
2. Current Age (Unknown=999)	8. Country of Birth
3. Age Type Years Days Hours Months Weeks Unknown	9. If not born in the U.S., case lived in U.S. for years.         10. Occupation
4. Current Sex Ale Female Unknown	Healthcare Worker  Teacher
<ul> <li>5. Ethnicity Hispanic Not Hispanic Unknown</li> <li>6. Race American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander</li> </ul>	<ul> <li>Day Care Worker</li> <li>Military Personnel</li> <li>College Student</li> <li>Staff in Institutional Setting (e.g., Correctional Facility)</li> </ul>
White Other Unknown	Other (specify)
MEDICAL HISTORY Y=Yes N=No	D U=Unknown
11. History of varicella before this Y N U U infection?	19. Pre-existing conditions?       □ Y □ N □ U         (Check all that apply)
12. If yes, age at infection?	Cancer Type:
13. Age Type     Years     Days     Hours       Months     Weeks     Unknown	Transplant Recipient <i>Organ:</i> Immune Deficiency <i>Type:</i> Pregnancy
14. History of serologic evidence Y N U U of immunity?	Chronic Renal Failure Diabetes Mellitus
15. Varicella Vaccine History Vaccinated	Tuberculosis Asthma Chronic Lung Disease <i>Specify:</i>
16. If vaccinated	Chronic Dermatolgic Disorder Specify:
	Chronic Autoimmune Disease (e.g., Lupus, Reumatoid Arthritis) <i>Specify:</i>
	Other Specify:
17. If not vaccinated, was there a Y N U contraindication to vaccination?	<ul> <li>20. For a child &lt;1 year old, did his/her □ Y □ N □ U mother have a history of varicella?</li> <li>21. For a child &lt;1 year old, did his/her □ Y □ N □ U</li> </ul>
If yes, specify	mother have a history of receipt
18. Type of contraindication Medical Philosophical Religious Other	of varicella vaccine?
	<ul> <li>congenital varicella infection?</li> <li>23. In the month prior to rash onset, did the decedent take any of the following?</li> </ul>
TUTING SERVICES OF	Systemic Steroids
	Dose:mg/day
SAFER-HEALTHIER-PEOPLE"	Inhaled Steroids Y N U Name of Steroid:
	Dose: mg/day
Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of	Other Systemic Medication     Y     N     U       List medication     1)     0)
nformation unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer;	1)       3)         2)       4)

Varicella Death Investigation 05/09/05

continues

ILLNESS PRIOR TO DEATH	-Yes N=No U=Unknown
	<b>TREATMENT – MEDICATIONS</b> (check all that apply)
24. Rash Onset	33. Acyclovir
25. Was the rash generalized?	J Oral Dose mg/day
26. When first noted, did rash lesions Y N U seem to cluster on one side of the body?	
If "yes," were lesions clustered Y N U on one limited area of the body nvolving no more than 3 dermatomes?	ן Duration days ע Dose ת מק/day
If "yes," which area? (check all that apply) Face/Head Legs Trunk Other (Specify)	Start Date
27. Was the case hospitalized? Y N U Admission Admission Admissio	J Start Date DAY YEAR Duration days 35 Valacyclovir
If obtainable, please attach a copy of the hospital discharge summary.	Dose mg/day
<b>COMPLICATIONS</b> (check all that apply)	
<ul> <li>28. Secondary Infection <ul> <li>From</li> <li>Group A beta-hemolytic</li> <li>Other type</li> <li>Unknown type</li> <li>Staph</li> <li>MRSA</li> <li>Other (Specify)</li> </ul> </li> <li>Type of Infection <ul> <li>Cellulitis</li> <li>Osteomyelitis</li> <li>Impetigo/Infected Skin Lesions</li> <li>Necrotizing Fasciitis</li> <li>Lymphadenitis</li> <li>Toxic Shock Syndrome</li> <li>Abscess</li> <li>Sepsis/Septicemia</li> <li>Septic Arthritis</li> <li>Other (Specify)</li> </ul> </li> <li>29. Pneumonia/Pneumonitis <ul> <li>Etiology, if known</li> <li>Cerebellitis/Ataxia</li> <li>Encephalitis</li> <li>Other (Specify)</li> </ul> </li> </ul>	38. Non-Steroidal Anti-Inflammatory Drugs (i.e., ibuprofen)
31. Reye's Syndrome	
32. Other (Specify)	continues

