

CHICKENPOX REPORT FORM



Chickenpox is required to be reported to the state health department or local public health agency. Shingles is not a reportable condition. **School personnel should provide as much information as possible** without violating the Family Educational Rights and Privacy Act (FERPA). See page 2 for additional information. Fax report to 303-782-0338.

Name (Last, First): _____ (see page 2 for another option if name is unavailable)	Date of Birth: _____ (age or grade level if date of birth is unavailable)	Phone: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: (check all that apply) <input type="checkbox"/> Amer. Ind./Alask.Nat. <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Pacif./Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
County: _____	City: _____	Zip Code: _____	Report Date: ____/____/____ mm dd yyyy
Name and title of person Completing form: _____			
Phone number for site or person completing form: _____			
Report Site (Name of clinic/school/childcare center): _____			
Site is: <input type="checkbox"/> Employer <input type="checkbox"/> Health Department <input type="checkbox"/> Laboratory <input type="checkbox"/> Preschool / Childcare <input type="checkbox"/> Physician <input type="checkbox"/> School (specify the grade level of the person with chickenpox): _____ <input type="checkbox"/> Other (specify): _____			
Rash Onset date: ____/____/____ mm dd yyyy	Received Varicella Vaccine: (check appropriate box) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
1st date child absent: ____/____/____ (due to chickenpox) mm dd yyyy	If yes, number of dose(s): <input type="checkbox"/> 1 dose <input type="checkbox"/> 2 doses <input type="checkbox"/> Unknown If yes, date(s) of vaccination: (mm/dd/yyyy) Varicella (VZV) dose 1 ____/____/____ Varicella (VZV) dose 2 ____/____/____		
Previous chickenpox diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of Disease: (mm/dd/yyyy) ____/____/____			
Severity of Disease: (at time of report) <input type="checkbox"/> < 50 lesions (mild) <input type="checkbox"/> 50 – 500 lesions (average) <input type="checkbox"/> > 500 lesions (severe) <input type="checkbox"/> Unknown			
Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, hospital: _____ Admission Date: (mm/dd/yyyy) ____/____/____		Outcome: <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown	
Diagnosed by: <input type="checkbox"/> Parent <input type="checkbox"/> Physician/Nurse <input type="checkbox"/> School <input type="checkbox"/> Self <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____			
Was lab testing performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Lab Testing: (if known) Collection Date: ____/____/____ Result: _____ Specimen: _____ mm dd yyyy			
Testing Lab: _____ Test type: <input type="checkbox"/> PCR <input type="checkbox"/> Culture <input type="checkbox"/> IgM <input type="checkbox"/> IgG <input type="checkbox"/> Other: _____			
If this person attends school or childcare, did anyone else at the facility have chickenpox in the past 3 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, number of cases in the past three weeks? _____			
Is this person part of an outbreak? (see page 2 for outbreak definition) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

Fax report to: 303-782-0338

Mail report to:

Communicable Disease Program, A-3
Colorado Department of Public Health & Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530

For questions please contact:

Amanda Reiff (Vaccine Preventable Disease Epidemiologist)
Amanda.reiff@state.co.us
303-692-6235

Additional Chickenpox Report Forms and information:

<https://www.colorado.gov/pacific/cdphe/chickenpox>

School Reporting and FERPA:

Chickenpox is required to be reported to the state health department or local public health agency. School personnel should provide as much information as possible to prevent duplicate reports without violating the Family Educational Rights and Privacy Act (FERPA). The amount of personal identifying information reported by school personnel may vary by school or school district.

For schools unable to provide the students name, other options are to use the student's initials or use the school name and a case number. For example, the first student of the school year with chickenpox should be designated as case 1 and the second student with chickenpox reported as case 2, etc. For example, the first chickenpox case of the school year from John Doe Elementary would be named "John Doe Elementary 1".

Chickenpox Outbreak Definition:

A chickenpox outbreak consists of five or more persons with chickenpox clustered in time (e.g., occurring within 21 days of each other) and sharing common space (e.g., school or childcare facility).

The incubation period for chickenpox (time from exposure to chickenpox to onset of symptoms) ranges from 10 to 21 days. Thus, there may be 21 days between the onset of each person/case in an outbreak (e.g., the second case may develop chickenpox 21 days after the first person's onset of chickenpox, and the third person with chickenpox could develop symptoms 21 days after the second chickenpox case's onset, etc.).

