



CLAY COUNTY PUBLIC HEALTH CENTER

800 Haines Drive. Liberty, Mo. 64068

Epidemiology Program Phone: 816-595-4364

Fax: 816-595-4392

- For cases of varicella, complete only the data fields for the patient's : Name, Date of Birth, City of Residence, County, Date of Report, Other Associated Cases, Disease/Condition Name, Onset Date, Severity of Varicella, Vaccination History for Reported Condition/Dates and Did Patient Die Of This Illness: if diagnostic test (s) were performed provide Lab Slip.
- Do NOT use this form to report weekly aggregate influenza incidence.
- **Fax completed report to Clay County Public Health Center Attention Epidemiology-816-595-4392.**

PATIENT INFORMATION

- Name: Provide the patient's full name, including the full first name.
- Patient Identifier: Provide the patient's SSN, medical record, inmate, DCN, or other identifying number to indicate identifier provided.
- Age: If the patient is less than one year, provide patient age in months, if less than one month, provide age in days.
- Race/ethnicity: Patient race/ethnicity is determined by the self identification of each patient.
- Date arrived in the USA: DO NOT complete this data field for those patients who were born in the US as an American Citizen.
- Address: Please provide complete address (house, street, city, state, zip code). If homeless, check the appropriate box and provide an address where the patient can be located (shelter, etc)
- Patient hospitalized: Indicate if the patient was hospitalized due to the reported disease/condition.

REPORTER

- Reporter Name (form completed by): Provide the name of the individual who completed this form
- Reporting facility: Provide the name of the facility where the reporter is employed. Facilities include hospital, physician, local public health agency, etc.
- Date of Report: Provide the date the form was submitted by the Reporter.

RISK/BACKGROUND INFORMATION

- Associated cases: Indicate if other cases (individuals with similar symptoms) are associated with the patient's disease/condition.
- Other risk/background information may include environmental exposure or exposure due to animals, recreation, and occupation.

DISEASE

- Disease name(s): Specify the disease(s)/condition(s) that are reported on this form, as listed in CRS20-20.020.
- Onset date: Indicate the date when the symptom started.
- Diagnosis date: Indicate the date when the physician diagnosed the disease/condition.
- Severity of varicella: Indicate the estimated number of skin lesions on the patient's total body surface.
- Vaccination history: Provide a vaccination history for the disease/condition, including vaccine type and manufacturer.

SYMPTOMS

- Symptom: Indicate the symptom (s) associated with the disease/condition. Symptoms may include jaundice, fever, headache, rash, lesion, discharge, etc.
- Onset date: Indicate the date when each symptom started.

- Pertinent information: Provide any additional symptoms-related comments. Attach additional sheets if more space needed.

DIAGNOSTICS – Please attach a copy of all labs. Do not complete this section if lab results are attached.

- Result date: Indicate the date that each laboratory result was reported, usually to the submitting physician, clinic, etc.
- Type of test: Indicate each type of test performed. Examples of tests are carboxyhemoglobin, culture, EIA, etc.
- Specimen type/source: Indicate the specimen type/source for each test. Examples: blood, cerebrospinal fluid, stool, urine.
- Qualitative/quantitative results: Indicate the result for each test.
- Reference range: Indicate the reference range for each quantitative result. Examples of reference ranges are: <1:10, <600 IU/mL, 1:64, <10mcg/dL, etc.
- Liver function results: ALT = alanine amino transferase (SGPT), AST = aspartate aminotransferase (SGOT)

TREATMENT

- Type of treatment: Indicate the medication(s) and/or therapy (ies) prescribed for the treatment of the disease(s)/condition(s). Reasons for not treating include-but not limited to – ‘False Positive’, ‘Previously Treated,’ and ‘Age.’ Reasons for not treating include- but are not limited to – ‘False Positive’, ‘Previously Treated,’ and ‘Age’
- Dosage: Indicate the number of units (i.e., 50, 500, etc) measurement (i.e., cc, mg, etc) and number of times taken each day and/or week for each medication.