

SURVEILLANCE OF CHICKENPOX / VARICELLA – CASE INVESTIGATION FORM

EPIDEMIOLOGY UNIT, MINISTRY OF HEALTH

The MOH or PHI should do the investigation personally. For hospitalised patients, necessary data should be obtained from the hospital by reference to the BHT/Physician or from the diagnosis card. Early investigation and return are essential.

Week ending of notification	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>d d m m y y</small>	Serial no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please write the Serial No given in the Infectious Disease Register (ID Register) in the MOH office
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A. PARTICULARS OF PATIENT (Please tick (✓) the appropriate box where applicable)

1. Name of patient (BLOCK LETTERS)

2. Residential address:

3. Date of birth: / / (dd/mm/yyyy)

4. Age <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> y y / m m	5. Sex <input type="checkbox"/> 1. male <input type="checkbox"/> 2. female <input type="checkbox"/> 3. not known	6. Ethnic group <input type="checkbox"/> 1. Sinhalese <input type="checkbox"/> 2. Tamil <input type="checkbox"/> 3. Moor <input type="checkbox"/> 4. others <input type="checkbox"/> 5. not known	7. Occupation	8. DPDHS division (district)	9. MOH area
FOR OFFICE USE ONLY					
			<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

B. PRESENT ILLNESS/OUTCOME

<p>10. Date of onset of symptoms: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> <small>d d m m y y</small></p> <p>11. Where did the patient first seek medical advice? <input type="checkbox"/> 1. government hospital <input type="checkbox"/> 2. private hospital <input type="checkbox"/> 3. private practitioner <input type="checkbox"/> 4. Ayurvedic institution (public/private) <input type="checkbox"/> 5. other (specify) </p>	<p>12. Was patient admitted to hospital? <input type="checkbox"/> 1. yes → to Q. 13 <input type="checkbox"/> 2. no <input type="checkbox"/> 3. not known } skip to Q. 21</p> <p>13. If yes, date of admission: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> <small>d d m m y y</small></p> <p>14. Name of hospital:</p> <p>15. Ward:</p> <p>16. BHT no:</p>	<p>17. Date of discharge/transfer or death: <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> / <input type="text"/><input type="text"/> <small>d d m m y y</small></p> <p>18. If transferred, name of hospital</p> <p>19. Was patient transferred from some other hospital? <input type="checkbox"/> 1. yes <input type="checkbox"/> 2. no</p> <p>20. If "yes", where was the patient transferred from?</p> <p>21. Outcome of the case <input type="checkbox"/> 1. cured <input type="checkbox"/> 3. transferred <input type="checkbox"/> 2. died <input type="checkbox"/> 4. not known</p>
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C. CLINICAL DATA

Case definition: an illness with acute onset of a generalised papulovesicular and/or vesiculopustular rash, appearing on the trunk and face and then spreading to the extremities, without other apparent cause

<p>22. Symptoms and signs <input type="checkbox"/> 1. fever <input type="checkbox"/> 2. typical vesicular rash/blisters <input type="checkbox"/> 3. lesion in the mouth/conjunctiva <input type="checkbox"/> 4. upper respiratory symptoms and signs <input type="checkbox"/> 5. others (specify) </p>	<p>23. Complications <input type="checkbox"/> 1. none <input type="checkbox"/> 2. myocarditis <input type="checkbox"/> 3. encephalitis <input type="checkbox"/> 4. pneumonia <input type="checkbox"/> 5. secondary bacterial infection <input type="checkbox"/> 6. necrotizing fasciitis <input type="checkbox"/> 7. septicaemia <input type="checkbox"/> 8. Reye's syndrome <input type="checkbox"/> 9. others (specify) </p>	<p>24. *Predisposing conditions (if any) <input type="checkbox"/> 1. malignancy <input type="checkbox"/> 2. on chemotherapy <input type="checkbox"/> 3. on long term steroids <input type="checkbox"/> 4. other immunodeficiency states <input type="checkbox"/> 5. others (specify) </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="font-weight: bold; margin: 0;">For office use only</p> <p style="margin: 0;">Compatible with the case definition:</p> <p style="margin: 0;"><input type="checkbox"/> Yes</p> <p style="margin: 0;"><input type="checkbox"/> No</p> </div> <p style="font-size: small; margin-top: 5px;">* use available records or get from the clinical history</p>
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D. VACCINATION STATUS

25. Was the patient vaccinated for chickenpox before the onset of the present illness?

1. yes 2. no 3. not known

26. If yes, details of vaccination status at disease onset:

Dose	Date of immunization*	Place of immunization**
1 st dose		
2 nd dose		

* If the date is not known, but the particular dose has been given, mark (✓) in the relevant cage

** government institute / private institute / not known

E. CONTACT HISTORY

27. Has the patient been in contact with anyone with a similar illness before 2 weeks **prior to onset of illness** (before incubation period)?

1. yes 2. no 3. not known

(if yes, fill rows 1 – 3 with details; use a separate sheet if more space is needed).

28. Has anyone of the patient's household or other close contacts developed a similar illness **following the development of chickenpox in the patient?**

1. yes 2. no 3. not known

(if yes, fill rows 4 – 6 with details; use a separate sheet if more space is needed).

	Name	Age	Sex	Date of onset of illness
27a. contacts with a similar disease prior to onset of illness in the patient	1			
	2			
	3			
28b. contacts of the patient who developed similar illness after the development of chickenpox in the patient	4			
	5			
	6			

F. EXPOSURE DURING PREGNANCY (for females of reproductive age only).

29. Was the patient pregnant at the time of illness? 1. yes 2. no 3. not known

30. If yes, period of gestation in weeks:

Important:

All pregnant mothers who have been infected should be followed up. If the baby is found to have acquired congenital varicella syndrome, such cases should be notified to the Epidemiology Unit.

31. Remarks:

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Signature: Name:

Date: Designation: