

**Division of Infectious Disease Epidemiology
West Virginia Department of Health and Human Resources
Chicken Pox (Varicella) Outbreak Investigation Line List Form**

Name of Outbreak _____ Setting (school, daycare, etc.): _____ Total # of students' enrolled _____
 Local Health Department _____ Investigator name & investigation date: _____
 Duration of outbreak: _____ days Date outbreak first reported _____ Date of last case lesion scabbed: _____

Name	Grade/ Class- room	DOB	Gender	Varicella Disease History (Y/N) If yes, Date of Diagnosis and Source of Diagnosis	Vaccination Status			Rash Onset Date	Lab Confirmed (Y/N)	Severity of rash (in # of lesions) A - <50 (count actual number of lesions) B - 50-249 C - 250-499 D - ≥500 *See description below	Hospitalized? (Y/N)
					Unvaccinated	1 dose	2 dose				

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Mild <50: Can easily count within 30 seconds

Moderately severe 250-499: Hand placed on body will cover one or more lesions

Moderate 50-249: Can place hand on body without covering any lesions

Severe > 500: Difficult to see normal skin

IF <50 LESIONS: COUNT ACTUAL NUMBER OF LESIONS