

Smallpox Post-Event Surveillance Form

Case Identification: Instructions



Please complete and retain information from this page at the state and/or local public health department.

Personally identifiable information (PII) will be excluded if data files are transmitted via buttons on the Smallpox Menu.

Case Identification

Case Number

Date first reported to public health

This is an estimated date

REPORTING SOURCE: Jurisdiction

Reporting State

State FIPS Code

Reporting County

County FIPS Code

If applicable, please provide the name of the Region, District, Precinct, or other jurisdiction division.

CASE INFORMATION

3. Case Name Last name First name MI Suffix Nickname/Alias

4. Address Street address, Apt # (Please do not use Post Office Box)

City State Zip code

County State FIPS Code (Case)

County FIPS Code (Case)

5. Telephone Numbers (Case)

Main phone Work phone Other phone

GET GEO-COORDINATES

Latitude (zip code)

Longitude (zip code)

Notes

Demographics

6. Date of birth **7. Age** **8. Age unit** **9. Gender** **10. Ethnicity**

11. Race **12. Country of birth** If other, please specify

Protecting PII When Reporting

CDC will NOT report gender, race, or ethnicity if there are fewer than 25 cases within these categories.

INTERVIEW INFORMATION

16. Interviewer name (Last, First, MI)

17. Interview Date Information Provided by (Check all that apply) Case Other

18. Informant Name (Last, First, MI)

19. Telephone numbers of informant, if other than case

20. Primary interview language spoken (if other than English) If other, please specify

Please Validate This Information

Invalid Fields? To change, return to fields.

Code is valid.

ADD CASE CONTACTS

NEXT PAGE

Smallpox Post-Event Surveillance Form

Core Data, Part I: Instructions

I This page contains information that CDC will use to assist the state, territorial, tribal, and local jurisdictions.
Please complete as many fields as possible.; update when additional information becomes available or the case status changes.

Case Identification

i *Case Number*
First Name *Last Name*

DEMOGRAPHICS

Update age and gender on the Case Identification page.

7. Age 8. Age unit 9. Gender

For CDC Use

Refer to this ID if speaking with the CDC.

CDC Case ID

VACCINATION HISTORY

21. Smallpox vaccination prior to this outbreak **i**
 If Yes, number of doses

CLINICAL TYPE OF SMALLPOX

40. Clinical type of smallpox **i**
 i
If Ordinary/Classic, please describe the rash
 i

CURRENT ILLNESS

31. Has the patient had a fever as part of this illness in the 4 days prior to rash onset?
If yes, estimated date of fever onset
35. Date of rash onset

Current Status of Case

What is the current case status?
Please update if case status changes.

Please Validate This Information

Invalid Fields? To change, return to fields. To verify, check box at right.

Code is valid.

FIRST PAGE

CODING INFORMATION

Coded by (initials) Date

ADD IMAGES

NEXT PAGE

REPORTING SOURCE: Jurisdiction

Reporting State *Reporting County* *Date first reported to public health*

Smallpox Post-Event Surveillance Form

Core Data, Part II: Instructions



This page contains information that CDC will use to assist the state, territorial, tribal, and local jurisdictions.

Please complete as many fields as possible.; update when additional information becomes available or the case status changes.

Case Identification



Case Number

Last Name

First Name

CLINICAL COURSE AND OUTCOME

42. Did the patient develop any complications?

If yes, please check all that apply.

Skin, infected lesions / abscesses

Encephalitis

Pneumonia

Hemorrhage

Corneal Ulcer or Keratitis

Arthritis

Bacterial Sepsis

Shock

Other complications Please specify

45. Was Case Admitted to Hospital?

47. Did the patient die from smallpox illness or other smallpox complications?

If Yes, date of death

EPIDEMIOLOGIC AND CASE CLASSIFICATION

58. Is this case epidemiologically linked to a confirmed case?

If yes, Case ID (if known)

LABORATORY DIAGNOSTIC TESTING

59. Is this case laboratory-confirmed?

If yes, by what method?

Criteria

Laboratory diagnostic testing must be conducted in a CDC or CDC-approved Laboratory Response Network (LRN) laboratory using the polymerase chain reaction (PCR) tests and protocols for variola virus. Confirmation of smallpox requires additional testing at CDC.

