## WORKSHEET: EVALUATING PATIENTS FOR SMALLPOX

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>___________________________</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Date of Birth: / /</td>
<td>Age:</td>
<td>Sex:</td>
<td>Home</td>
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<td>Telephone:</td>
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<td>Other:</td>
<td>Emergency Room</td>
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<tr>
<td>Address:</td>
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<td>Other:</td>
<td>Hospital</td>
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</table>

### PROVIDER INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>___________________________</th>
<th>Location:</th>
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<tbody>
<tr>
<td>Patient Population:</td>
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<td>Adult</td>
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<td>E-mail Address:</td>
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### CLINICAL INFORMATION

#### PRODROME / SYMPTOMS 1-4 DAYS BEFORE RASH ONSET

**Did the patient have a fever and other illness 1-4 days before rash onset?**
- Yes
- No
- Unknown

**Date of prodrome onset / / 200**

**Date of first fever ≥101°F:**
- / / 200

- What was the highest temperature? °F or °C
- / /

**Check all features of the prodrome that apply:**
- No/Mild prodrome (<1 day)
- Abdominal pain
- Headache
- Sore throat*
- Backache
- Other (specify)
- Chills
- Vomiting
- In infants, this may manifest as drooling or refusing to eat or drink.

**Was the patient toxic or seriously ill?**
- Yes
- No
- Unknown

**Was the patient able to do most normal activities?**
- Yes
- No
- Unknown

### RASH

**Date of rash onset / / 200**

**Was the rash acute (sudden) in onset?**
- Yes
- No
- Unknown

**Was a black scar (eschar) present before or at the time of appearance of the rash?**
- Yes
- No
- Unknown

**Is the rash generalized (i.e., multiple parts of the body) or focal (i.e., only one part of the body)?**
- Generalized
- Focal

**Where on the body were the first lesions noted?**
- Face
- Arms
- Trunk
- Legs
- Inside the mouth
- Unknown
- Other (specify)

**Since rash onset, where on the body was the rash most dense?**
- Trunk
- Face or scalp
- Distal extremities (arms, legs)
- Equally distributed everywhere

**Are there any lesions on the palms or soles?**
- Yes
- No
- Unknown

**What kind of lesions does the patient have now? (check all that apply)**
- Macules (flat spots)
- Papules (solid bumps)
- Vesicles (fluid-filled blisters)
- Pustules (blisters filled with pus)
- Crusts
- Other

**If more than one kind of lesion, which kind of lesion is now the most common?**

**Are the lesions now:**
- Superficial (on top of the skin)
- Deep (feel embedded deeply in the skin)
- Neither (describe)

**How many lesions are present? (in total)**

If no precise count is available, please estimate:
- <20
- 20-50 (able to count in less than a minute)
- 51-499 (typically an average case of varicella has 200-400 lesions)
- >500 (lesions confluent in some places, can't see normal skin between)

**On any one part of the body (e.g., face or arm), are all the lesions in the same state of development?**
- Yes
- No
- Unknown

**How big are most of the lesions? (Do not measure superinfected lesions.)**
- Small (1-5 mm)
- Large (5-10 mm)
- Neither (describe)

**Have any lesions crusted?**
- Yes
- No
- Unknown

If Yes, how many days did it take for the first lesions to crust?

**How itchy is the rash?**
- Not at all
- Somewhat
- Very
- Unknown

**Does the patient have lymphadenopathy?**
- Yes
- No
- Unknown

**If Yes, how many days did it take for the first lesions to crust?**

**Is the patient toxic or moribund now?**
- Yes
- No
- Unknown

If Yes, describe:
## MEDICAL HISTORY

Has the patient ever had chickenpox or shingles? □ Yes □ No □ Unknown

If Yes, when?          /          /            or at what age?

Is the patient immunocompromised? □ Yes □ No □ Unknown

If Yes, specify type of illness (e.g., cancer, HIV/AIDS)

Does the patient have any other serious underlying medical illnesses? (e.g., asthma) □ Yes □ No □ Unknown

If Yes, please list:

Is the patient sexually active? □ Yes □ No □ Unknown

Is the patient pregnant? □ Yes □ No □ Unknown

## SOURCE / EXPOSURE INFORMATION

Is chickenpox (varicella) occurring in the community? □ Yes □ No □ Unknown

Has the patient had contact with a person with chickenpox or shingles 10-21 days before rash onset? □ Yes □ No □ Unknown

If Yes, give date(s) and type of contact:

In the 3 weeks before onset of illness: (applies to remainder of section)

Has the patient been in contact with a person with any other rash illness? □ Yes □ No □ Unknown

If Yes, please specify, with date:

Has the patient traveled? □ Yes □ No □ Unknown

## VACCINATION HISTORY

Has the patient received chickenpox (varicella) vaccine? □ Yes □ No □ Unknown

(Chickenpox vaccine was licensed in the United States in 1995.)

If Yes, dose #1 date / / or age

dose #2 date / / or age

(only persons >13 years receive a second dose)

Has the patient ever received smallpox vaccine? □ Yes □ No □ Unknown

(The smallpox vaccine was routinely given in the U.S. until 1972, was recommended for health care providers until 1976, was administered in the military until 1990.)

If Yes, when was the most recent vaccination?          /          /

or at what age?

## MEDICAL HISTORY

Has the patient ever had chickenpox or shingles? □ Yes □ No □ Unknown

If Yes, when? / / or at what age?

Is the patient immunocompromised? □ Yes □ No □ Unknown

If Yes, specify type of illness (e.g., cancer, HIV/AIDS)

Does the patient have any other serious underlying medical illnesses? (e.g., asthma) □ Yes □ No □ Unknown

If Yes, please list:

## DIFFERENTIAL DIAGNOSIS

## LABORATORY

Have you tested the patient for chickenpox? □ Yes □ No □ Unknown

If Yes, what type of test?

Results of tests:

Date:          /          /

## MEDICATIONS

Is the patient on medications that suppress the immune system? (e.g., steroids, chemotherapy, radiation) □ Yes □ No □ Unknown

If Yes, name of medication:

Dosage:

Method of administration:

Is the patient taking antiviral medications? □ Yes □ No □ Unknown

If Yes, name of medication:

Dosage:

Method of administration:

Please list all prescription and non-prescription medications that the patient has taken in the past three weeks. (List drug, dosage, route, dates)

Is there a history of illicit drug use? □ Yes □ No □ Unknown

If Yes, please specify drug, amount (if known), route, and dates:

Another lab testing — Please complete last page

Other comments:
**IMMEDIATE RESPONSE INFORMATION**

- Institute airborne and contact precautions
- Alert infection control
- Take digital photographs of rash
- Consult ID and/or dermatology

**IF THE PATIENT IS AT HIGH RISK:**

- Contact local health department
  - Name: ___________________  Phone: ___________________
  - E-mail: ___________________  Phone: ___________________
- Contact state epidemiologist
  - Name: ___________________  Phone: ___________________
  - E-mail: ___________________  Phone: ___________________
- Contact state BT coordinator
  - Name: ___________________  Phone: ___________________
  - E-mail: ___________________  Phone: ___________________
- Contact CDC BT coordinator
  - Name: ___________________  Phone: ___________________
  - E-mail: ___________________  Phone: ___________________

**24-HOUR FOLLOW-UP INFORMATION**

- Date of follow-up: __________ __________
- Person making follow-up: ___________________
- Condition of patient: ___________________
- Risk of smallpox 24 hours later:  □ Low  □ Moderate  □ High  □ Unkn
- Action taken: ___________________

**48-HOUR FOLLOW-UP INFORMATION**

- Date of follow-up: __________ __________
- Person making follow-up: ___________________
- Condition of patient: ___________________
- Risk of smallpox 48 hours later:  □ Low  □ Moderate  □ High  □ Unkn
- Action taken: ___________________

**72-HOUR FOLLOW-UP INFORMATION**

- Date of follow-up: __________ __________
- Person making follow-up: ___________________
- Condition of patient: ___________________
- Risk of smallpox 72 hours later:  □ Low  □ Moderate  □ High  □ Unkn
- Action taken: ___________________

**DISPOSITION**

Risk of smallpox using CDC criteria (available at www.cdc.gov/nip/smallpox):

- □ Low  □ Moderate  □ High*  □ Unknown

*If checked, see contact checklist below in Immediate Response Information**

**CLINICAL NOTES**

________________________________________________________________________
________________________________________________________________________
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### PLEASE LIST ALL LABORATORY TESTS ORDERED OR PERFORMED REGARDING THIS ILLNESS

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<th>Date:</th>
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<th>Results:</th>
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<tbody>
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<td>Disease:</td>
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**Please list all laboratory tests ordered or performed regarding this illness.**

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### CDC Investigation Form(s)

Post-Event Investigation Forms are available under attachments:

![CLICK HERE TO VIEW ATTACHMENTS](http://emergency.cdc.gov/agent/smallpox/response-plan/index.asp)

*Then double click on the document to open.*

<table>
<thead>
<tr>
<th>Form Number and Name</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form 1:</strong> Smallpox (Case) Post-Event Surveillance</td>
<td>Summarizes clinical and epi information about smallpox case patient. Report form for smallpox suspect, probable, and confirmed cases.</td>
</tr>
<tr>
<td><strong>Form 2A:</strong> Smallpox Case Travel/Activity Worksheet – Infectious Period</td>
<td>Records case activities during infectious period, to help with identifying exposed contacts.</td>
</tr>
<tr>
<td><strong>Form 2B:</strong> Smallpox Primary Contact/Site Worksheet</td>
<td>Lists contacts to case patient and prioritizes by risk.</td>
</tr>
<tr>
<td><strong>Form 2C:</strong> Smallpox Case Transportation Worksheet – Infectious Period</td>
<td>Documents case patient travel history and modes of transportation, to identify possible exposed contacts.</td>
</tr>
<tr>
<td><strong>Form 2D:</strong> Smallpox Contact Tracing</td>
<td>Documents referral for vaccination or clinical evaluation for each identified primary and secondary contact.</td>
</tr>
<tr>
<td><strong>Form 2E:</strong> Smallpox Case Household and Primary Contact Surveillance</td>
<td>Documents surveillance of primary contacts for vaccine “take,” as well as fever and symptoms.</td>
</tr>
<tr>
<td><strong>Form 2F:</strong> Smallpox Case Primary Contact Household Member Surveillance</td>
<td>Documents vaccine “take,” as well as fever and symptoms for all secondary contacts (household members and other close contacts of primary contact).</td>
</tr>
<tr>
<td><strong>Form 3A:</strong> Smallpox Case Exposure Investigation</td>
<td>Assists in determining a common source of exposure. Records information on possible individuals and places as sources of infection. This form is not intended for use in every investigation.</td>
</tr>
<tr>
<td><strong>Form 3B:</strong> Smallpox Case Travel/Activity Worksheet – Exposure Period</td>
<td>Helps identify possible sources of exposure (travel or movement during exposure period)</td>
</tr>
<tr>
<td><strong>Form 3C:</strong> Smallpox Case Transportation Worksheet – Exposure Period</td>
<td>Used to record the travel history of the case for up to 19 days before his/her date of onset of fever.</td>
</tr>
</tbody>
</table>

**Other Options to view attachments:**

*Go to <View>; <Navigation Pane>; <Attachments>*

*– OR –*

*Click on the “Paper Clip” icon on the right.*