Form 1: *Smallpox Post-Event Surveillance Form*
Please print

(1.) State ☐☐ (2.) Case # ____________

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

Circled numbers indicate the minimum required fields. Every attempt should be made to at least complete the circled items.

(3.) CASE NAME: ____ Last ____ First ____ Middle / ____ Suffix / ____ Nickname/Alias

(4.) ADDRESS: ____ Street Address, Apt #. ____ City ____ State ____ Zip Code

(5.) TELEPHONE: Home: ☐☐☐ Area Code ☐☐☐☐ Number Work: ☐☐☐ Area Code ☐☐☐☐ Number Other: ☐☐☐ Area Code ☐☐☐☐ Number

CASE INFORMATION

(6.) DATE OF BIRTH: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

7. AGE: ____ 8. AGE UNIT: ☐ Years ☐ Months ☐ Day

(9.) GENDER: ☐ Male ☐ Female

10. ETHNICITY: ☐ Hispanic ☐ Non-Hispanic

11. RACE (Check all that apply): ☐ Am. Indian/Alaska Native ☐ Black/African Am. ☐ Native Hawaiian/Pacific Islander ☐ Asian ☐ White ☐ Unknown

12. COUNTRY OF BIRTH: ____

REPORTING SOURCE AND INFORMATION

(13.) DATE FIRST REPORTED TO PUBLIC HEALTH: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

(14.) REPORTED BY: ____ Name/Institution

(15.) REPORTED BY PHONE NUMBER: ☐☐☐ Area Code ☐☐☐ ☐☐☐☐ Number

(16.) FORM INITIATED BY: (INTERVIEWER NAME) ____ Last ____ First ____ Middle

(17.) INTERVIEW DATE: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

18. INFORMATION PROVIDED BY: ____ Informant: Last ____ First ____ Middle

19. TELEPHONE NUMBER OF INFORMANT: ☐☐☐ Area Code ☐☐☐ ☐☐☐☐ Number

20. PRIMARY INTERVIEW LANGUAGE SPOKEN: ____

VACCINATION AND MEDICAL HISTORY

(21) SMALLPOX VACCINATION PRIOR TO THIS OUTBREAK: ☐ Yes ☐ No ☐ Unknown
IF YES, NUMBER OF DOSES: ☐ One ☐ More than one

22. IF KNOWN: AGE (YEARS) ____ OR YEAR ____ OF LAST DOSE

23. SMALLPOX VACCINATION SCAR PRESENT: ☐ Yes ☐ No ☐ Unknown

24. SMALLPOX VACCINATION DURING THIS OUTBREAK: ☐ Yes ☐ No ☐ Unknown
IF YES, DATE OF VACCINATION: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

25. VACCINE "TAKE" RECORDED AT 7 DAYS (6-8 DAYS): ☐ Yes ☐ No ☐ Unknown
IF YES, RESULT: ☐ Major ☐ Equivocal ☐ None ☐ Unknown

26. IF NOT VACCINATED DURING THIS OUTBREAK, GIVE REASON:
☐ Patient refusal
☐ Medical contraindication
☐ Vaccination site unavailable/unknown
☐ Other, specify: ____
☐ Patient forgot
☐ Unaware of need to be vaccinate

27. IF FEMALE, PREGNANT: ☐ Yes ☐ No ☐ Unknown

28. PRE-EXISTING IMMUNOCOMPROMISING MEDICAL CONDITIONS (i.e., LEUKEMIA, OTHER CANCERS, HIV/AIDS): ☐ Yes ☐ No ☐ Unknown
IF YES, PLEASE SPECIFY: ____

VACCINATION AND MEDICAL HISTORY, CON'T

29. DURING THE PAST MONTH, ANY PRESCRIBED IMMUNOCOMPROMISING OR IMMUNOMODULATING MEDICATIONS INCLUDING STEROIDS: ☐ Yes ☐ No ☐ Unknown
IF YES, PLEASE SPECIFY: ____

