

Exposure Surveillance — Instructions

Local public health authorities may use this electronic form to identify and monitor any individual who has been exposed to the etiologic agent of concern via the physical or occupational environment or via social contact. Contact investigation and monitoring of persons with exposure to a known case may also be entered on the Case Household and Primary Contacts (CHPC) Surveillance form that is linked to the Case Investigation Form (CIF). To enter contact information on the CHPC, open the CIF from the Smallpox Menu. Locate the record of the case to whom the contact was exposed and click on the Enter Contacts button on the Case Identification page.

Completing the Exposure Surveillance Form General Information

This form originated from several forms developed for a contact tracing procedure drafted in 2002 and included among other OMB-approved forms that were intended for use during a smallpox outbreak (OMB 0920-0008, Exp. Date 6/2003). The CHPC is a compilation of basic questions to be included in electronic data collection. A complete set of the 2002 forms and recommendations for a standard procedure for identifying, tracing, and following known and potential contacts can be found on the [CDC Smallpox website](#).

For more comprehensive surveillance, go to <http://epiinfovhf.codeplex.com/>. Contact your Team Lead or Response Coordinator for additional guidance.

If your jurisdiction has opted to use this form, refer to the following question-specific instructions. Note that if you want to exclude a record from the data you send to your point of contact (POC), select **Delete** from the menu bar. You will not delete the record from your database; rather, you will prevent sending it to someone else. When you want to include the record among those transmitted to your POC, select **Undelete** before transmitting the data again.

Coding Checks: To maximize data integrity, some fields may be unavailable because of a response(s) to another question(s). Other checks may highlight potential errors and show a pop-up message. A few of the responses are autofilled based on other information entered on the form. Please note that highlighted fields will be cleared when the record is closed or the field is corrected.

Ideally, and if resources are available, primary contacts who do not have fever or rash at the time of interview should remain under active surveillance for 21 days after their last contact with the smallpox case, or 14 days following successful vaccination.

Any contact with fever for 2 consecutive days should be referred for clinical evaluation.

Refer to the following instructions, organized by section, for fields on the Contact Identification page of the Exposure Surveillance form.

Contact Identification

Data on the Contact Information Page

Use the 'Transmit Data without PII / PHI' from the Smallpox Menu to prevent sending identifying information. If the local jurisdiction prefers to be the sole retainer of this information, please contact CDC to request modification of the data transmission scripts.

Exposure Surveillance — Instructions

Contact ID

Enter the unique identification for this case. Refer to the assignment strategy used by your local jurisdiction. If you do not have an ID-assignment strategy, request one through your state.

Date of First Household Visit

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Helpful Hint: Navigating in the Drop-Down Calendar

Select today's date at the bottom of the calendar

- If the date occurred this month, click on the day
- If the date was a month or more earlier
- Click on the month/year in the top center of the calendar
- Use the navigation arrows in the top corners

Date of Contact's First Exposure

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the first date of exposure. If this is a social exposure, select the date when the contact first had exposure to the case since the case became symptomatic with fever. If the contact is a member of the case household, this date will most likely be the same as the date in which the case experienced fever onset.

REPORTING SOURCE: Jurisdiction

Reporting State

Select a response from the drop-down list.

Helpful Hint: Selecting a Response from a Drop-Down List

Typing the first letter or two will minimize the need for scrolling.

State FIPS Code [Read-Only]

This field is autofilled if Reporting State contains information; it will change if the Reporting State changes.

Reporting County

Select a response from the drop-down list.

County FIPS Code [Read-Only]

This field is autofilled if Reporting County contains information; it will change if the Reporting County changes.

If applicable, please provide the name of the Region, District, Precinct, or other jurisdiction information. In the space provided, enter the name that further identifies the data collection/reporting jurisdiction.

Contact Information for Person Under Observation (PUO)

Name: Last Name, FirstName, MI (Middle Initial), Suffix, Nickname/Alias

Enter the requested information in the spaces provided.

Exposure Surveillance — Instructions

Address: Street Address, Apartment Number; City, State; Zip Code

Enter the requested information in the spaces provided. *Please do not use a Post Office Box.* For State, select a response from the drop-down list.

Address: Street Address, Apartment Number; City, State; Zip Code

Enter the requested information in the spaces provided. *Please do not use a Post Office Box.* For State, select a response from the drop-down list.

Note that all address fields are autofilled for based on information entered in the previous record. Please review the autofilled information for accuracy and modify as needed.

State FIPS Code (Contact) [Read-Only]

This field is autofilled based on the contact's state of residence; it will change if State changes.

County

Select a county from the drop-down list.

County FIPS Code (Contact) [Read-Only]

This field is autofilled based on the contact's county of residence; it will change if County changes.

Telephone numbers of Person Under Observation: Main Phone, Work Phone, Other Phone

Enter up to three telephone numbers for the contact or contact's proxy.

Notes

Enter additional helpful information as needed.

GET GEO-COORDINATES [Command Button]

Click on this button to autofill the latitude and longitude based on the contact's residential zip code. Note that these data can be used to map the contact's location, so will not be included if data are transmitted without PII. For more refined geocoding, please contact CDC for assistance.

