

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch



ATTENTION HEALTH CARE PROVIDERS:

Please report relevant clinical findings about this disease event to the local health department.

Durham County Health Department
Communicable Disease Control
414 East Main Street
Durham, NC 27701

Telephone: (919) 560-7600
Fax: (919) 560-7716

SMALLPOX
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 69

ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NC EDSS question packages.

If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name First Middle Suffix Maiden/Other Alias Birthdate (mm/dd/yyyy) SSN

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Table with 8 columns: Specimen Date, Specimen #, Specimen Source, Type of Test, Test Result(s), Description (comments), Result Date, Lab Name—City/State

CLINICAL FINDINGS

Is/was patient symptomatic for this disease?
If yes, symptom onset date (mm/dd/yyyy):
Fever
Fatigue or malaise or weakness
Chills or rigors
Shock
Hemorrhagic
Swollen lymph nodes
Location
Tenderness
Altered mental status
Headache
Encephalitis
Arthritis
Backache/back pain

Skin rash
Onset date (mm/dd/yyyy)
Observed by health care provider
Duration
Location
Appearance (select all that apply)
Further appearance of rash:
Date last scab fell off
Abscess/infected skin lesion
Corneal ulcer(s) or keratitis
Cough
Onset date (mm/dd/yyyy)
Productive
Describe (check all that apply)
Pneumonia
Confirmed by x-ray or CT
Vomiting
Abdominal pain or cramps
Bacteremia
Date of positive blood culture
Septicemia/sepsis
Other symptoms, signs, clinical findings, or complications consistent with this illness

Specify
Clinical classification
Ordinary/classic type with discrete lesions
Ordinary/classic type with semi-confluent lesions—face only
Ordinary/classic type with confluent lesions—face and other sites
Variola sine eruptione
Modified type
Early hemorrhagic type
Late hemorrhagic type
Unknown

PREDISPOSING CONDITIONS
HIV/AIDS
Immunosuppressive conditions
(not including HIV/AIDS)
Specify
Immunoglobulin (IG) deficiency
Autoimmune disease
Specify:
Systemic lupus erythematosus
Rheumatoid arthritis
Other
Diabetes
Malignancy
Lymphoma/Hodgkin's disease
Multiple myeloma
Leukemia
Other malignancy (ies)
Cardiovascular/heart disease (including congenital heart disease)
Heart failure
Valvular heart disease or vascular graft
Congenital heart disease
Other cardiovascular/heart disease

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

PREDISPOSING CONDITIONS (continued)

Other underlying illness Y N U
Specify _____

Receiving treatment or taking any medications:

Antibiotics
 Chemotherapy
 Immunosuppressive therapy, including anti-rejection therapy
 Radiotherapy
 Systemic steroids/corticosteroids, including steroids taken by mouth or injection

Was medication taken/therapy provided within the last 30 days before this illness? Y N U
For what medical condition? _____

TREATMENT

Did the patient receive an antiviral for this illness? Y N U
Antiviral name _____
Date antiviral treatment began: ___/___/___
Time antiviral treatment began _____ AM PM
Number of days taken _____ Unknown

Was antiviral prophylaxis given prior to illness onset? Y N U

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? Y N U
Hospital name: _____
City, State: _____
Hospital contact name: _____
Telephone: (____) _____ - _____
Admit date (mm/dd/yyyy): ___/___/___
Discharge date (mm/dd/yyyy): ___/___/___

ISOLATION/QUARANTINE/CONTROL MEASURES

Restrictions to movement or freedom of action? Y N
Check all that apply:
 Work Sexual behavior
 Child care Blood and body fluid
 School Other, specify _____

Date control measures issued: ___/___/___
Date control measures ended: ___/___/___
Was patient compliant with control measures? Y N

Did local health director or designee implement additional control measures? Y N
If yes, specify: _____

Were written isolation orders issued?.. Y N U
If yes, where was the patient isolated? _____
Date isolation started: ___/___/___
Date isolation ended: ___/___/___
Was the patient compliant with isolation? Y N U

Were written quarantine orders issued? Y N
If yes, where was the patient quarantined? _____
Date quarantine started: ___/___/___
Date quarantine ended: ___/___/___
Was the patient compliant with quarantine? Y N

Notes: _____

REASON FOR TESTING

Why was the patient tested for this condition?
 Symptomatic of disease
 Screening of asymptomatic person with reported risk factor(s)
 Exposed to organism causing this disease (asymptomatic)
 Household / close contact to a person reported with this disease
 Other
 Unknown

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? Y N U
Died? Y N U
Died from this illness? Y N U
Date of death (mm/dd/yyyy): ___/___/___

TRAVEL/IMMIGRATION

The patient is:
 Resident of NC
 Resident of another state or US territory
 Foreign Visitor
 Refugee
 Recent Immigrant
 Foreign Adoptee
 None of the above

Did patient have a travel history during the 7 days prior to onset of symptoms? Y N U
List travel dates and destinations:
From ___/___/___ to ___/___/___

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? Y N U
List persons and contact information:

Additional travel/residency information: _____

CHILD CARE/SCHOOL/COLLEGE

Patient in child care? Y N U
Patient a child care worker or volunteer in child care? Y N U
Patient a parent or primary caregiver of a child in child care? Y N U
Is patient a student? Y N U
Is patient a school WORKER / VOLUNTEER in NC school setting? Y N U
Give details: _____