30. FOR WHAT MEDICAL CONDITION: ____

CURRENT ILLNESS

(31) HAS THE PATIENT HAD A FEVER AS PART OF THIS ILLNESS IN THE 4 DAYS PRIOR TO RASH ONSET? ☐ Yes ☐ No ☐ Unknown
IF YES, ESTIMATED DATE OF FEVER ONSET: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

32. WAS TEMPERATURE MEASURED WITH A THERMOMETER? ☐ Yes ☐ No ☐ Unknown

33. MAXIMUM TEMPERATURE: ____ F° / C° (Circle)

34. DATE OF MAXIMUM FEVER: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

(35) DATE OF RASH ONSET: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

36. COUGH WITH RASH/ILLNESS? ☐ Yes ☐ No ☐ Unknown

37. DATE OF COUGH ONSET? ☐☐ Month ☐☐ Day ☐☐☐☐ Year

38. SYMPTOMS DURING THE 4 DAYS PRECEDING RASH ONSET (Check all the apply):

Headache:	☐ Yes	☐ No	☐ Unknown
Backache:	☐ Yes	☐ No	☐ Unknown
Chills:	☐ Yes	☐ No	☐ Unknown
Vomiting:	☐ Yes	☐ No	☐ Unknown

☐ Other (e.g., abdominal pain, delirium)
Specify: ____

39. DISTRIBUTION OF LESIONS:
☐ Generalized, predominantly face and distal extremities (centrifugal)
☐ Generalized, predominantly trunk (centripetal)
☐ Localized, not generalized
☐ Other, specify: ____

(40) CLINICAL TYPE OF SMALLPOX:
☐ Ordinary/Classic type: ☐ Discrete lesions ☐ Semi-confluent – Face only ☐ Confluent – Face and other site
☐ Variola sine eruptione
☐ Modified type
☐ Flat type
☐ Hemorrhagic type: ☐ Early ☐ Late

CLINICAL TYPES OF SMALLPOX:

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

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 1: *Smallpox Post-Event Surveillance Form*
Please print

State ☐☐ Case # ____________

CLINICAL COURSE

41. DATE LAST SCAB FELL OFF: ☐☐/☐☐/☐☐☐☐ (Month Day Year)
OR CHECK IF UNKNOWN ☐

42. DID THE PATIENT DEVELOP ANY COMPLICATIONS: ☐ Yes ☐ No ☐ Unknown
IF YES, CHECK ALL THAT APPLY:
☐ Skin, infected lesions/abscesses
☐ Corneal ulcer or keratitis
☐ Encephalitis
☐ Arthritis
☐ Other, specify: ____________
☐ Pneumonia
☐ Hemorrhagic
☐ Shock
☐ Bacterial sepsis

43. ANTIVIRAL MEDICATION (CIDOFOVIR): ☐ Yes ☐ No ☐ Unknown
IF YES, DATE CIDOFOVIR STARTED: ☐☐/☐☐/☐☐☐☐ (Month Day Year)
DURATION: ________ DAYS

44. OTHER ANTIVIRAL MEDICATIONS GIVEN: ☐ Yes ☐ No ☐ Unknown
IF YES, SPECIFY: ____________

CLINICAL OUTCOME

45. WAS CASE ADMITTED TO HOSPITAL? ☐ Yes ☐ No ☐ Unknown
IF YES, HOSPITAL NAME: ____________
HOSPITAL LOCATION: ____________
DATE ADMITTED: ☐☐/☐☐/☐☐☐☐ (Month Day Year) DATE DISCHARGED: ☐☐/☐☐/☐☐☐☐ (Month Day Year)

46. WAS CASE ADMITTED/TRANSFERRED TO 2ND HOSPITAL? ☐ Yes ☐ No ☐ Unknown
IF YES, HOSPITAL NAME: ____________
HOSPITAL LOCATION: ____________
DATE ADMITTED: ☐☐/☐☐/☐☐☐☐ (Month Day Year) DATE DISCHARGED: ☐☐/☐☐/☐☐☐☐ (Month Day Year)

