Form 1: ***Smallpox Post-Event Surveillance Form***
Please print

(1.) State ☐☐ (2.) Case # _____

OMB NO. 0920-0008
Exp. Date: 06/2003

Circled numbers indicate the minimum required fields. Every attempt should be made to at least complete the circled items.

(3.) CASE NAME: _____ / _____ / _____
Last First Middle Suffix Nickname/Alias

(4.) ADDRESS: _____
Street Address, Apt #. City State Zip Code

(5.) TELEPHONE:
Home: ☐☐☐ ☐☐☐ ☐☐☐☐ Work: ☐☐☐ ☐☐☐ ☐☐☐☐ Other: ☐☐☐ ☐☐☐ ☐☐☐☐
Area Code Number Area Code Number Area Code Number

CASE INFORMATION

(6.) DATE OF BIRTH: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

7. AGE: _____ 8. AGE UNIT: ☐ Years ☐ Months ☐ Day

(9.) GENDER: ☐ Male ☐ Female

10. ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

11. RACE (Check all that apply):
☐ Am. Indian/Alaska Native ☐ Asian
☐ Black/African Am. ☐ White
☐ Native Hawaiian/Pacific Islander ☐ Unknown

12. COUNTRY OF BIRTH: _____

REPORTING SOURCE AND INFORMATION

(13.) DATE FIRST REPORTED TO PUBLIC HEALTH: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

(14.) REPORTED BY: _____
Name/Institution

(15.) REPORTED BY PHONE NUMBER: ☐☐☐ ☐☐☐ ☐☐☐☐
Area Code Number

(16.) FORM INITIATED BY: _____
(INTERVIEWER NAME) Last First Middle

(17.) INTERVIEW DATE: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

18. INFORMATION PROVIDED BY: _____
Informant: Last First Middle

19. TELEPHONE NUMBER OF INFORMANT: ☐☐☐ ☐☐☐ ☐☐☐☐
Area Code Number

20. PRIMARY INTERVIEW LANGUAGE SPOKEN: _____

VACCINATION AND MEDICAL HISTORY

(21.) SMALLPOX VACCINATION PRIOR TO THIS OUTBREAK: ☐ Yes ☐ No ☐ Unknown
IF YES, NUMBER OF DOSES: ☐ One ☐ More than one

22. IF KNOWN: AGE (YEARS) _____ OR YEAR _____ OF LAST DOSE

23. SMALLPOX VACCINATION SCAR PRESENT: ☐ Yes ☐ No ☐ Unknown

24. SMALLPOX VACCINATION DURING THIS OUTBREAK: ☐ Yes ☐ No ☐ Unknown

IF YES, DATE OF VACCINATION: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

25. VACCINE "TAKE" RECORDED AT 7 DAYS (6-8 DAYS): ☐ Yes ☐ No ☐ Unknown
IF YES, RESULT: ☐ Major ☐ None ☐ Equivocal ☐ Unknown

26. IF NOT VACCINATED DURING THIS OUTBREAK, GIVE REASON:
☐ Patient refusal ☐ Patient forgot
☐ Medical contraindication ☐ Unaware of need to be vaccinate
☐ Vaccination site unavailable/unknown
☐ Other, specify: _____

27. IF FEMALE, PREGNANT: ☐ Yes ☐ No ☐ Unknown

28. PRE-EXISTING IMMUNOCOMPROMISING MEDICAL CONDITIONS (i.e., LEUKEMIA, OTHER CANCERS, HIV/AIDS): ☐ Yes ☐ No ☐ Unknown

IF YES, PLEASE SPECIFY: _____

VACCINATION AND MEDICAL HISTORY, CON'T

29. DURING THE PAST MONTH, ANY PRESCRIBED IMMUNOCOMPROMISING OR IMMUNOMODULATING MEDICATIONS INCLUDING STEROIDS: ☐ Yes ☐ No ☐ Unknown

IF YES, PLEASE SPECIFY: _____

30. FOR WHAT MEDICAL CONDITION: _____

CURRENT ILLNESS

(31.) HAS THE PATIENT HAD A FEVER AS PART OF THIS ILLNESS IN THE 4 DAYS PRIOR TO RASH ONSET? ☐ Yes ☐ No ☐ Unknown

IF YES, ESTIMATED DATE OF FEVER ONSET: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