Laboratory criteria for confirmation includes either (a) PCR identification of variola DNA in a clinical specimen by the CDC laboratory; or (b) Isolation of smallpox (variola) virus from a clinical specimen tested at a BioSafety Level 4 Laboratory (World Health Organisation Smallpox reference laboratory) or a laboratory with appropriate reference capability.

SMALLPOX CASE CLASSIFICATION

60. What is the case classification?

Case Classifications

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 are: a) hemorrhagic type, b) flat type, not appearing as typical vesicles nor progressing to pustules and c) variola sine eruptione.

Suspect case = A case with a febrile rash illness with fever preceding the development of rash by 1 to 4 days.

Current Status of Case

What is the current case status?

Status can be changed on previous page

Please Validate This Information

Invalid Fields? To change, return to fields. To verify, check box at right.

Code is valid.

PREVIOUS PAGE

CODING INFORMATION

Coded by (initials)

Date

ENTER LAB DATA

NEXT PAGE

REPORTING SOURCE: Jurisdiction

Reporting State

Reporting County

Date first reported to public health

Smallpox Post-Event Surveillance Form

Vaccination and Medical History: Instructions

I

Please complete the fields below. Please note that italicized fields contain data that was entered on Core Data for CDC Part I. If needed, return to that page to enter or modify this information.

Case Identification

i

Case Number

First Name

Last Name

VACCINATION, before this outbreak

21. Smallpox vaccination prior to this outbreak

i

If Yes, number of doses

22. If known: Age (years)

OR year of last dose

23. Smallpox vaccination scar present

i

VACCINATION, during this outbreak

24. Smallpox vaccination during this outbreak

Vaccine Guidelines

If Yes, date of vaccination

Vaccine Used

25. Vaccine "take" recorded at 7 days (6-8 days)

i

If Yes, result

Reason(s) Not Vaccinated

26. If not vaccinated during this outbreak, give reason(s)

- Not Offered
- Vaccination site (POD location) unavailable or unknown
- Not Indicated
- Unaware of need to be vaccinated
- Patient refused
- Patient forgot
- Other Please specify

MEDICAL HISTORY

27. If female, pregnant?

28. Pre-existing immunocompromising medical conditions (i.e. Leukemia, Other Cancers, HIV/AIDS)

If Yes, please specify

29. During the past month, any prescribed immunocompromising OR immunomodulating medications, including steroids

If Yes, please specify

30. For what medical condition:

Please Validate This Information

Invalid Fields? To change, return to fields. To verify, check box at right.

Code is valid.

REPORTING SOURCE: Jurisdiction

PREVIOUS PAGE

Reporting State

Date first reported to public health

Reporting County

NEXT PAGE

Smallpox Post-Event Surveillance Form

Current Illness: Instructions



Please complete the fields below. Italicized fields contain information provided on Core Data for CDC Part I. Please return to that page to enter or modify the information as needed.

Case Identification



Case Number

First Name

Last Name

Symptoms: Fever, Cough, Rash

31. Has the patient had a fever as part of this illness in the 4 days prior to rash onset?

32. Was temperature measured with a thermometer?

33. Maximum temperature

36. Cough with rash/illness?

Dates

If yes, estimated date of fever onset.

34. Date of maximum temperature

35. Date of rash onset.

37. Date of cough onset

Other Symptoms

38. Symptoms during the 4 days preceding rash onset (Select all that apply)

Headache Chills Backache Vomiting Unknown Other (e.g., abdominal pain, delirium)

Specify: all other symptoms; separate with comma(s)

CHARACTERISTICS OF LESIONS

39 a. Distribution of lesions at height of illness

If other, please specify

39 b. Characterize the stage of lesion development

40. Clinical type of smallpox

If Ordinary/Classic, please describe the rash

LABORATORY

48. Was specimen collected for testing?

49. Was lab testing done for smallpox?

REVIEW OR ENTER
LAB DATA

Please Validate This Information

Invalid Fields? To change, return to fields. To verify, check box at right.

Code is valid.