47. DID THE PATIENT DIE FROM SMALLPOX ILLNESS OR ANY SMALLPOX COMPLICATIONS? ☐ Yes ☐ No ☐ Unknown
IF YES, DATE OF DEATH: ☐☐/☐☐/☐☐☐☐ (Month Day Year)

LABORATORY

48. WAS SPECIMEN COLLECTED FOR TESTING: ☐ Yes* ☐ No ☐ Unknown

49. WAS LAB TESTING DONE FOR SMALLPOX: ☐ Yes* ☐ No ☐ 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 ☐ Yes ☐ No ☐ Unknown	___/___/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:
51. ELECTRON MICROSCOPY (EM) ☐ Yes ☐ No ☐ Unknown	___/___/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Other, specify ☐ Unknown	☐ Pox Virus Identified ☐ Pox Virus Not Identified ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

LABORATORY, CON'T

VARIOLA SPECIFIC TESTS

TEST	DATE	RESULT	WHERE
52. VARIOLA PCR FROM CLINICAL SPECIMEN ☐ Yes ☐ No ☐ Unknown	___/___/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:
53. VARIOLA CULTURE WITH VARIOLA PCR CONFIRMATION ☐ Yes ☐ No ☐ Unknown	___/___/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

VACCINIA SPECIFIC TEST

TEST	DATE	RESULT	WHERE
54. VACCINIA PCR ☐ Yes ☐ No ☐ Unknown	___/___/_____ MM DD YYYY SPECIMEN TYPE: ☐ Skin lesion ☐ Blood ☐ Crust ☐ CSF ☐ Oropharyngeal ☐ Unknown ☐ Other, specify	☐ Positive ☐ Negative ☐ Indeterminate	☐ CDC ☐ DOD ☐ State ☐ Local ☐ Other Lab Specify:

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

EPIDEMIOLOGIC

56. TRANSMISSION SETTING: ☐ Athletics ☐ Daycare ☐ Home ☐ Military ☐ Work ☐ College ☐ Dr. Office ☐ Hospital ☐ School ☐ Other ☐ Community ☐ Correctional facility ☐ Int'l travel ☐ Place of worship ☐ Unknown
If Other, specify: ________

CASE CLASSIFICATION

57. DOES THIS CASE MEET THE CLINICAL CASE DEFINITION: ☐ Yes ☐ No ☐ Unknown

58. IS THIS CASE EPIDEMIOLOGICALLY LINKED TO A CONFIRMED CASE: ☐ Yes ☐ No ☐ Unknown
IF YES, NAME/CASE #, IF KNOWN: ____________

59. IS THIS CASE LABORATORY-CONFIRMED: ☐ Yes ☐ No ☐ Unknown
IF YES, BY WHAT METHOD: ☐ PCR ☐ Culture/PCR

60. WHAT IS THE CASE CLASSIFICATION: ☐ Confirmed ☐ Probable ☐ Suspect

61. IF NOT SMALLPOX, SPECIFY FINAL DIAGNOSIS: ____________

Smallpox Clinical Case Definition: An illness with acute onset of fever ≥ 101°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 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.

Form 2A: ***Smallpox Case Travel/Activity Worksheet - Infectious Period***

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

Please print

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

F=Fever, R=Rash, C=Cough

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

START HERE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C
DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C
DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C
DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C	DATE: ☐F ☐R ☐C

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Form 2B: *Smallpox Primary Contact/Site Worksheet*

Please print

1. State ☐☐ 2. Case # ____________

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

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	8. Date of First Exposure	9. Date of Last Exposure	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			

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 2C: *Smallpox Case Transportation Worksheet – Infectious Period*

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

Please print

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

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE SINCE FEVER ONSET.