32. WAS TEMPERATURE MEASURED WITH A THERMOMETER? ☐ Yes ☐ No ☐ Unknown

33. MAXIMUM TEMPERATURE: _____ F° / C° (Circle)

34. DATE OF MAXIMUM FEVER: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

(35.) DATE OF RASH ONSET: ☐☐ ☐☐ ☐☐☐☐
Month Day Year

36. COUGH WITH RASH/ILLNESS? ☐ Yes ☐ No ☐ Unknown

37. DATE OF COUGH ONSET? ☐☐ ☐☐ ☐☐☐☐
Month Day Year

38. SYMPTOMS DURING THE 4 DAYS PRECEDING RASH ONSET (Check all the apply):
Headache: ☐ Yes ☐ No ☐ Unknown
Backache: ☐ Yes ☐ No ☐ Unknown
Chills: ☐ Yes ☐ No ☐ Unknown
Vomiting: ☐ Yes ☐ No ☐ Unknown
☐ Other (e.g., abdominal pain, delirium)
Specify: _____

39. DISTRIBUTION OF LESIONS:
☐ Generalized, predominantly face and distal extremities (centrifugal)
☐ Generalized, predominantly trunk (centripetal)
☐ Localized, not generalized
☐ Other, specify: _____

(40.) CLINICAL TYPE OF SMALLPOX:
☐ Ordinary/Classic type: ☐ Discrete lesions ☐ Semi-confluent – Face only ☐ Confluent – Face and other site
☐ Variola sine eruptione
☐ Modified type
☐ Flat type
☐ Hemorrhagic type: ☐ Early ☐ Late

CLINICAL TYPES OF SMALLPOX:

Ordinary/Classic type: Raised, pustular lesions with 3 sub-types:
Discrete: Areas of normal skin between pustules, even on face
Semi-confluent: Confluent rash on face, discrete elsewhere
Confluent: Confluent rash on face and forearms
Modified type: Like ordinary type but with an accelerated, less severe course
Variola sine eruptione: fever without rash caused by variola virus, serological confirmation required. This condition is rare; epidemiological significance is considered to be limited.
Flat type: Pustules remain flat; usually confluent or semi-confluent
Hemorrhagic type: Widespread hemorrhages in skin and mucous membranes
Early: With purpuric rash
Late: With hemorrhage into base pustules

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State ☐☐ Case # _____

CLINICAL COURSE

41. DATE LAST SCAB FELL OFF: OR CHECK IF UNKNOWN ☐ Month ☐☐ Day ☐☐ Year ☐☐☐☐

42. DID THE PATIENT DEVELOP ANY COMPLICATIONS: ☐ Yes ☐ No ☐ Unknown
IF YES, CHECK ALL THAT APPLY:
- ☐ Skin, infected lesions/abscesses
- ☐ Corneal ulcer or keratitis
- ☐ Encephalitis
- ☐ Arthritis
- ☐ Other, specify: _____
- ☐ Pneumonia
- ☐ Hemorrhagic
- ☐ Shock
- ☐ Bacterial sepsis

43. ANTIVIRAL MEDICATION (CIDOFOVIR): ☐ Yes ☐ No ☐ Unknown
IF YES, DATE CIDOFOVIR STARTED: Month ☐☐ Day ☐☐ Year ☐☐☐☐
DURATION: _____ DAYS

44. OTHER ANTIVIRAL MEDICATIONS GIVEN: ☐ Yes ☐ No ☐ Unknown
IF YES, SPECIFY: _____

CLINICAL OUTCOME

45. WAS CASE ADMITTED TO HOSPITAL? ☐ Yes ☐ No ☐ Unknown
IF YES, HOSPITAL NAME: _____
HOSPITAL LOCATION: _____
DATE ADMITTED: Month ☐☐ Day ☐☐ Year ☐☐☐☐
DATE DISCHARGED: Month ☐☐ Day ☐☐ Year ☐☐☐☐

46. WAS CASE ADMITTED/TRANSFERRED TO 2ND HOSPITAL? ☐ Yes ☐ No ☐ Unknown
IF YES, HOSPITAL NAME: _____
HOSPITAL LOCATION: _____
DATE ADMITTED: Month ☐☐ Day ☐☐ Year ☐☐☐☐
DATE DISCHARGED: Month ☐☐ Day ☐☐ Year ☐☐☐☐

47. DID THE PATIENT DIE FROM SMALLPOX ILLNESS OR ANY SMALLPOX COMPLICATIONS? ☐ Yes ☐ No ☐ Unknown
IF YES, DATE OF DEATH: Month ☐☐ Day ☐☐ Year ☐☐☐☐

LABORATORY

48. WAS SPECIMEN COLLECTED FOR TESTING: ☐ Yes* ☐ No ☐ Unknown

49. WAS LAB TESTING DONE FOR SMALLPOX: ☐ Yes* ☐ No ☐ Unknown

IF QUESTIONS 48 AND 49 ARE "NO" OR "UNKNOWN" THEN GO TO QUESTION 56.

