



CIIS School Application Website: <https://ciis.state.co.us/school/Login.aspx>

## How to verify a history of varicella (chickenpox) disease

When a parent/guardian reports the student had chickenpox disease but is not able to provide documentation of disease, a screening should be completed and documented by a health care provider (MD, DO, RN, PA). The following questions can be used to verify a history of chickenpox disease:

### What symptoms did the child experience?

Typical signs and symptoms include rash, fever, cough, fussiness, headache and decreased appetite.

### Please describe the rash.

Rash usually develops on the scalp and trunk of the body and then spreads to face, arms and legs.

### Approximately how many lesions (pox) did the child have? Please describe them.

Typically 200 - 500 hundred itchy pox form. They also appear in successive crops. Illness last for about 5 to 10 days.

### Did other children in the school, neighborhood, or community have chickenpox disease?

Chickenpox is very contagious. Knowing whether the child was exposed to infected children is helpful in screening for disease.

## How to document a history of varicella in CIIS

You can document varicella immunity for a student from the *Precautions/Contraindications* screen.

- Login to the CIIS school application and search for and find the student.
- Choose *Precautions/Contraindications* from the *Action* drop-down arrow next to the student name.

ID	Name	Gender	DOB	School	Action
3943087	ROSTERONE, SCHOOLTEST	F	11/11/2011		Demographics

You may add a new patient by clicking the 'New Patient' button.

New Patient

- Demographics
- Immunizations
- Duplicates
- Education
- Exemptions
- Notes
- Precautions / Contraindications

- Click *Add Precautions/Contraindications*.

Patient Precautions / Contraindications
Add Precautions / Contraindications

View

**No records found**

- Create a new record...

- The *Effective Date* field will automatically populate with today's date; however, this field can be edited (e.g., *Positive Screen Date*). Leave the *Expiration Date* field blank and verify the **Provider** field.
- In the *Precautions/Contraindications* field, select *Healthcare Provider Verified History of or Diagnosis of Varicella* from the drop-down.
- Click *Update*. Notice that once you select *Healthcare Provider Verified History of or Diagnosis of Varicella* from the *Precautions/Contraindications* drop-down list, the system will display the *Associated Vaccine(s)* for that particular precaution/contraindication. The *Comments* field is optional.

Edit

Author \*
Effective Date \*
Expiration Date

05/02/2018

MM/DD/YYYY

Provider \*

COLORADO SCHOOL DISTRICT

Precautions / Contraindications

HEALTHCARE PROVIDER VERIFIED HISTORY OF OR DIAGNOSIS OF VARICELLA

Comments

Associated Vaccine(s)

MMRV(ProQuad),VAR (Varivax)

**Notice:** Once you document a student's *History of Varicella (Chickenpox)* in CIIS, the system will no longer recommend Varivax vaccine for that student.

If you have questions, please contact the CIIS Help Desk at 303-692-2437, option 2.