7. Date of Travel	8. Time of Travel (___:___) [AM /PM (Circle)]	9. Transport Type (e.g., bus, train, plane, car)	10. Carrier/Company Name	11. Route/ Flight #	12. Origin City	13. Origin State	14. Origin Country	15. Destination City	16. Destination State	17. Destination Country
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									
__/__/____ MM DD YYYY	___ : ___ AM / PM									

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Form 2D: Smallpox Contact Tracing Form

OMB 0920-0008
Exp. Date: 06/2003

1. Last Name: First Name: MI: Suffix: Alias:

2. Street Address: Apt #:

3. City: State:

4. Zip:

5. DOB: MM DD YYYY

6. Age (Yrs):

7. Ethnicity: H Non/H

8. Race - Mark all that apply: AI/AN Asian B/AA H/PI O/U White

9. Sex: M F

10. Height:

11. Size/Build:

12. Hair:

13. Complexion:

14. Pregnant?: Y N U

15. Primary Language Spoken:

16. English Spoken: Y N U

17. Name of Employer/School:

18. Address of Employer/School:

19. Work Hours:

20. Phone Number - Home:

21. Phone Number - Cell:

22. Phone Number - Work:

23. Phone Number - Other:

24. Exposure Dates:

Date of First Exposure: MM DD 20YY

Date of Last Exposure: MM DD 20YY

25. Reported Case Number:

State

26. Date Interview of Reported Case: MM DD 20YY

27. Contact Type (Mark One)		28. Priority Code *
Primary Contact		
OOJ Primary Contact		
27. (continued) Secondary Contact		
OOJ Secondary Contact		

29. Primary Contact Form 2D Number:
(Complete only for Secondary Contacts)

30. Location, Epi Notes, and Other Relevant Information:

Case Contact Priority 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.

31. Date Form 2D Initiated: MM DD 20YY

32. Initiated By:

33. Date of Contact Notification: MM DD 20YY

34. Notified By:

35. Disposition Date: MM DD 20YY

36. Dispo'ed By:

37. Follow-up Assignment Date: MM DD 20YY

38. Follow-up By:

39. **Disposition (Select One)**

1. Located

- 1A Referred for Vaccination, Fever or Rash or Cough Not Present
- 1B Referred for Clinical Assessment, Fever or Rash or Cough Present
- 1C Already Hospitalized as Suspected Case, Fever or Rash or Cough Present
- 1D Isolated, Not Vaccinated (within last 6 months), Fever or Rash or Cough Not Present
- 1E Previously Vaccinated (within last 6 months), Fever or Rash or Cough Not Present

Date of Vaccination: MM DD 20YY

Reported Vaccination Take Status: Major / Equivocal / None / Unknown

2. Not Located

- 2A Unable to Locate
- 2B Moved From Jurisdiction, To: ____

3. Deceased

- 3A Smallpox Suspected
- 3B Unrelated to Smallpox

4. 4 **Other :** ____

40. Smallpox Case ID:

State

Form 2D Number - **A0001234**

Department of Health and Human Services
Centers for Disease Control and Prevention

41. Reviewed By:

42. Comments:

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Form 2E: *Smallpox Case Household and Primary Contact Surveillance Form*

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

Please print

I. CASE INFORMATION (Filled out by interviewer)

1 *CASE ID#: ____________________

II. HOUSEHOLD OR PRIMARY CONTACT INFORMATION (Questions marked with (*) to be filled out by interviewer)

*2. DATE OF HOUSEHOLD VISIT: ____/____/______ (MM DD YYYY)

*3. NAME OF CASE HOUSEHOLD OR PRIMARY CONTACT: ______________________ / ______ / ______ (Last, First, Middle / Suffix / Nickname/Alias)

*4. SEX (Circle): Male Female

5. AGE: __________

6. HOUSEHOLD CONTACT/PRIMARY CONTACT FORM 2D# ____________________

*7. DATE OF LAST EXPOSURE TO CASE: ____/____/______ (MM DD YYYY)

