Line List for Varicella (Chicken Pox) Outbreak

Facility Name: _____ **County:** _____ **Outbreak Number:** ____

Contact Person Name: _____ **Contact Phone #:** _____

Demographics				Case Vaccination and Disease History Before Start of Outbreak					Signs and Symptoms			Laboratory		Outcome	
Name	Date of Birth	Staff, Student, Resident	Grade, Classroom, or Room Number	Vaccinated? (Y/N/Unk)	Date of vaccination (Dose 1)	Date of vaccination (Dose 2)	History of varicella disease (Y/N/Unk)	If yes to history of disease, who diagnosed that illness? (provider or parent/self)	Rash Onset Date	Severity of Illness/ Number of Lesions*	Other Symptoms	Laboratory confirmed? (Y/N)	Physician Diagnosed (Y/N)	Hospitalized? (Y/N)	Comments

*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

West Virginia Department of HEALTH

Office of Epidemiology and Prevention Services
350 Capitol St., Room 125, Charleston, WV, 25301
Phone: (304) 558-5358 Fax: (304) 558-8736
Updated July 2025