

Form 1: Smallpox Post-Event Surveillance Form Instructions

Forms 1, 2A, 2B, 2C and 2D (some sections) are filled out by the case investigator or interviewer. The case investigator/interviewer will return the forms to the State Coordination Center Supervisor. The Supervisor will assign the partially filled out Form 2Ds to contact tracers for contact tracing and surveillance. The contact tracers will fill out the rest of Form 2D and initiate Form 2E for both Household Contacts and Primary Contacts.

The purpose of Form 1: Smallpox Post-Event Surveillance Form is to provide a way to record information on a suspect, probable or confirmed case of smallpox. **Circled numbers indicate the minimum required fields. Every attempt should be made to at least complete the circled items.**

- ① **State:** Enter 2-letter code for state reporting case.
- ② **Case #:** Enter the unique identification code for the case.

Note: If required, black out the case information (#3-5) before transmitting form.

- ③ **Case name:** Write the last name, first name, middle name or initial, suffix, and nickname or alias (if any) of the case.
- ④ **Address:** Write the street number, name, and/or apartment number, the city, state, and zip code of the residence of the case. (Post office boxes are not acceptable).
- ⑤ **Telephone number:** Enter the home, work and other telephone number of the case in the appropriate boxes.

Case Information

- ⑥ **Date of birth:** Enter the date of birth (MM DD YYYY) of the case in the boxes.
- 7. **Age:** Write the age of the case.
- 8. **Age unit:** Check the appropriate box of the age unit of the case: Years, Months, or Days.
- ⑨ **Gender:** Check the appropriate box for the gender of the case, either male or female.
- 10. **Ethnicity:** Check the appropriate box for the ethnicity of the case, either Hispanic or non-Hispanic.
- 11. **Race:** Check all the boxes that apply for the race of the case.
- 12. **Country of birth:** Write the country where the case was born.

Reporting Source and Information

- ⑬ **Date first reported to public health:** Write the date (MM DD YYYY) the case was first reported to state, local or other health department in the boxes.
- ⑭ **Reported by:** Write the name of the individual or source (institution) of the report.
- ⑮ **Reported by phone number:** Enter the telephone number of the person or place that reported the case.
- ⑯ **Form initiated by (Interviewer name):** Write the last name, first name, and middle name or initial of the individual who is conducting the case interview.
- ⑰ **Interview date:** Write the date of the first interview with the case or other individual who provided information about the case.
18. **Information provided by:** If information was not provided by the case, write the name of the individual who provided the information about the case.
19. **Telephone number of informant:** Write the telephone number of the individual who provided information about the case.
20. **Primary interview language spoken:** Write the primary language the interview was conducted in or needs to be conducted in.

Vaccination and Medical History

- ⑰ **Smallpox vaccination history prior to this outbreak:** Check the appropriate box to indicate if the case has a history of smallpox vaccinations. (Yes, No, Unknown) **If Yes,** indicate number of doses: “One” or “More than one.” *Note: Routine childhood smallpox vaccinations stopped in the United States in 1972; however, not everyone born prior to 1972 would have received vaccination in U.S. Health-care workers were vaccinated until the late 1970s, and new military recruits not previously vaccinated were vaccinated until 1990.*
22. **If known:** If date of age of last vaccination is known, write the age. If the age of last vaccination is unknown then enter the year (YYYY) at time of last vaccination.
23. **Smallpox vaccination scar present:** Check the appropriate box to indicate if the case has a smallpox vaccination scar. (Yes, No, Unknown) *Note: In general, smallpox vaccinations were given in the deltoid region of the upper arm, most usually on the left. This scar may be confused with BCG scars in immigrants.*

