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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 vari	cella vaccine):	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 outhwork of variable is defined as 2	ore energy to the	Joseph within 42 days Make aura all authorst
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		

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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.