8. DATE VACCINATED: ____/____/______ (MM DD YYYY)

9. CALL BACK DATE (7 days after vaccination) ____/____/______ (MM DD YYYY)

III. HOUSEHOLD OR PRIMARY CONTACT CLINCAL SIGNS TRACKING (Filled out by Household or Primary Contact)

11. *[Insert telephone number or sticker here]

10. Record your temperature each day in the boxes below. If fever is 101° F or greater for two consecutive days, call the number provided immediately:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Temperature Daily Record																					

12. If rash develops, mark the day the rash started below, and call the number provided:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Rash																					

13. If you develop any of the severe vaccine adverse reactions shown on the Vaccination Information Statement, call:

14. *[Insert telephone number or sticker here]

15. For non-emergencies or if you have questions, call:

16. *[Insert telephone number or sticker here]

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Form 2F: *Smallpox Case Primary Contact's Household Members Surveillance Form*

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

Please print

I. CASE INFORMATION (Filled out by interviewer)

1. *CASE ID#: ____________________

II. PRIMARY CONTACT INFORMATION (Questions marked with (*) to be filled out by interviewer)

*2. DATE OF HOUSEHOLD VISIT: ____/____/______ (MM DD YYYY)

*3. NAME OF PRIMARY CONTACT: ____________________ / ______ / ____________ (Last, First, Middle / Suffix / Nickname/Alias)

*4. PRIMARY CONTACT FORM 2D# ____________________

III. INFORMATION ABOUT PRIMARY CONTACT'S HOUSEHOLD MEMBERS (Filled out by primary contact or household member)

5. *Form 2D #	6. Last name	7. First name	8. MI	9. Sex	10. Date vaccinated	11. Call Back Date
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY
					___/___/___ MM DD YYYY	___/___/___ MM DD YYYY

12. If anyone develops any of the severe vaccine adverse reactions shown on the Vaccination Information Statement, call:	13. *[Insert telephone number or sticker here]

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Form 3A: Smallpox Case Exposure Investigation Form 1. STATE ☐☐ 2. **Case #** ____________ **OMB NO. 0920-0008 Exp. Date: 06/2003**

Case Exposure/Source Information

3. INTERVIEW DATE: ☐☐ ☐☐ ☐☐☐☐ (Month Day Year)

Case Information

4. CASE NAME: ______ (Last) ______ (First) ______ (Middle) / ______ (Suffix) / ______ (Nickname)

5. ADDRESS: ______ Street Address, Apt #. ______ City ☐☐ State ☐☐☐☐☐ Zip Code

6. Case Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Unknown

Information on possible source of infection - INDIVIDUALS

7. DO YOU KNOW FROM WHOM YOU CAUGHT THIS ILLNESS? ☐ **Yes** ☐ **No** ☐ **Unknown**
IF NO OR UNKNOWN, GO TO QUESTION 10.

IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

Name (LAST, FIRST) Street Address, Apt #. City ☐☐ State ☐☐☐☐☐ Zip Code ☐☐☐-☐☐☐-☐☐☐☐ Area Code Number

8. DATE OF LAST EXPOSURE: ☐☐ ☐☐ ☐☐☐☐ (Month Day Year)

9. DID THE PERSON HAVE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS (MARK ALL THAT APPLY):

- ☐ RASH: PAPULES/BUMPS
- ☐ RASH: VESICLES
- ☐ RASH: PUSTULES (FLUID FILLED)
- ☐ RASH: CRUSTS/SCABS
- ☐ FEVER
- ☐ COUGH
- ☐ SEVERELY ILL
- ☐ IMMOBILE
- ☐ OTHER, DESCRIBE: ____________

10. DO YOU KNOW OF ANY OTHER PERSON WITH AN ILLNESS LIKE YOURS: ☐ Yes ☐ No ☐ Unknown
IF YES, GIVE NAME, ADDRESS, AND TELEPHONE NUMBER

Name (LAST, FIRST) Street Address, Apt #. City ☐☐ State ☐☐☐☐☐ Zip Code ☐☐☐-☐☐☐-☐☐☐☐ Area Code Number