* Information on specimen collection and testing can be found in the patient's medical chart or provided by the laboratory

ORTHOPOX GENERIC TESTS

TEST	DATE	RESULT	WHERE
50. ORTHOPOX PCR ☐ Yes ☐ No ☐ Unknown	_____/_____/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:
TEST	**DATE**	**RESULT**	**WHERE**
51. ELECTRON MICROSCOPY (EM) ☐ Yes ☐ No ☐ Unknown	_____/_____/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Other, specify ☐ Unknown	☐ Pox Virus Identified ☐ Pox Virus Not Identified ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

LABORATORY, CON'T

VARIOLA SPECIFIC TESTS

TEST	DATE	RESULT	WHERE
52. VARIOLA PCR FROM CLINICAL SPECIMEN ☐ Yes ☐ No ☐ Unknown	_____/_____/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:
TEST	**DATE**	**RESULT**	**WHERE**
53. VARIOLA CULTURE WITH VARIOLA PCR CONFIRMATION ☐ Yes ☐ No ☐ Unknown	_____/_____/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

VACCINIA SPECIFIC TEST

TEST	DATE	RESULT	WHERE
54. VACCINIA PCR ☐ Yes ☐ No ☐ Unknown	_____/_____/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

55. OTHER TESTING PERFORMED: ☐ Yes ☐ No ☐ Unknown
IF YES, SPECIFY: _____

EPIDEMIOLOGIC

56. TRANSMISSION SETTING:
☐ Athletics ☐ College ☐ Community
☐ Daycare ☐ Dr. Office ☐ Correctional facility
☐ Home ☐ Hospital ☐ Int'l travel
☐ Military ☐ School ☐ Place of worship
☐ Work ☐ Other ☐ Unknown
If Other, specify: _____

CASE CLASSIFICATION

57. DOES THIS CASE MEET THE CLINICAL CASE DEFINITION: ☐ Yes ☐ No ☐ Unknown

58. IS THIS CASE EPIDEMIOLOGICALLY LINKED TO A CONFIRMED CASE: ☐ Yes ☐ No ☐ Unknown
IF YES, NAME/CASE #, IF KNOWN: _____

59. IS THIS CASE LABORATORY-CONFIRMED: ☐ Yes ☐ No ☐ Unknown
IF YES, BY WHAT METHOD: ☐ PCR ☐ Culture/PCR

60. WHAT IS THE CASE CLASSIFICATION:
☐ Confirmed ☐ Probable ☐ Suspect

61. IF NOT SMALLPOX, SPECIFY FINAL DIAGNOSIS: _____

Smallpox Clinical Case Definition: An illness with acute onset of fever ≥ 101°F followed by a rash characterized by firm, deep seated vesicles or pustules in the same stage of development without other apparent cause.

Laboratory Criteria for Confirmation*: Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen; OR Isolation of smallpox (variola) virus from a clinical specimen (Level D laboratory only).
Note: Orthopox PCR and negative stain electron microscopy (EM) identification of a pox virus in a clinical specimen suggest orthopox virus infection but are not diagnostic of variola and/or vaccinia. (Level D laboratory or approved Level C laboratory)

·Level D laboratories include the CDC and USAMRIID. Initial confirmation of a smallpox outbreak requires testing in a Level D laboratory. Level C laboratories will assist with testing of clinical specimens following initial confirmation of an outbreak by CDC.

Smallpox Case Classification:
Confirmed case = A case of smallpox that is laboratory confirmed, OR a case that meets the clinical case definition that is epidemiologically linked to a laboratory confirmed case.
Probable case = A case that meets the clinical case definition, OR a case that has an atypical presentation that has an epidemiological link to a confirmed case of smallpox. Atypical presentations of smallpox are: a) hemorrhagic type, b) flat, type not appearing as typical vesicles nor progressing to pustules and variola sine eruptione.
Suspect case = A case with a febrile rash illness with fever preceding development of rash by 1-4 days.