- 24. Smallpox vaccination during this outbreak:** Check the appropriate box to indicate if the case received a smallpox vaccination during this outbreak. (Yes, No, Unknown). **If Yes**, enter date of vaccination (MM DD YYYY). If entire date is not known, enter year (YYYY). *Note: An outbreak of smallpox is defined as a single laboratory confirmed case in the United States, or since another case of smallpox was reintroduced.*
- 25. Vaccine “Take” recorded at 7 days (6-8 days):** Check the appropriate box to indicate if the case recalls if a smallpox vaccination “take” was read or recorded. (Yes, No, Unknown). **If Yes**, check the appropriate box to indicate what the result of the “take” was. *Note: A “major take” is described as 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 than following a primary reaction. An “equivocal take” is described as any other reaction or response; e.g., an “allergic” reaction (revaccination is indicated) or no reaction (revaccination is indicated).*
- 26. If not vaccinated during this outbreak, give reason:** Check the reason the individual was not vaccinated.
- 27. If female, pregnant:** Check the appropriate box to indicate if the female case is pregnant. (Yes, No, Unknown)
- 28. Pre-existing immunocompromising medical conditions (i.e., leukemia, other cancers, HIV/AIDS):** Check the appropriate box to indicate if the case has a pre-existing or a history of an immunocompromising medical condition. (Yes, No, Unknown) **If Yes, Specify:** Write the type of immunocompromising condition the case has.
- 29. During past month, prescribed immunocompromising/immunomodulating medications including steroids:** Check the appropriate box to indicate if the case has taken any immunocompromising/immunomodulating medications. (Yes, No, Unknown) **If Yes**, specify type of medication.
- 30. For what medical condition:** Write the medical condition the case was taking immunocompromising/immunomodulating for.

Current Illness

- 31. Has patient had a fever as part of this illness in the 4 days prior to rash onset?** Check the appropriate box to indicate if the case had a fever as part of this illness including prior to rash onset. (Yes, No, Unknown) **If Yes, estimated date of onset of fever:** Enter the date of onset of the fever (MM DD YYYY) of the case in the boxes. If entire date is not known, enter year (YYYY).
- 32. Was temperature measured with a thermometer?** Check the appropriate box to indicate if the temperature of the case was measured with a thermometer. (Yes, No,

Unknown)

- 33. Maximum temperature:** Enter the temperature of the maximum fever recorded and circle the scale used (Fahrenheit or Celsius).
- 34. Date of maximum fever:** Enter the date the maximum fever was recorded (MM DD YYYY) of the case in the boxes.
- 35. Date of rash onset:** Enter the date of rash onset (MM DD YYYY) of the case in the boxes.
- 36. Cough with rash/illness?** Check the appropriate box to indicate if the case had a cough with this rash or illness. (Yes, No, Unknown)
- 37. Date of cough onset:** Enter the date of cough onset (MM DD YYYY) of the case in the boxes.
- 38. Symptoms during the 4 days preceding rash onset:** Check the boxes of all the symptoms the case had within 4 days of rash onset.
- 39. Distribution of lesions:** Check the box that best describes the distribution of the lesions on the case during this illness.
- 40. Clinical type of smallpox:** Check the box that best describes the type of smallpox rash the case has had during this illness. Types of smallpox are:

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

Clinical Course

- 41. Date last scab fell off:** Enter the date of the last scab fell off (MM DD YYYY) in the boxes, or **if unknown**, check Unknown.

42. Did the patient develop any complications? Check the appropriate box to indicate if the case developed any complications. (Yes, No, Unknown) **If Yes, check all that apply:** Check the boxes of all the complications the case developed as a result of smallpox disease.

43. Antiviral medication (Cidofovir): Check the appropriate box to indicate if the patient received Cidofovir. (Yes, No, Unknown) **If Yes, date Cidofovir started:** Enter the date of Cidofovir was started (MM DD YYYY) in the boxes.

44. Other antiviral medications given: Check the appropriate box to indicate if the case was given antiviral medications other than Cidofovir. (Yes, No, Unknown) **If Yes, specify:** Write the type of antiviral medications given to the case.

Clinical Outcome

45. Was case admitted to hospital? Enter the hospitalization information of the case. Check the appropriate box to indicate if this case was admitted to a hospital. (Yes, No, Unknown) **If Yes,**

Hospital Name: Write the name of the hospital and location (city and state).

Date Admitted: Enter the date case was admitted to the hospital (MM DD YYYY) in the boxes.

Date Discharged: Enter the date the case was discharged from the hospital (MM DD YYYY) in the boxes.

46. Was case admitted/transferred to 2nd hospital? Enter the hospitalization information of the case. Check the appropriate box to indicate if this case was admitted to a hospital. (Yes, No, Unknown) **If Yes,**

Hospital Name: Write the name of the hospital and location (city and state).

Date Admitted: Enter the date case was admitted to the hospital (MM DD YYYY) in the boxes.

Date Discharged: Enter the date the case was discharged from the hospital (MM DD YYYY) in the boxes.

47. Did the patient die from smallpox illness or any smallpox complications? Check the appropriate box to indicate if the case died from smallpox illness. (Yes, No, Unknown) **If Yes, Date of Death:** Enter the date of death of the case (MM DD YYYY) in the boxes.

Laboratory

48. Was specimen collected for testing: Check the appropriate box to indicate if a specimen was collected for testing. (Yes, No, Unknown)

49. Was lab testing performed for smallpox: Check the appropriate box to indicate if laboratory testing was performed. (Yes, No, Unknown)

Note: If questions 48 and 49 are “No” or “Unknown” then go to question 56. Information about whether a specimen was collected and sent for testing can be found in the patient’s medical chart or provided by the laboratory.

Orthopox Generic Tests

50. Orthopox PCR: Check the appropriate box to indicate if a orthopox PCR test was performed. (Yes, No, Unknown). **If Yes, enter:**

Date of test: Enter the date of test (MM DD YYYY) in the boxes.

Specimen type: Enter the specimen type submitted for the test.

Result: Enter the culture result.

Where: Enter the lab type where the test was performed.

51. Electron Microscopy (EM): Check the appropriate box to indicate if electron microscopy (EM) was performed. (Yes, No, Unknown). **If Yes, enter:**

Date of test: Enter the date of test (MM DD YYYY) in the boxes.

Specimen type: Enter the specimen type submitted for the test.

Result: Enter the culture result.

Where: Enter the lab type where the test was performed.

Variola Specific Tests

52. Variola culture with variola PCR confirmation: Check the appropriate box to indicate if a variola culture test was performed. (Yes, No, Unknown). **If Yes, enter:**

Date of test: Enter the date of test (MM DD YYYY) in the boxes.

Specimen type: Enter the specimen type submitted for the test.

Result: Enter the culture result.

Where: Enter the lab type where the test was performed.

53. Variola PCR from clinical specimen: Check the appropriate box to indicate if variola PCR was performed. (Yes, No, Unknown). **If Yes, enter:**

Date of test: Enter the date of test (MM DD YYYY) in the boxes.

Specimen type: Enter the specimen type submitted for the test.

Result: Enter the culture result.

Where: Enter the lab type where the test was performed.

Vaccinia Specific Test

54. Vaccinia PCR: Check the appropriate box to indicate if vaccinia PCR was performed. (Yes, No, Unknown). **If Yes, enter:**

Date of test: Enter the date of test (MM DD YYYY) in the boxes.
Specimen type: Enter the specimen type submitted for the test.
Result: Enter the culture result.
Where: Enter the lab type where the test was performed.

- 55. Other testing performed:** Check the appropriate box to indicate if other testing was performed. (Yes, No, Unknown). **If Yes, specify other test.**

Epidemiologic

- 56. Transmission setting:** Check the appropriate box of where the case believes they may have been exposed.

Case Classification

- 57. Does this case meet the clinical case definition?** Check the appropriate box to indicate if this case meets the smallpox clinical case definition. (Yes, No, Unknown)

- 58. Is this case epidemiologically-linked to a confirmed case?** Check the appropriate box to indicate if this case is epidemiologically-linked to a confirmed case. (Yes, No, Unknown) **If Yes, Name and case # of individual, if known.** the boxes of all the laboratory methods used to confirm the smallpox case.

- 59. Is this case laboratory-confirmed?** Check the appropriate box to indicate if this case is laboratory-confirmed. (Yes, No, Unknown) **If Yes, by what method:** Check the boxes of all the laboratory methods used to confirm the smallpox case.

- 60. What is the case classification?** Check the appropriate box to indicate if this case is classified as confirmed, probable or suspect.

- 61. If not smallpox, specify final diagnosis:** Write the final diagnosis of the case. (Use hospital and discharge record, or autopsy report).

Smallpox Clinical Case Definition: An illness with acute onset of fever $\geq 101^{\circ}\text{F}$ 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
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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.

② **Case #**

Early: With purpuric rash

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Form 1: Smallpox Post-Event Surveillance Form
Please print

State

Case #

CLINICAL COURSE	
41. DATE LAST SCAB FELL OFF: OR CHECK IF UNKNOWN <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
42. DID THE PATIENT DEVELOP ANY COMPLICATIONS: IF YES, CHECK ALL THAT APPLY:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Skin, infected lesions/abscesses	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Corneal ulcer or keratitis	<input type="checkbox"/> Hemorrhagic
<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Shock
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Bacterial sepsis
<input type="checkbox"/> Other, specify: _____	
43. ANTIVIRAL MEDICATION (CIDOFOVIR): IF YES, DATE CIDOFOVIR STARTED:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
DURATION: _____ DAYS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
44. OTHER ANTIVIRAL MEDICATIONS GIVEN:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF YES, SPECIFY: _____	

CLINICAL OUTCOME	
45. WAS CASE ADMITTED TO HOSPITAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF YES, HOSPITAL NAME: _____	
HOSPITAL LOCATION: _____	
DATE ADMITTED:	DATE DISCHARGED:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
46. WAS CASE ADMITTED/TRANSFERRED TO 2 ND HOSPITAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF YES, HOSPITAL NAME: _____	
HOSPITAL LOCATION: _____	
DATE ADMITTED:	DATE DISCHARGED:
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
47. DID THE PATIENT DIE FROM SMALLPOX ILLNESS OR ANY SMALLPOX COMPLICATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF YES, DATE OF DEATH:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

LABORATORY	
48. WAS SPECIMEN COLLECTED FOR TESTING:	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unknown
49. WAS LAB TESTING DONE FOR SMALLPOX:	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY SPECIMEN TYPE: <input type="checkbox"/> Skin lesion <input type="checkbox"/> Blood <input type="checkbox"/> Crust <input type="checkbox"/> CSF <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other Lab Specify:
51. ELECTRON MICROSCOPY (EM) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY SPECIMEN TYPE: <input type="checkbox"/> Skin lesion <input type="checkbox"/> Other, specify <input type="checkbox"/> Unknown	<input type="checkbox"/> Pox Virus Identified <input type="checkbox"/> Pox Virus Not Identified <input type="checkbox"/> Indeterminate	<input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other Lab Specify:

LABORATORY, CON'T			
VARIOLA SPECIFIC TESTS			
TEST	DATE	RESULT	WHERE
52. VARIOLA PCR FROM CLINICAL SPECIMEN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY SPECIMEN TYPE: <input type="checkbox"/> Skin lesion <input type="checkbox"/> Blood <input type="checkbox"/> Crust <input type="checkbox"/> CSF <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other Lab Specify:
53. VARIOLA CULTURE WITH VARIOLA PCR CONFIRMATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY SPECIMEN TYPE: <input type="checkbox"/> Skin lesion <input type="checkbox"/> Blood <input type="checkbox"/> Crust <input type="checkbox"/> CSF <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other Lab Specify:

VACCINIA SPECIFIC TEST			
TEST	DATE	RESULT	WHERE
54. VACCINIA PCR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY SPECIMEN TYPE: <input type="checkbox"/> Skin lesion <input type="checkbox"/> Blood <input type="checkbox"/> Crust <input type="checkbox"/> CSF <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	<input type="checkbox"/> CDC <input type="checkbox"/> DOD <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Other Lab Specify:

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

EPIDEMIOLOGIC	
56. TRANSMISSION SETTING:	<input type="checkbox"/> Athletics <input type="checkbox"/> College <input type="checkbox"/> Community <input type="checkbox"/> Daycare <input type="checkbox"/> Dr. Office <input type="checkbox"/> Correctional facility <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Int'l travel <input type="checkbox"/> Military <input type="checkbox"/> School <input type="checkbox"/> Place of worship <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/> Unknown
If Other, specify: _____	

CASE CLASSIFICATION	
57. DOES THIS CASE MEET THE CLINICAL CASE DEFINITION:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
58. IS THIS CASE EPIDEMIOLOGICALLY LINKED TO A CONFIRMED CASE:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF YES, NAME/CASE #, IF KNOWN: _____	
59. IS THIS CASE LABORATORY-CONFIRMED:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
IF YES, BY WHAT METHOD:	<input type="checkbox"/> PCR <input type="checkbox"/> Culture/PCR
60. WHAT IS THE CASE CLASSIFICATION:	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
61. IF NOT SMALLPOX, SPECIFY FINAL DIAGNOSIS: _____	

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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:
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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.

