High Level Process Flow

Suspect Patient Identified (Case) → Initiate Forms 1, 2A, 2B, 2C, and 2D

Suspect Patient (Case) Flow

Primary Contact Flow

Locate Primary Contacts?

YES → Complete SCTF (Form 2D)

NO → All Start Simultaneously

YES → Start Simultaneously

NO → Initiate Forms 2E, 2F

Fever? or Rash?

YES → Vaccinate?

NO → Referral

Fever? Rash?

YES → Separate from Primary Contact (18 Days)

NO → End

Secondary Contacts Flow

Complete SCTF (Form 2D)

YES → Vaccination Flow

NO → Primary Contact becomes Suspect Case?

YES → Vaccine Take?

NO → VAERS Complete?

YES → Complete VAERS Record

NO → VAERS Completed?

YES → Adverse Event Follow-up

NO → Complete VAERS Record

Secondary Contacts Flow

YES → Vaccinate?

NO → Separate from Primary Contact (18 Days)

End

End

Referral Based on Form 1 evaluation

All Start Simultaneously

Need to Vaccinate?

YES → Referral to State Coordinator

NO → Need Specimen?

YES → Gather and Send Specimen to Registered Lab

NO → End

End

Need to Vaccinate?

YES → Vaccination (Vaccination History Form)

NO → Surveillance Household Roster- "Virtual Forms 2E and 2F"

Vaccination

YES → Adverse Event Follow-up

NO → VAERS Completed?

YES → Complete VAERS Record

NO → VAERS Complete?

YES → Adverse Event Follow-up

NO → Complete VAERS Record

Adverse Event Follow-up
Case Process Flow

Suspect Patient Identified (Case)

Following forms should be initiated and/or completed by the Case Investigator/Interviewer during the interview with the Case or Case’s Representative:
- Form 1: Smallpox Post-Event Surveillance Form
- Form 2A: Smallpox Case Travel/Activity Worksheet - Infectious Period
- Form 2B: Smallpox Primary Contact/Site Worksheet
- Form 2C: Smallpox Case Transportation Worksheet - Infectious Period
- Form 2D: Smallpox Contact Tracing Form

[Case Investigator may fill out Source of Exposure Forms 3A, 3B, 3C]

Both Start Simultaneously

Initiate Form 1

Referral Based on Form 1 evaluation

Need to Vaccinate?

YES

NO

End

Need Specimen?

YES

NO

Gather and Send Specimen to Registered Lab

To: Vaccination Flow

Case Investigator/Interviewer Initiates one SCTF (Form 2D) for each Contact listed on Case's Form 2B

To: Primary Contact Flow

Forms 2B and 2D Returned to State Coordinator by Case Investigator/Interviewer

State Coordinator Assigns Contact Interviewer to Continue Contact Tracing

Note: Vaccinate and Specimen are both completed after Referral

Both Start Simultaneously

To: Vaccination Flow

Start Here
Secondary Contact Process Flow

Secondary Contacts Flow → Complete SCTF (Form 2D)

Initiate Secondary Contact Form 2F and Leave with Contact Household

Secondary Contact becomes Suspect Case?

YES → To: Suspect Patient (Case) Flow

NO → Vaccinate?

YES → Referal (same step as in Primary Contact Flow)

NO → Separates from Primary Contact (18 Days since Primary Contact's last exposure to Case)

Referral

Isolation

One page of Completed SCTF (Form 2D) as Vaccination Referral

Return one page of Completed SCTF (Form 2D) to State Coordinator

To: Vaccination Flow

End
Vaccine/Severe Adverse Event Process Flow

Vaccination

Vaccination
(Vaccination History Form)

Surveillance Household Roster- "Virtual Forms 2E and 2F"

Vaccine Take?

NO

YES

Based on data from Surveillance Household Roster (Virtual Forms 2E and 2F) and Household Follow-up (Telephone Contact)

Severe Adverse Event?

NO

YES

Referral Adverse Event

VAERS Completed?

NO

YES

Complete VAERS Record

Adverse Event Follow-up

End