

Smallpox

PATIENT DEMOGRAPHICS

Name (last, first): _____ Birth date: __/__/____ Age: _____
 Address: _____ Gender: Male Female Unk
 City/State/Zip: _____ Ethnicity: Not Hispanic or Latino
 Phone (home): _____ Phone (work): _____ Hispanic or Latino Unk
 Occupation/grade: _____ Employer/School: _____ Race: White Black/Afr. Amer.
 Alternate contact: Parent/Guardian Spouse Other (Mark all that apply)
 Name: _____ Phone: _____ Asian Am. Ind/AK Native
 Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____ Entered in WVEDSS? Yes No Unk
 Investigator: _____ WVEDSS ID: _____
 Investigator phone: _____ Case Classification:
 Investigation Start Date: __/__/____ Confirmed Probable Suspect Not a case Unknown

REPORTING SOURCE

Date of report: __/__/____ Report Source: Laboratory Hospital Physician Public Health Agency Other
 Report Source Name: _____ Address: _____ Phone: _____
 Earliest date reported to county: __/__/____ Earliest date reported to state: __/__/____
 Reporter Name: _____ Address: _____ Phone: _____

CLINICAL

Physician Name: _____ Physician Facility: _____
 Physician Address: _____ Phone: _____
Hospital Was patient hospitalized for this illness? Y N U If yes, Admit date: __/__/____ Discharge date: __/__/____
 Hospital name: _____
 Was the case admitted/transferred to 2nd hospital? Y N U If yes, Admit date: __/__/____ Discharge date: __/__/____
 Hospital name: _____
Condition Illness onset date: __/__/____ Diagnosis date: __/__/____ Illness end date: __/__/____
 Outcome: Survived Died Unknown If died, date of death: __/__/____

Y N U
 During the past month, any prescribed immunocompromising or immunomodulating medications, including steroids?
 If yes, specify: _____ For what medical condition: _____
 Pre-existing immunocompromising medical conditions (i.e., Leukemia, other cancers, HIV/AIDS)?
 If yes, specify: _____
 Fever as part of this illness in the 4 days prior to rash onset?
 If yes, estimated date of onset: __/__/____
 Was the temperature measured with a thermometer?
 If yes, maximum temperature: ____° Fahrenheit Celsius Date of maximum temperature: __/__/____
 Cough with rash onset? Date of cough onset: __/__/____ Date of rash onset: __/__/____

Symptoms

During 4 days before rash onset
Y N U (check all that apply)
 Headache
 Backache
 Chills
 Vomiting
 Other (specify): _____
 Distribution of lesions: Generalized, mostly face and distal extremities (*centrifugal*)
 Generalized, mostly trunk (*centripetal*) Localized Other (specify): _____
 Clinical type of smallpox: Ordinary/Classic type Variola sine eruptions
 Modified type Flat type Haemorrhagic type
 If Ordinary/Classic type, specify:
 Discrete lesions Semi-confluent, face only Confluent, face and other sites
 If Haemorrhagic type, specify: Early Late
 Date last scab fell off: __/__/____

Complications

Did the patient develop any complications? Y N U If yes, specify: Corneal ulcer or keratitis
 Skin, infected lesions/abscesses Encephalitis Arthritis Bacteria sepsis Haemorrhagic shock
 Pneumonia Other (specify): _____

TREATMENT

Antiviral medication (Cidofovir)? Y N U If yes, date started: __/__/____ Duration taken (in days): _____
 Other antiviral medications given? Y N U If yes, specify: _____

VACCINE INFORMATION

Did the patient receive smallpox vaccination prior to this outbreak? Y N U
 If yes, number of doses: One More than one Age (in years): _____ Unknown Year of last dose: _____ Unknown
 Smallpox vaccination scar present? Y N U
 Did the patient receive smallpox vaccination during this outbreak? Y N U If yes, date of vaccination: __/__/____
 Vaccine "Take" recorded at 7 days (6-8 days)? Y N U If yes, result: Major Equivocal None Unknown
 If patient is female, is she pregnant? Y N U
 If not vaccinated, what was the reason?
 Patient refusal Medical Contraindication Vaccination site unavailable/unknown
 Patient forgot Unaware of need to be vaccinated Other (specify): _____

LABORATORY (Please submit copies of all labs to DIDE)

Was specimen collected for testing? Y N U Was lab testing done for smallpox? Y N U

Orthopox Generic Tests

Was orthopox PCR done? Y N U
 If yes, date: __/__/____ Result: Positive Negative Unknown Not Done
 Where: CDC DOD State Local Other lab (specify): _____
 Specimen type: Skin lesion Crust Oropharyngeal Blood CSF Unknown Other (specify): _____
 Was Electron Microscopy (EM) testing done? Y N U
 If yes, date: __/__/____ Result: Pox Virus Identified Pox Virus Not Identified Indeterminate
 Where: CDC DOD State Local Other lab (specify): _____
 Specimen type: Skin lesion Unknown Other (specify): _____

Variola Specific Tests

Was Variola PCR performed from a clinical specimen? Y N U
 If yes, date: __/__/____ Result: Positive Negative Unknown Not Done
 Where: CDC DOD State Local Other lab (specify): _____
 Specimen type: Skin lesion Crust Oropharyngeal Blood CSF Unknown Other (specify): _____
 Was Variola Culture with Variola PCR Confirmation performed? Y N U
 If yes, date: __/__/____ Result: Positive Negative Unknown Not Done
 Where: CDC DOD State Local Other lab (specify): _____
 Specimen type: Skin lesion Crust Oropharyngeal Blood CSF Unknown Other (specify): _____

Vaccinia Specific Tests

Was Vaccinia PCR performed? Y N U
 If yes, date: __/__/____ Result: Positive Negative Unknown Not Done
 Where: CDC DOD State Local Other lab (specify): _____
 Specimen type: Skin lesion Crust Oropharyngeal Blood CSF Unknown Other (specify): _____

Was other lab testing done? Y N U If yes, specify: _____
 Lab Name: _____ Phone: _____ Fax: _____
 Lab Address: _____

EPIDEMIOLOGIC

Y N U
 Is this case epi-linked to a smallpox case or carrier? If yes, case ID of epi-linked case: _____ Onset date: __/__/____
 Last name: _____ First name: _____ DOB: __/__/____ County of residence: _____
 Does this case have a known exposure to international travelers?
 Does this case have a known exposure to immigrants?
 Is this case part of a cluster or outbreak? If yes, outbreak number? _____
 Case's country of residence: USA Other (specify): _____ Date of US arrival: __/__/____

Transmission Setting (where did this case acquire smallpox?):

Athletics College Community Correctional facility
 Daycare Doctor's office Home Hospital ER
 Hospital outpatient clinic Hospital ward International travel Military
 Place of worship School Work Other Unknown

TRAVEL HISTORYHistory of international travel 2 weeks prior to onset? Y N U

Country visited	From (mm/dd/yyyy)	To (mm/dd/yyyy)

History of interstate travel 2 weeks prior to onset? Y N U

State visited	From (mm/dd/yyyy)	To (mm/dd/yyyy)

PUBLIC HEALTH ISSUES

Y N U

- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Case is part of an outbreak
- Other:

PUBLIC HEALTH ACTIONS

Y N U

- Disease education and prevention information provided to patient and/or family/guardian
- Facilitate CDC laboratory confirmation of the diagnosis
- Initiate isolation of patient
- Initiate contact tracing
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Provide post-exposure prophylaxis for contacts (within 3-4 days of exposure)
- Patient is lost to follow-up
- Other:

NOTES

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