Smallpox Forms 2A, 2B, and 2C Instructions

The purpose of Forms 2A, 2B, and 2C is to record information about the case and their contacts during the infectious period to facilitate contact identification and tracing. These forms are filled out by the case investigator/interviewer.

Form 2A: Smallpox Case Travel/Activity Worksheet

Form 2A is an activity worksheet for the case interviewer to record the case's activities that occurred during the infectious period. This will help to identify the primary contacts associated with each activity. List the case household and primary contacts on Form 2B. Form 2A is not entered into a database and is used only as a worksheet to record daily activities to identify the primary contacts of the case.

1. **State:** Enter 2-letter code for state reporting case.
2. **Case #:** Enter the 2-letter abbreviation for the state and write the unique identifier # for the case from Form 1.
3. **Case Name:** Write the last name, first name, middle name or initial of the case.
4. **Interviewer Name:** Write the last name, first name, and middle initial of the case interviewer (the individual who is filling out the form).
5. **Interview Date:** Enter the date (MM DD YYYY) of the first date of interview with the case and/or other individual who provided information about the case and their contacts.
6. **Date of Fever Onset:** Enter the date of first fever onset (MM DD YYYY) of the case in the boxes. *Note: Fever onset occurs approximately 2–4 days before rash onset. The case is considered infectious from date of rash onset up to approximately 20 days.*

Start Here: Beginning with the day of the week when the fever first began in the case, write the month and date of each day and, if present, check the boxes for each day the case had a Fever (F), Rash (R), and /or Cough (C).

Refer to the calendar (Form 2A) as you review the activities of the case for each day from the date of fever onset to the date of the interview. Record all case activities starting with the day of fever onset and proceed through each day until the date of the interview. List the activities for each day as that day is discussed. ***Record any additional information on the reverse side of this form (Form 2A) or, as needed, on additional sheets of paper.***

Form 2B: Smallpox Primary Contact/Site Worksheet

The purpose of Form 2B is to record the names of contacts or sites mentioned in the daily activities (Form 2A) of the case. List case household contacts first then list other case primary

contacts. **This form will be used to initiate a Form 2D for each case household and primary contact.**

1. **State:** Enter 2-letter code for state reporting case.
2. **Case #:** Enter the 2-letter abbreviation for the state and write the unique identifier # for the case from Form 1.
3. **Case Name:** Write the last name, first name, middle name or initial of the case.
4. **Interviewer Name:** Write the last name, first name, and middle initial of the interviewer (the individual who is filling out the form).
5. **Interview Date:** Enter the date (MM DD YYYY) of the first interview with the case and/or other individual who provided information about the case.
6. **Date of Fever Onset:** Enter the date of first fever onset (MM DD YYYY) of the case in the boxes.
7. **Name of Person (Last, First) and/or Name of Site, Address, and Phone Number:**
Write the last and first name of each case household or primary contact on separate lines. If a site is identified, write the name of the company, event and location of the site. Write the address and phone number of the person, company, event, and/or location.
8. **Date of First Exposure:** Enter the date (MM DD YYYY) of the first exposure the contact had with the case since the date of onset of fever of the case.
9. **Date of Last Exposure:** Enter the date (MM DD YYYY) of the last exposure the contact had with the case.

For distance and duration, the intent is to determine a period of time where both the case and contact were close (< 6 feet) and for a long duration (≥ 3 hours). The highest priority categories for contact tracing are given to case household contacts and those contacts with an encounter with the case at less than 6 feet for greater than 3 hours.

10. **Closest Distance (Circle):** Circle the closest distance (<6 ft or ≥ 6 ft) that best describes the distance the case was to the contact for the longest period of time since date of fever onset of the case.
11. **Longest Duration in Hours (Circle):** Circle the longest time in hours (< 3 or ≥ 3) that best describes the time a case spent with a contact at the closest distance during an encounter since date of fever onset of the case.
12. **Contact Priority Category*:** Enter the code that best describes the contact priority category of the contact in terms of both distance and duration.

***Contact Priority Categories Codes:** Used to prioritize the contacts of the case.

1 = (Highest priority) Case household contacts: all immediate family members; others spending ≥ 3 hours in the household since case's onset of rash

2 = Non-household contacts with contact < 6 feet with case with rash for ≥ 3 hours

3 = Non-household contacts with contact < 6 feet with case with rash for < 3 hours

4 = Non-household contacts with contact ≥ 6 feet with case with rash for ≥ 3 hours

5 = Non-household contacts with contact ≥ 6 feet with case with rash for < 3 hours

13. Form 2D #: Enter the Smallpox Contact Tracing Form (Form 2D) unique number that you assigned to this primary contact. Complete this field concurrently with Form 2D for each primary contact.

