Chickenpox Hospitalised Case Enhanced Surveillance Form

Version 1.0 22/10/2013

PATIENT DETAILS

CIDR Event ID ☐ HSE Area ☐ LHO ☐ County ☐

Name ________ Phone No. ________

Address ________

Sex ☐ M = Male, F = Female, U = Unknown

Ethnicity ☐

1 = Black African	4 = Indian Subcontinent	7 = Not Known
2 = Black Other	5 = Irish Traveller	8 = White
3 = Chinese	6 = Mixed Background	9 = Other

Country of Birth ☐

DOB ☐ Age ☐ Is Age in **Years** ☐ or **Months** ☐

Source of Notification Laboratory ☐ Clinician ☐ Date of Notification ☐

Name & Details of Notifier ☐

Is the patient a Healthcare worker? **Yes** ☐ **No** ☐

CLINICAL DETAILS

Date of Onset of Symptoms ☐ Diagnosis Date ☐

	Yes	No	Unk
Fever	☐	☐	☐
Vesicular Rash	☐	☐	☐

Date of Rash Onset ☐ Rash Duration (days) ☐

If other clinical presentation, please specify ☐

Date of admission to hospital ☐ Date of discharge ☐

Name of Hospital ☐

MEDICAL RISK FACTORS

	Yes	No	Unk	
Is the patient pregnant	☐	☐	☐	If yes, please specify no. of weeks pregnant ☐
Immunocomprised	☐	☐	☐	If yes, please specify ☐
Other significant medical condition	☐	☐	☐	If yes, please specify ☐

COMPLICATIONS

	Yes	No	Unk		Yes	No	Unk
Pneumonia	☐	☐	☐	Haemorrhagic condition	☐	☐	☐
Encephalitis	☐	☐	☐	Bacterial infection	☐	☐	☐

If other complication(s), please specify ☐

LABORATORY

	Pos	Neg	Not done	Specimen Source
PCR	☐	☐	☐	☐
Culture	☐	☐	☐	☐
IgM	☐	☐	☐	☐
IgG 1st	☐	☐	☐	☐
IgG 2 nd	☐	☐	☐	☐

Please specify if rise in IgG is significant **Yes** ☐ **No** ☐ **Unk** ☐

VACCINATION

Number of doses of Varicella vaccine ☐ **Please record** 0, 1, 2, 3, 4 or U (for Unknown)

Date of 1st dose ☐

Date of 2nd dose ☐

Vaccine Name	Batch Number
☐	☐
☐	☐

CASE CLASSIFICATION (Please see case definition)

Case Classification Confirmed ☐ Probable ☐ Possible ☐

Outcome Recovered ☐ Recovering ☐ Still ill ☐ Long-term sequelae ☐ Died ☐ Unknown ☐

Date of Death ☐ Cause of Death (Due to this ID/Not due to this ID) ☐

Form Completed by ☐ **Date of Completion** ☐