## LABORATORY

## Y=Yes N=No U=Unknown

39.	Was laborato	ory testing done 9 If "yes":	Y N U	46.	IgG performe If "yes":		N 🗌 U
40.	Direct fluore technique?	scent antibody (DFA)	□Y □N □U		Type of IgG 1	est:	ufacturer):
	Date of DFA	MONTH DAY	YEAR			gp ELISA (specify manufacture	r):
	DFA Result	<ul> <li>Positive</li> <li>Negative</li> <li>Indeterminate</li> </ul>	Pending Not Done Unknown			FAMA Latex Bead Ag Other	gglutination
41.	PCR specime	en?			Date of IgG-Acute		
	Date of PCR Specimen	MONTH DAY	YEAR		lgG-Acute Result	Positive     Pending     Not Do	
	Source of PC	<b>CR specimen:</b> (check al	<i>II that apply)</i> □ Saliva			Indeterminate	
			Blood		Test Result V	alue	
		Tissue Culture	Urine		Date of IgG- Convalescent	MONTH DAY YEAR	
	PCR Result	Other Varicella Positive	□ Not Done		lgG-Conv. Result	Positive   Pending     Negative   Not Do	ne
		Varicella Negative	Pending		Test Result V	Indeterminate Unknov	vn
		Indeterminate	Unknown	47		ical specimens sent	N I U
		specimen adequate ctin positive)?	Y N U		to CDC for go If "yes":	enotyping (molecular typing)?	
42.	Culture perfo	ormed?	Y N U		Date sent for genotyping	MONTH DAY YEAR	
	Date of Culture Specimen	MONTH DAY	YEAR	48.		n sent for strain Y	N 🗌 U
	Culture	Positive	Pending		Strain Type	Wild Type Strain	
	Result	Negative Indeterminate	☐ Not Done				
43.	Was other la	boratory testing		49.	Any herpes s	limplex virus	U 🗌 V
10.	done? If "yes	s":			Type of Test	-	
	Specify Other Test	Tzanck smear Electron microscopy	/		Date of Other Test		
	Date of Other Test	MONTH DAY	YEAR		Test Result	Positive     Pending     Negative     Unknov	5
	Other Lab Test Result	Positive (results consis	stent with varicella infection)				***
		Indeterminate	Not Done				
		Pending	Unknown			difficult to distinguish varicella fro bes zoster (shingles). Serum or blo	
	Test Result V				from the d	ecedent prior to or early in illness	(i.e., weeks
	Serology per					4 days after rash onset) could be use f prior varicella infection, which could	
45.	IgM performe If "yes":		UY UN UU		help distin	guish these two conditions. If ther	e is doubt
	Type of IgMTest	Capture ELISA	Unknown     Other		dissemina soon as p	ted herpes zoster, an effort should ossible to determine whether any	be made as such blood
	Date IgM Specimen Taken	MONTH DAY	YEAR		serum spe	<b>specimens may be available.</b> For cimens at hospital laboratories or a l ained for many weeks.	
	lgM Test Result	Positive     Negative     Indeterminate	Pending Not Done Unknown			-	
	Test Result V	/alue					

50. Bischarge summary information       Y       N       U         51. Varicalia included among       Y       N       U         52. Discharge Diagnoses       ICD-9 Code       0       0         a		HOSPITAL DISCHARGE Y=Yes N	=No U=Unknown
9.1       Variacella included among diagnoses       CD-9 Code         8.	50.		
a	51.		
3. Post-mortem exam done? Y N U   54. Varicella included among diagnoses? Y N U   55. Verticella included among diagnoses? Y N U   56. Organ	52.	a D D	h [] [] [] [] [] [] [] [] [] [] [] [] []
54. Varicella included among diagnoses?       Y       N       U         55. Vervicella, significant findings related to varicella-society virus infection, by organ system:       a.	F	POST-MORTEM EXAM Y=Yes N	=No U=Unknown
55. If evidence of varicella, significant findings related to varicella_significant findings related to varicella_significant findings related to varicella_significant findings         a. Organ         Findings         b. Organ         Findings         c. Organ         Findings         t. Other         t. Other <t< th=""><th>53.</th><th>Post-mortem exam done?</th><th></th></t<>	53.	Post-mortem exam done?	
varicelle.zoster virus infection, by organ system:         a. Organ         Findings         b. Organ         Findings         c. Organ         Cohe         a.         DEANt CERSTIFICATE         V N D         Cause of Death         ICD-9 Code         a.         c.         c.         c.         c. </th <th>54.</th> <th>Varicella included among diagnoses? 🗌 Y 🔄 N 🔲 U</th> <th></th>	54.	Varicella included among diagnoses? 🗌 Y 🔄 N 🔲 U	
Findings         b. Organ         Findings         c. Organ         Findings         d. Organ         Findings         e. Organ         Findings         e. Organ         Findings         e. Organ         Findings         e. Organ         Findings         f. Other         DEATH CERTIFICATE         Y   N   U         cause of death?         c.         d.         Source of death?         Source of death?         Source had close contact with a contact with	55.		
b. Organ		a. Organ	
Findings         c. Organ         Findings         d. Organ         Findings         e. Organ         Findings         e. Organ         Findings         f. Other         2. Organ         Findings         f. Other         2. Organ         Findings         f. Other         2. Organ         State certificate available?         Y       N         0       Organ         50. Death certificate available?       Y         a.       OD-9 Code		Findings	
c. Organ   Findings   d. Organ   Findings   e. Organ   Findings     6. Organ 6. Organ 7. Other 7. Other 7. Varicella included as one result of the second secon		b. Organ	
Findings   d. Organ   Findings   e. Organ   Findings   f. Other     DEATH CERTIFICATE   Y-Yos   N. U   cause of Death   CD-9 Code   a.   b.   c.   d.     Cause of Death   CD-9 Code   a.   c.   d.     SOURCE     Y-Yes   N LU   Source had   Source had   Strings   Case had close contact with a   Y LN LU   Source had   Contributing Conditions   Contributing Conditions <th></th> <th>Findings</th> <th></th>		Findings	
d. Organ		-	
Findings   e. Organ   Findings   f. Other <b>DEATH CERTIFICATE</b> Y - Yets   Maintain <b>DEATH CERTIFICATE</b> Y - Yets   Maintain <b>DEATH CERTIFICATE</b> Y - Yets   Nother <b>Contributing Conditions</b> ICD-9 Code   a.   b.   c.   d. <b>Source had</b> Source had   Source had   Source had   Source had   Source not vaccinated   Sourc			
e. Organ   Findings   f. Other     DEATH CERTIFICATE   Y   N   U   U   Unknown     56. Death certificate available?   Y   N   U   The indication is to vaccination?   If yes, specify     If yes, what dates?        If yes, what dates?           If yes, what dates?                 If yes, what dates? <th></th> <th></th> <th></th>			
Findings         t. Other         DEATH CERTIFICATE       Y even N=No         Death certificate available?       Y even N=No         Death certificate available?       Y even N=No         Death certificate available?       Y even N=No         Source of Death       ICD-9 Code         a		•	
f. Other         DEATH CERTIFICATE       v ves N=No         Use of Death certificate available?       Y         N       U         Source of Death       ICD-9 Code         a.       ICD-9 Code         b.       ICD-9 Code         c.       ICD-9 Code         d.       ICD-9 Code         a.       ICD-9 Code </th <th></th> <th>-</th> <th></th>		-	
DEATH CERTIFICATE       Verice N=No       U=Unknown         56. Death certificate available?       Y       N       U         57. Varicella included as one cause of death?       Y       N       U         58. Cause of Death       ICD-9 Code       a.       ICD-9 Code         a.       Image: Contributing Conditions       ICD-9 Code         a.       Image: Contract With a.       Image: Contract With a.       Image: Contract With a.         b.       Image: Contract With a.       Y       N       U         c.       Image: Contract With a.       Y       N       U         person with known or suspected infection 10-21 days before rash onset?       Forson: Correctional Facility international Travel         Go.       Source had       Shingles       Varicella Unknown       Contractional Facility international Travel         Image: Contract A			
