

Smallpox investigation form

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**A Investigator**

Name	Date of investigation	Entity/MOPH unit	Phone
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**B Reporter**

Name	Date of reporting	Entity/Health unit	Phone
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**C Patient identity**

Patient name	Gender	Date of birth (age)	Nationality
Type of residence	Caza of residence	Locality of residence	Phone
Detailed address			

**D Clinical symptoms: Prodrome 1- 4 days before rash onset**

Illness:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Headache:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Date first symptom:		Back pain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Fever:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Abdominal pain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Maximum temperature:		Seriously ill:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Chills:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Other, specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Sore throat:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		

**E Clinical symptoms: Rash**

Date of rash onset			
Was the rash acute:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Black eschar before rash:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Generalized rash:	<input type="checkbox"/> Generalized	<input type="checkbox"/> Focal	<input type="checkbox"/> Unk

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Rash first apparition:	<input type="checkbox"/> Face	<input type="checkbox"/> Inside mouth	<input type="checkbox"/> Trunk
	<input type="checkbox"/> Arms	<input type="checkbox"/> Legs	<input type="checkbox"/> Unk
	<input type="checkbox"/> Other, specify		
Most dense places:	<input type="checkbox"/> Face or	<input type="checkbox"/> Scalp	<input type="checkbox"/> Trunk
	<input type="checkbox"/> Arms	<input type="checkbox"/> Legs	<input type="checkbox"/> Equally distributed
	<input type="checkbox"/> Other		
Specific topography:	<input type="checkbox"/> Palms	<input type="checkbox"/> Soles	<input type="checkbox"/> Unk
Types of lesions, now:	<input type="checkbox"/> Macules (flat spots)	<input type="checkbox"/> Papules (solid bumps)	<input type="checkbox"/> Vesicles (fluid filled)
	<input type="checkbox"/> Pustules (pus filled)	<input type="checkbox"/> Crusts	<input type="checkbox"/> Other
Most dominant type, now:	<input type="checkbox"/> Macules (flat spots)	<input type="checkbox"/> Papules (solid bumps)	<input type="checkbox"/> Vesicles (fluid filled)
	<input type="checkbox"/> Pustules (pus filled)	<input type="checkbox"/> Crusts	<input type="checkbox"/> Other
Lesions, now:	<input type="checkbox"/> Superficial (on top of skin)	<input type="checkbox"/> Deep (deep in skin)	<input type="checkbox"/> Other:
Number of lesions, now:	____		
Estimate lesions number:	<input type="checkbox"/> <20	<input type="checkbox"/> 20-100	<input type="checkbox"/> >100
In any part, are lesions in same stade:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Size of lesions:	<input type="checkbox"/> Small (1-5mm)	<input type="checkbox"/> Large (5-10mm)	<input type="checkbox"/> Other
Are there crusted lesions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
If yes, how many days to crust	____		
If yes, ichtying:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Lymphoadenopathy:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
If yes, specify topography:			

**F Chickenpox cases within 21 days before rash onset**

Chicken pox in the community	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Contact with cases 10-21 days before rash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

**G Other exposure within 21 days before rash onset**

Contact with person with rash:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Contact with mice:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

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Exposed to ticks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Exposed to insect bites:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Being in woods:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
If yes, specify place and date			

**H Complications**

Skin surinfection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Arthralgia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Ocular corneal ulcer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Osteitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Bronchitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Hemorrhage:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Pneumonia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Shock:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Encephalitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk	Other, specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

**I Travel history within 3 weeks before rash onset**

Country	Dates	Places	Contact with person with rash

**J Vaccination**

Chicken pox	<input type="checkbox"/> Yes, nb doses  __	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Smallpox	<input type="checkbox"/> Yes, nb doses  __	<input type="checkbox"/> No	<input type="checkbox"/> Unk

**K Medical history**

Specify

History of chicken pox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Immuno-compromised	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Currently pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Treatment with steroids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chemotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Antivirals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Illicit drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

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**L Occupation**

Profession
Institution

**M Primary laboratory results**

Test	Date	Laboratory	Result

**N Assessment**

	Immediate	In 24 hours	In 48 hours	In 72 hours
<b>Major</b>				
Febrile prodrome				
Classical smallpox lesions				
Lesions in same stage of development				
<b>Minor</b>				
Centrifugal distribution				
First lesions on oral mucosal, face or forearms				
Patient appears toxic				
Evolution: from macules to papules to pustules				
Lesions on palms and soles				
<b>Risk</b>				
<b>Risk assessment</b>				

*High risk: 3 major criteria*

*Moderate risk: febrile prodrome and another major criteria, or febrile prodrome with 4 minor criteria*

*Low risk: no febrile prodrome, or febrile prodrome with <4 minor criteria*

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**O Smallpox laboratory results**

Specimen	Date	Laboratory	Test	Result