Latitude (zip code); Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the latitude assigned to the contact's residential zip code.

Longitude (zip code) [Read-Only]

Click on the GET COORDINATES button to automatically populate this field with the longitude assigned to the contact's residential zip code.

Demographics and Exposure to Case

Age

Enter the contact's age.

Age unit

Select the age unit from the drop-down list.

Gender

Select a response for each of these fields from the drop-down list.

If female, Pregnant?

Select a response for each of these fields from the drop-down list.

Exposure Surveillance — Instructions

Is this case epidemiologically-linked to a confirmed case?

Select a response from the drop-down list.

If Yes, Case ID (if known)

If the response to the previous question is Yes, enter information in the space provided.

Relationship to Case

Select a response from the drop-down list.

If Other, please specify

If Other was selected for the previous question, enter information in the space provided.

INTERVIEW INFORMATION

Interviewer name (Last, First, MI)

Enter the requested names in the space provided.

Interview date

Enter in MM/DD/YYYY format, or click in the box to select a date from the drop-down calendar.

Information provided by (Check all that apply)

Check Person Under Observation and/or Other.

Informant Name (Last, First, MI)

Enter the requested names in the space provided. Leave blank if the contact is the informant.

Telephone number of informant (if other than contact)

Enter the requested information in the spaces provided; leave blank if the contact is the informant.

Primary interview language spoken (if other than English)

If not English, select a response from the drop-down list.

If other, please specify

If Other was selected for the previous question, enter information in the space provided.

NAVIGATION BUTTONS

NEXT PAGE [Command Button]

Click on the button to go to the next page of the form, **Core Prevention Strategies**.

ENTER SYMPTOMS [Command Button]

Click on the button to go to the last page of the form, **Self Reported Symptoms**.

Refer to the following instructions, organized by section, for fields on the Core Prevention Strategies page of the Exposure Surveillance form.

Contact Identification

Return to the **Contact Identification** page to change information in these 'Read-Only' fields:

Contact ID; First Name; Last Name; Date of Household Visit

Exposure Surveillance — Instructions

Exposure

Interviewer Completed Case Exposure Investigation (Form 3A)

Please check the box when the investigation has been completed.

Other Forms

Please check the box if you or someone else completed relevant forms that are not part of the Smallpox Outbreak System.

Please Describe

If the previous question has been checked, please identify by form number or name.

Date of First Exposure [Read-Only]

If needed, return to the **Contact Identification** page to change this information.

Date of Recent Exposure

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Describe Exposure History to Date

Select a response from the drop-down list.

Closest Distance

Select from the drop-down list the response that best captures the closest proximity to the case since the date of the case's fever onset.

Duration of Exposure

Select from the drop-down list the response that best captures the longest duration of exposure to the case since the date of the case's fever onset.

i [Information Button]

Priority Categories

Tier I (Highest Priority) includes all persons in the case household; Tier II includes non-household contacts who have been within 6 feet or spent 3+ hours with a symptomatic case; Tier III includes non-household contacts who have been near the symptomatic case at a distance of greater than 6 feet and/or less than 3 three hours. All others are not at risk.

Note that the Contact Priority Categories Codes correspond to the previously numbered categories of 1— 5 as follows:

Tier I = Categories 1 (Highest Priority) & 2

Tier II = Categories 3 & 4

Tier III = Category 5

Contact Priority Category

Select from the drop-down list the combination of duration and exposure identified in the previous two questions.

Post-Exposure Prevention (PEP) Strategies

Contact (or Guardian) acknowledges and understands the potential risk and benefits of post-exposure prevention strategies.

Check the box to indicate that this is true. Please note: This box must be checked before implementing or withholding recommended PEP strategies. In addition, if the person under observation (PUO) receives vaccine or therapy under an Investigative New Drug (IND) or

Exposure Surveillance — Instructions

Emergency Use Authorization (EUA), the PUO or PUO's guardian must sign the appropriate Consent Form.

Smallpox vaccination during this outbreak ore
Select a response from the drop-down list.

If Yes, date of vaccination

If the response to the previous question is Yes, enter the date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Vaccine Used

If the response to the above question is Yes, select the vaccine used from the drop-down list.

Clinical Guidance [Command Button]

Click on the button to go to Vaccine Guidelines at

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6402a1.htm?s_cid=rr6402a1_e

Call-Back Date

Note that this field is autofilled with a date 7 days after the date of vaccination. If the call-back date needs to be changed, delete the autofilled date and enter a date in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar that is either 6 or 8 days following the date of vaccination. If this is not possible, make every effort to schedule the call-back date as close to the autofilled time as possible to ensure maximum post-exposure protection against disease.

Clinical Guidance [Command Button]

Clicking on this button will take the user to Vaccine Guidelines at

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6402a1.htm?s_cid=rr6402a1_e

i [Information Button]

Vaccine Take

A major vaccine “take” is an area of definite induration or congestion surrounding a central lesion that may be a scab or ulcer 6-8 days after vaccination. The evolution of the lesion is more rapid after revaccination. An “equivocal take” is described as any other reaction or response; e.g., an “allergic” reaction or no reaction (revaccination is indicated).

