## WVDHHR Undifferentiated Rash Illness Worksheet

Note: This worksheet is intended as an initial investigation for individual patients with undifferentiated / undiagnosed severe rash illness OR as a detailed investigation form for use with 8-10 patients from an outbreak of undifferentiated rash illness. If a specific etiology for the rash illness is identified, use a disease-specific investigation form.

Name:				
Vadrocc.				
City: DOB _		State:		ZIP
Age: DOB _	// Ge	ender M F		
Race				
Employer:		Type of wor	k:	
Location at time of inter-	view? Hospita	I Clinic Home Othe	r	
Specify:		phone (i	f other tha	an home)
Address (if other than he	ome)			
Address (if other than he City:		State:		ZIP
Physician (1):			phone	
Address:				_
City:		State:		ZIP
			_	
Physician (2):			phone	
Address:		01.1		- -
City:		State:	4	<u> </u>
Household Information				
Name	Age	Relation	III?	Date of onset
Ivallie	Age	Relation	1111:	Date of offset

## Epi Data: During the 3 weeks / 21 days prior to illness, did the patient . . .

Y N U	Work? Y	N U
Dates (from/to)	Location/type of work	Dates (from/to)
YNU	Visit the doctor?	YNU
Date(s)	Doctor / reason for visit	Date(s)
_	Engage in outdoor activitie	s? Y N U
Date(s)	Activity / location	Date(s)
ness? Y N U	Have contact with children	? Y N U
Y N U	Bitten by insects?	Y N U
Date (from/to)	Describe	Date(s)
Y N U		
Known, route,		
	Y N U Date(s)  Y N U Date(s)  Y N U Date(s)	Pates (from/to)    Dates (from/to)   Location/type of work

Underlying disease?	Y		N	U	Family History? Y N U
Skin Disease If Yes, Specify type of illness	Υ	N	U		Skin Problems / Disease? Y N U Type?
Cancer / lymphoma / leukemia? Type?	Υ	N	U	_	Autoimmune Disease? Y N U Type?
On steroids?	Υ	N	U		Gluten sensitive enteropathy? Y N U
HIV?	Υ	N	U		
Transplant? Type? Date?	Υ	N	U		
Medical History?	•	Y	N	U	Source/Exposure?
					Is chickenpox (varicella) occurring in the community?
If Yes, when?/ or a ls the patient immunocompromised If Yes, specify type of illness (e.g.,	ı?	Υ	N	U	Has the patient had contact with a person with chickenpox or shingles 10-21 days before rash onset? Y N U  If Yes, give date(s) and type of contact:
Does the patient have any other se medical illnesses? (e.g., asthma)  If yes, please list:		Υ	N	U	Vaccination History?
Is the patient sexually active?		Υ	N	U	Has the patient received chickenpox (varicella) vaccine? Y N U (Chickenpox vaccine was licensed in the United States
Is the patient pregnant?		Υ	N	U	in 1995.)
					If Yes, dose #1 date// or age dose #2 date// or age (only persons >13 years receive a second dose)
					Has the patient ever received smallpox vaccine?  Y N U
					(The smallpox vaccine was routinely given in the U.S. until 1972, was recommended for health care providers until 1976, was administered in the military until 1990.)
					If Yes, when was the most recent vaccination?
					/ or at what age?
					Has the patient received measles vaccine? Y N U (inactivated measles was available 1963-1967)
					Dates vaccinated://

**Prodrome\*:** Y N prodrome onset: \_\_\_\_/\_\_\_/\_\_\_\_Prodrome signs / symptoms:

Sign / Symptom				Additional information	
Sign / Symptom					
Fever	Υ	N	U	How high? F	
Headache	Υ	N	U	mild moderate severe	
Backache	Υ	N	U	mild moderate severe	
Muscle pain	Υ	N	U	mild moderate severe	
Malaise (feeling bad)	Υ	N	U	mild moderate severe	
Prostration (so sick you can barely get out of bed)	Υ	N	U		
Cough	Υ	N	U	mild moderate severe	
Coryza (runny nose)	Υ	N	U	mild moderate severe	
Conjunctivitis	Υ	N	U	mild moderate severe	
Arthralgia (joints hurt)	Υ	N	U	mild moderate severe	
Arthritis (joints are red,swollen,painful)	Υ	N	U	mild moderate severe	
Swollen lymph nodes	Υ	N	U	where?	
Itching or burning	Υ	N	U	where?	
Pain?	Υ	N	U		
Transient rash?	Υ	N	U		
other:	Υ	N	U		
other:	Υ	N	U		

<sup>\*</sup>any signs or symptoms 1-4 days preceding rash onset. Check No of symptoms lasted < 1 day before rash onset.

Υ	N	Unknown
Y	N	Unknown
• ,	ized Fo	ocal
d?		
		th Unknown
rash mos	st dense?	
Face	e or scalp	
escribe)_		
Ye	es No	Unknown
es (blister	s filled with	pus)
feel emb	edded deep	oly in the skin)
e: lla has 20	00-400 lesio	ons)
1	he body) General d? Insi rash mos Face escribe) Ye w? (checes (blister feel emb	Y N he body) Generalized Form d? Inside the mount of the

Rash

On any one part of the body (e.g., face or state of development? Yes	arm), are all No		n the same Unknown
How big are most of the lesions? <i>(Do not</i> Small (1-5 mm) Large (5-10 mm Neither <i>(describe)</i>	n)	erinfected le	esions.)
Have any lesions crusted? Yes If Yes, how many days did it take for the f		No crust?	Unknown
How itchy is the rash? Not at all	Somewhat	Very	Unknown
Does the patient have lymphadenopathy? If Yes, describe		No	Unknown
Is the patient toxic or moribund now?  If Yes, describe:	Yes	No	Unknown
Diagnostic testing: Attach results of diagnostic testing  Disposition Risk of smallpox using the CDC criteria ( available in the worash illness): *If checked, see contact checklist below in	Low Mod	lerate Hi	gh* Unknown
Immediate Response Information Institute airborne and contact precaution Alert infection control Take digital photographs of rash Consult ID and/or dermatology	ons		
If the patient is high risk:  ☐ Contact local health department Name:	Phone:		
Contact state epidemiologist Name:	Phone: 80	0-423-1271	

24-Hour follow-up information	ı				
Date of follow -up://	<u> </u>				
Person making follow-up:			<del></del>		
Condition of patient:	Low	Moo	lorato	∐iah	Unknown
Action taken:	LOW	IVIOC	lerale	High	OTIKITOWIT
Action taken:					
			<del>.</del>		
Diagnosis:					
Was diagnosis confirmed?		No	Unkr		
How was diagnosis confirmed?_					
Diagnosis:					
Diagnosis:	Yes	No	Unkr	own	
How was diagnosis confirmed?					
48-hour follow-up information					
Date of follow -up: /	_/				
Person making follow-up:					
Condition of patient:					
Risk of smallpox 48 hours later:	Low	Mo			
Action taken:					
Diagnosis:					
Was diagnosis confirmed?			Unkr		
How was diagnosis confirmed?_					
72-hour follow-up information					
Date of follow -up: /	_/				
Person making follow-up:					
Condition of patient:					
Risk of smallpox 72 hours later:	Low	Mo	derate	High	Unknown
Action taken:			<del></del>		
Diagnosis:					
Was diagnosis confirmed?	Yes	No	Unkr	own	
How was diagnosis confirmed?_					· · · · · · · · · · · · · · · · · · ·