11. DURING THE DATES FROM ____________ (Insert date: 21 days before rash onset) TO ____________ (Insert date: 7 days before rash onset) BEFORE YOUR RASH ONSET, WERE YOU IN CONTACT WITH

DO YOU KNOW OF ANYONE WHO APPEARED TO HAVE:

11a. CHICKENPOX: ☐ Yes ☐ No ☐ Unknown

11b. A SEVERE RASH ON THE FACE AND/OR ARMS: ☐ Yes ☐ No ☐ Unknown

IF YES TO 11a OR 11b, GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUALS:

Name (LAST, FIRST) Street Address, Apt #. City ☐☐ State ☐☐☐☐☐ Zip Code ☐☐☐-☐☐☐-☐☐☐☐ Area Code Number

DATE OF LAST EXPOSURE: ☐☐ ☐☐ ☐☐☐☐ (Month Day Year)

Name (LAST, FIRST) Street Address, Apt #. City ☐☐ State ☐☐☐☐☐ Zip Code ☐☐☐-☐☐☐-☐☐☐☐ Area Code Number

DATE OF LAST EXPOSURE: ☐☐ ☐☐ ☐☐☐☐ (Month Day Year)

Information on possible source of infection - PLACE

12. DO YOU KNOW WHERE YOU CAUGHT THIS ILLNESS? ☐ Yes ☐ No ☐ Unknown

IF YES, NAME OF PLACE/EVENT: ____________ TYPE OF PLACE/EVENT: ____________
(i.e., restaurant, store, theater, sports event, office, etc)

ADDRESS / LOCATION: ______ Street Address, Apt #. ______ City ☐☐ State ☐☐☐☐☐ Zip Code

DESCRIBE LOCATION: ____________ TELEPHONE: ☐☐☐-☐☐☐-☐☐☐☐ Area Code Number

13. POSSIBLE DATE OF EXPOSURE: ☐☐ ☐☐ ☐☐☐☐ (Month Day Year)

14. TIME: ________ AM / PM

15. ESTIMATED NUMBER OF PERSONS POTENTIALLY EXPOSED AT THE SAME PLACE AND TIME AS CASE: ______

LIST OTHERS POTENTIALLY EXPOSED (NAME, ADDRESS, TELEPHONE) ON REVERSE SIDE OF THIS FORM OR ON AN ADDITIONAL PIECE OF PAPER.

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Form 3A: Smallpox Case Exposure Investigation Form

STATE ☐☐ Case # ____________

LIST OF NAMES AND ADDRESSES/TELEPHONE NUMBERS:

Name/Location	Street Address, Apt #	City	State	Zip Code	Area Code	Number

SAMPLE QUESTIONS FOR FORM 3B: SMALLPOX CASE TRAVEL/ACTIVITY WORKSHEET – EXPOSURE PERIOD:

For the next few questions, I'd like you to think back to the 14 day period between 1 and 3 weeks before you developed a rash that we have marked on the calendar. Let's start with weekdays. (Offer dates, holidays, etc., as available to anchor the case's recall to this time period. Consider routine weekday activities in a systematic way going either back from day 7 or forward from day 21 from fever onset depending on what seems easier to do.)

For weekends, ask about usual routines and then occasional activities. Prompt especially for attendance at public events. A question to capture this type of attendance follows after questions regarding usual activities.

WHAT IS YOUR USUAL ROUTINE:

DO YOU WORK? ☐ Yes ☐ No   VOLUNTEER ON A REGULAR BASIS? ☐ Yes ☐ No

DO YOU GO TO SCHOOL? ☐ Yes ☐ No   HAVE ANOTHER EVERY DAY ACTIVITY? ☐ Yes ☐ No

DURING THIS 14-DAY PERIOD AS SHOWN ON THIS CALENDAR, DID YOU SPEND ANY TIME REGULARLY (3 OR MORE TIMES A WEEK) IN THE FOLLOWING PLACES? (Check all that apply.)