REPORTING SOURCE: Jurisdiction

Reporting State

Date first reported to public health

Reporting County

PREVIOUS
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Smallpox Post-Event Surveillance Form

Epidemiologic and Case Classification: Instructions



Please complete the fields below. Unless noted otherwise, information in the italicized fields is from Core Data for CDC Part II. Please return to that page to complete or modify as needed.

Case Identification



Case Number

First Name

Last Name

Transmission Setting

56. Primary Transmission Setting

If Other, specify

General Location

If Other, specify

Response Activities

Did the case actively participate in response efforts for this outbreak?

If yes, please select all response roles performed by case during this outbreak.

- Laboratorian or Pathologist Medical Care Transport of Patients or Decedents
 Law Enforcement Mortician Environmental Assessment
 Other Response Role (Please specify)

Were the response activities performed as part of the case's usual occupation?



CASE CLASSIFICATION

57. Does this case meet the clinical case definition?



These fields may be updated on Core Data Part II.

58. Is this case epidemiologically linked to a confirmed case? If yes, Case ID, if known

59. Is this case laboratory-confirmed? If yes, by what method?

60. What is the case classification?

61. If not Smallpox, specify final diagnosis Check if diagnosis is chickenpox.

Please Validate This Information

Invalid Fields? To change, return to fields. To verify, check box at right. Code is valid.

PREVIOUS PAGE

Link to NIOSH

ADD OR REVIEW IMAGES

Link to Varicella Surveillance Program

NEXT PAGE

REPORTING SOURCE: Jurisdiction

This information can be updated on the Case Identification page.

1. Reporting State

Reporting County

13. Date first reported to public health

Smallpox Post-Event Surveillance Form

Clinical Course: Instructions

I

Please complete the fields below. Please note that, unless otherwise noted, italicized fields contain data that was entered on Core Data for CDC Part II. If needed, return to the designated pages to enter or modify this information.

Case Identification

i

Case Number

First Name

Last Name

CLINICAL COURSE

41. Date last scab fell off

Check if date is unknown

Check if not applicable

COMPLICATIONS

42. Did the patient develop any complications?

If yes, please check (below) all that apply.

Skin, infected lesions / abscesses

Encephalitis

Hemorrhage

Shock

Arthritis

Pneumonia

Bacterial Sepsis

Corneal ulcer or keratitis

Other complications Please specify

ANTIVIRAL MEDICATION

43. Antiviral Medication (Check all that apply)

ST246

Date Started ST246

Duration (days) of ST246

CMX001

Date Started CMX001

Duration (days) of CMX001

Cidofovir

Date Started Cidofovir

Duration (days) of Cidofovir

Other; please specify

Date Started Other

Duration (days) of Other

Clinical Guidelines

Please Validate This Information

Invalid Fields? To change, return to designated fields. To verify, check box at right.

Code is valid.

REPORTING SOURCE: Jurisdiction

PREVIOUS PAGE

Reporting State

Date first reported to public health

Reporting County

NEXT PAGE

OR

Enter Another Case

Smallpox Post-Event Surveillance Form

Clinical Outcome: Instructions



Please complete the fields below. Information in italicized fields can be changed on Core Data for CDC Part II.

Record numbers and dates of admission and discharge will be excluded when transmitting data to CDC via the Smallpox Menu.

Case Identification



Case Number

First Name

Last Name

Hospitalization

45. Was Case Admitted to Hospital?

Medical Record Number

Hospital Name

Date admitted

City

Date discharged

State

Zip

State FIPS Code

County

County FIPS Code

Get Geo-Coordinates

Latitude (hospital name)

Longitude (hospital name)

Transferred or Admitted to Another Hospital

46. Was the case admitted/transferred to 2nd hospital?

Medical Record Number

Hospital name

Date admitted

City

Date discharged

State

Zip

State FIPS Code

County

County FIPS Code

Get Geo-Coordinates

Latitude (hospital name)

Longitude (hospital name)

Case Outcome

47. Did the patient die from smallpox illness or any other smallpox complications?

If Yes, specify date

Was decedent released to a medical examiner or coroner (MEC)?

MEC Record ID

Please Validate This Information

Invalid Fields? To change, return to fields. To verify, check box at right.

Code is valid.

PREVIOUS PAGE

REPORTING SOURCE: Jurisdiction

Reporting State

Date first reported to public health

Reporting County

Enter Another Case