Line List for Varicella (Chicken Pox) Outbreak

Outbreak Number: _____ Setting (school, daycare, etc.): _____

Contact Person: _____ Contact Phone #_____

Demographics			Case Vaccination and Disease History Before Start of Outbreak					Current Illness Information				
Name	Age	Grade or Classroom	Vaccinated (Yes, No, Unk)	Date of vaccination (Dose 1)	Date of vaccination (Dose 2)	History of varicella disease (Yes, No, Unk)	If yes to history of disease, who diagnoed that illness? (provider or parent/self)	Rash Onset Date	Severity of Illness/ Number of Lesions*	Laboratory confirmed? (Yes, No, Unk)	Hospitalized? (Yes, No, Unk)	Comments (including complications) and additional information

***Number of Lesions**

Mild <50: Can easily count within 30 seconds **Moderate 50-249: Can place hand on body without covering any lesions**

Moderately severe 250-499: Hand placed on body will cover one or more lesions **Severe > 500: Difficult to see normal skin**

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Revised August 2016