WORK: ☐ Yes ☐ No   SCHOOL: ☐ Yes ☐ No   RESTAURANT: ☐ Yes ☐ No

YOUR CHILD'S SCHOOL OR DAY CARE CENTER: ☐ Yes ☐ No   GROCERY STORE: ☐ Yes ☐ No

OTHER, SUCH AS PLACE OF WORSHIP, GYM, ETC: ☐ Yes ☐ No   IF YES, SPECIFY: ____________

Please complete FORM 3C – CASE EXPOSURE TRANSPORTATION WORKSHEET for all transportation questions.

IF YOU WORK, GO TO SCHOOL, OR TRANSPORT YOUR CHILDREN OR OTHER FAMILY MEMBERS, HOW DO YOU TRAVEL TO AND FROM THESE PLACES?

CAR ALONE, BICYCLE, WALK: ☐ Yes ☐ No   CAR WITH OTHER PEOPLE IN THE VEHICLE AT LEAST SOMETIMES: ☐ Yes ☐ No

BUS, TRAIN OR SUBWAY: ☐ Yes ☐ No   TAXI: ☐ Yes ☐ No

OTHER, SPECIFY (E.G. PLANE): ☐ Yes ☐ No   IF YES, SPECIFY: ____________

NOTE: For regular travel schedule such as to and from work, indicate range of days and times if this is the same each day.

DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU TRAVEL OUT OF TOWN (IF CITY, OUT OF URBAN AREA, IF RURAL, OUT OF COUNTY)? ☐ Yes ☐ No

DURING THE 14-DAY TIME PERIOD DESIGNATED ABOVE, DID YOU VISIT ANY OF THE FOLLOWING ACTIVITIES AT LEAST ONCE:

HOTEL/CONVENTION CENTER: ☐ Yes ☐ No   CHURCH, TEMPLE, MOSQUE OR OTHER PLACE OF WORSHIP: ☐ Yes ☐ No

SHOPPING MALL OR LARGE STORE: ☐ Yes ☐   DOCTOR'S OFFICE, EMERGENCY ROOM, CLINIC OR HOSPITAL: ☐ Yes ☐ No

AIRPORT: ☐ Yes ☐ No   THEATER (MOVIES/PLAY): ☐ Yes ☐ No

CONCERT: ☐ Yes ☐ No   PUBLIC SPORTING EVENT: ☐ Yes ☐ No

BUS, TRAIN OR SUBWAY: ☐ Yes ☐ No   FAIR, FESTIVAL OR CARNIVAL: ☐ Yes ☐ No

ANY OTHER GATHERING WITH MORE THAN 100 OTHER PEOPLE: ☐ Yes ☐ No   IF YES, SPECIFY: ____________

Form 3B: *Smallpox Case Travel/Activity Worksheet – Exposure Period*

Please print

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 case fever onset: ____/____/______
MM DD YYYY

RECORD ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THIS FORM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:
START HERE DATE:	DATE:	DATE:	DATE:	DATE:	DATE:	DATE:

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Form 3C: *Smallpox Case Transportation Worksheet – Exposure Period*

Please print

1. State [ ][ ] 2. Case # ________

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

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)

COMPLETE AS MUCH INFORMATION AS POSSIBLE FOR EACH TYPE OF TRANSPORTATION USED BY CASE 19 DAYS PRIOR TO FEVER ONSET.

7. Date of Travel	8. Time of Travel (___:___) [AM /PM (Circle)]	9. Transport Type (e.g., bus, train, plane, car)	10. Carrier/Company Name	11. Route/ Flight #	12. Origin City	13. Origin State	14. Origin Country	15. Destination City	16. Destination State	17. Destination Country
___/___/___ MM DD YYYY	___ : ___ AM / PM									
___/___/___ MM DD YYYY	___ : ___ AM / PM									
___/___/___ MM DD YYYY	___ : ___ AM / PM									
___/___/___ MM DD YYYY	___ : ___ AM / PM									
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___/___/___ MM DD YYYY	___ : ___ AM / PM									

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