Vaccine “Take” recorded at 7 days (6-8 days)

If the PUO has been vaccinated, select a response from the drop-down list.

If Yes, result

If the response to the previous question is Yes, select a response from the drop-down list.

i [Information Button]

Vaccine Adverse Events

Click on the Clinical Guidance button located on this page for information about adverse effects. If the effect noted can be defined as an adverse event, please click on the button at the bottom of this page for information about filing a report with VAERS

Did the individual experience adverse effects from the vaccine?

Select a response from the drop-down list.

Exposure Surveillance — Instructions

Not Indicated

If not vaccinated, check to indicate that this is true.

Refused

If not vaccinated, check to indicate that this is true.

Other

If not vaccinated, check to indicate that there is a reason other than refusal or that vaccination is not indicated at this time.

Please specify

If Other is checked, enter information in the space provided.

Recommended Treatment

Check to indicate that this is true. Otherwise, leave blank.

Please describe.

If Recommended Treatment is checked, enter information in the space provided.

Quarantined?

Check to indicate that this is true. Otherwise, leave blank.

Date Quarantine Starts

If Quarantined, enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar.

Date Quarantine Ends

Note that this field is autofilled with a date 21 days after the Date of Recent (last) Exposure. If no additional exposures occur during this time and the person under observation (PUO) remains asymptomatic, quarantine will end on this date. If the PUO becomes a case, enter the date when symptoms were first noted.

Comments

Add comments or additional information

Enter other relevant information not found on this or other forms.

NAVIGATION BUTTONS

(bottom of page)

FIRST PAGE [Command Button]

Click on the button to go to **Contact Identification**.

Link to VAERS [Command Button]

Click on the button to go to CDC's internet page on the Vaccine Adverse Event Reporting System (VAERS).

NEXT PAGE [Command Button]

Click on the button to go to **Self-Reported Symptoms**. Refer to the following instructions, organized by section, for fields on the Self-Reported Symptoms page of the Exposure Surveillance form.

Exposure Surveillance — Instructions

Refer to the following instructions, organized by section, for fields on the Self-Reported Symptoms page of the Exposure Surveillance form.

Contact Identification

Return to the **Contact Identification** page to change information in these 'Read-Only' fields:
Contact ID; First Name; Last Name; Date of First Household Visit

Self-Reported Symptoms

Temperature

Please Record Highest Temperature

Enter the highest recorded temperature in the space provided; in the next space select the measurement type from the drop-down list.

Symptoms

Fever?

Click in the box to indicate that the person under observation (PUO) reported having a fever.

i [Information Button]

Clinical Smallpox

A clinical case of smallpox is defined by acute onset of fever of at least 101° F (or 38.3° C) followed by a rash with firm, deep seated vesicles or pustules in the same stage of development without other apparent cause.

Rash?

Click in the box to indicate that the PUO reported having a rash.

i [Information Button]

Rash Types

A smallpox rash may consist of raised pustular lesions; flat pustules; or widespread hemorrhages; it often occurs on the face and forearms. Occasionally, the rash may be absent.

Cough?

Click in the box to indicate that the PUO reported having a cough.

Dates of Symptom Onset

Date of Fever Onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Date of Rash Onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Date of Cough Onset

Enter in MM/DD/YYYY format or click in the box to select a date from the drop-down calendar to indicate the last time the contact was with the case.

Counseling Checklist

Contact (or Guardian) Received Forms

Click in the box to indicate that the PUO or guardian received relevant forms.

Exposure Surveillance — Instructions

Travel and Exposure History (Forms 2A, 2B, 2C, 2E, 3B, 3C)

Click in the box to indicate that the PUO or guardian received these forms.

Self-Check Symptoms

Click in the box to indicate that the PUO or guardian received these forms.

Interviewer Instructed Contact (or Guardian) on Form Use

Click in the box to indicate that this is true for all forms provided to the PUO or guardian.

Travel and Exposure History

Click in the box to indicate that the PUO or guardian received these forms.

Self-Check Symptoms

Click in the box to indicate that the PUO or guardian received these forms.

Contact (or Guardian) has telephone number for Public Health Department ... if symptoms are noted.

Click in the box to indicate that this is true.

Current Health Status

What is the current health status?

Select a response from the drop-down list.

If Other, please specify

Enter the requested information in the space provided.

If contact has become a case, list case ID

Enter the requested information in the space provided. Use the same case ID on both this form and the Case Investigation Form (CIF). Contact your Team Lead for instructions on transporting data already collected on the CHPC to populate fields on this PUO's case report in the CIF.

If contact has other illness, please specify.

Enter the requested information in the space provided.

Current Disposition or Outcome of Contact Investigation

Disposition

Enter a response from the drop-down list.

If Other, please specify.

Enter the requested information in the space provided.

NAVIGATION BUTTONS

(bottom of page)

PREVIOUS PAGE [Command Button]

Click on the button to go to **Core Prevention Strategies**.

ADD ANOTHER CONTACT [Command Button]

Click on the button to go to **Self-Reported Symptoms**.