56. Death certificate available?       Y       N       U         57. Varicella included as one cause of death?       Y       N       U         58. Cause of Death       ICD-9 Code       a.       ICD-9 Code         a.       ICD-9 Code       a.       ICD-9 Code         b.       ICD-9 Code       a.       ICD-9 Code         c.       ICD-9 Code       a.       ICD-9 Code         c.       ICD-9 Code       a.       ICD-9 Code         c.       ICD-9 Code       a.       ICD-9 Code         a.       ICD-9 Code       ICD-9 Code       a.         G.       Contraintol Coll Int		. outor	
56. Death certificate available?       Y       N       U         57. Varicella included as one cause of death?       Y       N       U         58. Cause of Death       ICD-9 Code       a.       ICD-9 Code         a.       ICD-9 Code       a.       ICD-9 Code         b.       ICD-9 Code       a.       ICD-9 Code         c.       ICD-9 Code       a.       ICD-9 Code         c.       ICD-9 Code       a.       ICD-9 Code         c.       ICD-9 Code       a.       ICD-9 Code         a.       ICD-9 Code       ICD-9 Code       a.         G.       Contraintol Coll Int			
57. Varicella included as one		DEATH CERTIFICATE Y=Yes N	-No U=Unknown
cause of death?       ICD-9 Code         a.	56.	Death certificate available?	
a.	-	cause of death?	
b.	58.	Cause of Death ICD-9 Code	Contributing Conditions ICD-9 Code
c.		a [].	a [
d.		b [].	b b
SOURCE       Y=Yes       N=No       U=Unknown         59. Case had close contact with a person with known or suspected infection 10-21 days before rash onset?       (a)       (b)         60. Source had		c	c
59. Case had close contact with aYNU         person with known or suspected infection 10-21 days before rash onset?         60. Source had Naircella Unknown         61. Current Age (Unknown=999)         62. Age TypeYears Days Hours Dottom Months Weeks Unknown         63. Varicella vaccine history of source Source vaccinated Source not vaccinated Source not vaccinated Source not vaccinated Source not vaccinated ff yes, specify If yes, specify If yes, specify Keyse and the source of		d	d
color       person with known or suspected infection 10-21 days before rash onset?       Clinic       Clinic         60.       Source had       Shingles       Varicella       Unknown         61.       Current Age       Unknown=999)       Correctional Facility       International Travel         62.       Age Type       Years       Days       Hours         Months       Weeks       Unknown         63.       Varicella vaccine history of source       Source vaccinated         64.       If not vaccinated, source had contraindication to vaccination?       Y       N         If yes, specify       If yes, specify       Y       N       U         67.       Any international travel in the 4 weeks prior to illness?       Y       N       U         If yes, what dates?		SOURCE Y=Yes N	=No U=Unknown
<ul> <li>60. Source had Shingles Varicella Unknown</li> <li>61. Current Age (Unknown=999)</li> <li>62. Age Type Years Days Hours Doctor's Office Place of Worship Doctor's Office Place of Worship</li> <li>63. Varicella vaccine history of source Source vaccinated Other Other Unknown</li> <li>64. If not vaccinated, source had Y N</li> <li>65. If transmission from family member by adoption</li> <li>66. If transmission from family member by adoption</li></ul>	59.	person with known or suspected	Setting College Clinic (Setting of Consumeration Clinic) (Setting of Community Hospital Ward)
<ul> <li>61. Current Age (Unknown=999)</li> <li>62. Age Type Years Days Hours Months Weeks Unknown</li> <li>63. Varicella vaccine history of source Source vaccinated Source not vaccinated Source not vaccinated Y N U</li> <li>64. If not vaccinated, source had Y N U</li> <li>16. If transmission from family member by adoption Transmission from family member biologically related</li> <li>67. Any international travel in the Y N U</li> <li>16. If yes, specify</li> </ul>	60.	Source had Shingles Varicella Unknown	Correctional Facility International Travel
<ul> <li>Age type intension in the logis intension in the logical product of the logical pr</li></ul>	61.	Current Age (Unknown=999)	
<ul> <li>63. Varicella vaccine history of source Source vaccinated Source not vaccinated Source not vaccinated</li> <li>64. If not vaccinated, source had Y N U</li> <li>66. If transmission from family member by adoption Transmission from family member biologically related</li> <li>67. Any international travel in the Y N U</li> <li>68. If vaccinated of the transmission from family member biologically related</li> <li>69. If transmission from family member by adoption</li> <li>60. If transmission from family member by adoption</li> <li>60. If transmission from family member by adoption</li> <li>61. If vaccinated of transmission from family member biologically related</li> <li>62. If vaccinated of transmission from family member by adoption</li> <li>63. If transmission from family member by adoption</li> <li>64. If vaccinated of transmission from family member biologically related</li> <li>65. If transmission from family member by adoption</li> <li>66. If transmission from family member biologically related</li> <li>67. Any international travel in the Y N U</li> <li>68. If vaccinated of transmission from family member biologically related</li> <li>69. If yes, what dates?</li> </ul>	62.		Hospital ER Work
<ul> <li>64. If not vaccinated, source had Y N U</li> <li>contraindication to vaccination?</li> <li>If yes, specify</li></ul>	63.		66. If transmission was in the home
If yes, specify       67. Any international travel in the 4 weeks prior to illness?       Y       N       U         If yes, what dates?	64.		
4 weeks prior to liness? If yes, what dates?			67. Any international travel in the Y N U
			-