BEHAVIORAL RISK & CONGREGATE LIVING

During the 7 days prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? Y N U
Name of facility: _____
Dates of contact: from ___/___/___ until ___/___/___

During the 7 days prior to onset of symptoms, did the patient attend social gatherings or crowded settings? Y N U
If yes, specify: _____

In what setting was the patient most likely exposed?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Home	<input type="checkbox"/> Outdoors, including woods or wilderness
<input type="checkbox"/> Work	<input type="checkbox"/> Athletics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Farm
<input type="checkbox"/> School	<input type="checkbox"/> Pool or spa
<input type="checkbox"/> University/College	<input type="checkbox"/> Pond, lake, river or other body of water
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel / motel
<input type="checkbox"/> Doctor's office/ Outpatient clinic	<input type="checkbox"/> Social gathering, other than listed above
<input type="checkbox"/> Hospital In-patient	<input type="checkbox"/> Travel conveyance (airplane, ship, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> International
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Community
<input type="checkbox"/> Long-term care facility /Rest Home	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Military	<input type="checkbox"/> Unknown
<input type="checkbox"/> Prison/Jail/Detention Center	

HEALTH CARE FACILITY AND BLOOD & BODY FLUID EXPOSURE RISKS

During the 7 days prior to onset of symptoms, did the patient have any health care exposures such as hospitalization, ER visit, outpatient clinic, long term or other institutional care? Y N U
Nature of exposure _____
Name of facility: _____
Location/address: _____
City: _____ State: _____
Zip code: _____
Telephone: (____) _____ - _____
Other occupation, specify _____

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? Y N U
If yes, specify: _____

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? Y N U
 Date of interview (mm/dd/yyyy): ____/____/____
 Were interviews conducted with others? Y N U
 Who was interviewed?
 Were health care providers consulted? Y N U
 Who was consulted?
 Medical records reviewed (including telephone review with provider/office staff)? Y N U
 Specify reason if medical records were not reviewed:
 Notes on medical record verification:

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?
 Specify location:
 In NC
 City _____
 County _____
 Outside NC, but within US
 City _____
 State _____
 County _____
 Outside US
 City _____
 Country _____
 Unknown
 Is the patient part of an outbreak of this disease? Y N
 Notes:

VACCINE

Has patient/contact ever received vaccination against smallpox? Y N U
 Vaccine type: _____
 Unknown vaccine or immune globulin
 Origin of this vaccine information: _____
 Year of last dose received: _____
 Age when last dose received: _____
 Number of doses received: _____
 How many days prior to illness onset was vaccine received?
 Fewer than 14 days
 14 days or more
 Was vaccination pre-exposure or post-exposure?
 Pre-exposure
 Post-exposure
 Vaccine "take" recorded at 7 days?... Y N U
 Result:
 Major Equivocal None Unknown
 Was vaccination during this outbreak? Y N U
 Source of vaccine information:
 Patient's or Parent's verbal report
 Physician
 Medical record (Note: Any vaccine on a medical record should be recorded in the NCIR)
 Certificate of immunization record (Note: Any vaccine on a certificate of immunization should be recorded in the NCIR)
 Patient vaccine record
 School record
 Other, specify: _____
 Unknown

Smallpox

2004 CDC Case Definition

Clinical Description

An illness with acute onset of fever $\geq 101^{\circ}$ F ($\geq 38.3^{\circ}$ C) followed by a rash characterized by firm, deep-seated vesicles or pustules in the same stage of development without other apparent cause. Clinically consistent cases are those presentations of smallpox that do not meet this classical clinical case definition: a) hemorrhagic type, b) flat type, and c) *variola sine eruptione*. (Detailed clinical description is available on the CDC web site, see URL: <http://www.bt.cdc.gov/agent/smallpox/index.asp>).

Laboratory criteria for diagnosis

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; confirmed by variola PCR).

Note: Indications for laboratory testing of patients with suspected smallpox should be followed as described in detail in Guide A of the CDC Smallpox Response Plan. Laboratory diagnostic testing for variola virus should be conducted in Level C or D laboratories only.

Case Classification*

Confirmed: 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: A case that meets the clinical case definition, or a clinically consistent case that does not meet the clinical case definition and has an epidemiological link to a confirmed case of smallpox.

Suspected: A case with a generalized, acute vesicular or pustular rash illness with fever preceding development of rash by 1-4 days.

***Exclusion Criteria:** A case may be excluded as a suspect or probable smallpox case if an alternative diagnosis fully explains the illness or appropriate clinical specimens are negative for laboratory criteria for smallpox.

Note: The smallpox case definition is to be used only during post-event surveillance. The case definition described in Guide A of the Smallpox Response Plan and Guidelines (Version 3) on the CDC bioterrorism preparedness website (URL: <http://www.bt.cdc.gov/agent/smallpox/response-plan/index.asp>) includes different criteria for a suspected case than the smallpox case definition the Council of State and Territorial Epidemiologists approved for use in the National Notifiable Diseases Surveillance System (NNDSS). The smallpox case definition on the CDC bioterrorism web site is more sensitive and less specific than the case definition for the NNDSS, in that a "suspect" case is defined as: "a case with febrile rash illness with fever preceding the development of rash by 1-4 days."