14. Notes: Write any additional information that might aid you in completing Form 2D or the contact tracer in finding the contact. Also, indicate relationship of primary contact with case (e.g., sister, father, co-worker, employer).

Once case household and primary contacts are listed on Form 2D, fill out a Form 2D for each case household and primary contact.

Form 2C: Smallpox Case Transportation Worksheet

The purpose of Smallpox Form 2C is to record the travel history of the case since his/her date of onset of fever.

- 1. State:** Enter 2-letter code for state reporting case.
- 2. Case #:** Enter the 2-letter abbreviation for the state and write the unique identifier # for the case from Form 1.
- 3. Case Name:** Write the last name, first name, middle name or initial of the case.
- 4. Interviewer Name:** Write the last name, first name, and middle initial of the interviewer (the individual who is filling out the form).
- 5. Interview Date:** Enter the date (MM DD YYYY) of the first interview with the case and/or other individual who provided information about the case.
- 6. Date of Fever Onset:** Enter the date of fever onset (MM DD YYYY) of the case in the boxes.

For each instance of travel by the case since his/her fever onset, enter the date, time, transport type, carrier/company, and route/flight #'s. For travel outside of the state, domestic or international travel, indicate where the travel originated from and the final destination.

- 7. Date of Travel:** Enter the date (MM DD YYYY) of travel by the case.

- 8. Time of Travel:** Write the time the travel began in the space provided; circle “AM” or “PM.”
- 9. Transport Type (e.g., bus, train, plane, car):** Write the type of transportation.
- 10. Carrier/Company Name:** Write the name of the carrier or the company name.
- 11. Route/Flight #:** Write the route or flight number for the trip.
- 12. Origin City:** Write the city the travel originated in.
- 13. Origin State:** Write the state the travel originated in.
- 14. Origin Country:** Write the country the travel originated in.
- 15. Destination City:** Write the city of the final destination.
- 16. Destination State:** Write the state of the final destination.
- 17. Destination Country:** Write the country of the final destination (international travel).

1. State ☐ ☐

2. Case # _____

3. CASE NAME: _____
Last First Middle Suffix

4. Interviewer Name: _____
Last First Middle

5. Interview Date: _____
MM DD / YYYY

6. Date of fever onset: _____
MM DD / YYYY

F=Fever, R=Rash, C=Cough

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>
DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>
DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>	DATE: <div><input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/> C</div>

Public reporting burden of this collection of information is estimated to average _____ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

Form 2B: Smallpox Primary Contact/Site Worksheet

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

1. State ☐ 2. Case # _____

3. CASE NAME: _____ Last _____ First _____ Middle _____ Suffix _____ Nickname/Alias _____
 4. Interviewer Name: _____ Last _____ First _____ Middle _____
 5. Interview Date: _____ MM DD / _____ YYYY
 6. Date of fever onset: _____ MM DD / _____ YYYY

*Contact Priority Category Codes:

- 1 = (Highest priority) Case household contacts: all immediate family members; others spending ≥ 3 hours in the household since case's onset of rash
 2 = Non-household contacts with contact < 6 feet with case with rash for ≥ 3 hours
 3 = Non-household contacts with contact < 6 feet with case with rash for < 3 hours
 4 = Non-household contacts with contact ≥ 6 feet with case with rash for ≥ 3 hours
 5 = Non-household contacts with contact ≥ 6 feet with case with rash for < 3 hours

7. Name of Person (Last, First) and/or Name of Site Address & Phone Number	8. Date of First Exposure MM DD YYYY	9. Date of Last Exposure MM DD YYYY	10. Closest Distance in feet (Circle)	11. Longest Duration in Hours (Circle)	12. Contact Priority Category*	13. Form 2D #	14. Notes:
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			
	MM DD YYYY	MM DD YYYY	<6ft ≥6ft	< 3 ≥ 3			

Public reporting burden of this collection of information is estimated to average ___ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).

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

1. State

2. Case #

[illegible]

Public reporting burden of this collection of information is estimated to average _____ minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0008).