

B-14.14
Attachment A (04/22/14)

Varicella/Shingles Reporting Form

Vaccines must be administered within 5 days of the rash ONSET. (Not the date of Provider diagnosis)

Onset date: _____

Source Name and TDCJ #: _____

Diagnosis: Varicella _____
Disseminated Shingles _____
Non-disseminated Shingles _____

Review the updated evidence of immunity in Policy -14.14- CMHC
Infection Control Manual

Interview close contacts and obtain Refusal if contact meets criteria for
Vaccines and refuses

Send the SUSCEPTIBLE offender(s) - Name _____
TDCJ # _____
Date of Birth _____

OPH staff will review and approve the list and notify Pharmacy that UNIT
STAFF will be ordering Vaccines per procedure. This form needs to be sent
via WEBMAIL (NOT EMR).

All Medical Staff needs to be made aware of this reporting process should
the CID Nurse not be available.

All cases of confirmed or suspected Varicella and Shingles are to be
reported to OPH within 24 hours of diagnosis.