Smallpox Case Investigation Supplementary (Form 1B)

STATE ☐☐ Case Report # _____

Patient Information

1. DATE OF FOLLOW-UP: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

2. NAME OF PERSON FILING THIS CASE:
Last: _____ First: _____ Middle Initial: ____

3. PATIENT'S NAME:

Last: _____ First: _____ Middle Name: _____ Suffix: _____ Nickname: _____

4. ADMITTED TO 2ND HOSPITAL OR ISOLATION SITE? ☐ Yes ☐ No ☐ Unknown IF YES, DATE OF ADMISSION: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

HOSPITAL NAME:

_____
City State

2nd HOSPITAL MEDICAL RECORD #: _____

Clinical Course

5. SMALLPOX TYPES*: RASH (MOST SEVERE STAGE):

☐ Ordinary Type: ☐ Confluent – Face and other site ☐ Semi-confluent – Face only ☐ Discrete lesions

☐ Modified Type

☐ Flat Type

☐ Hemorrhagic Type: ☐ Early ☐ Late

*Ordinary type:	Raised, pustular lesions with 3 sub-types:	Flat type:	Pustules remain flat; usually confluent or semi-confluent, usually fatal
Confluent	Confluent rash on face and forearms	Hemorrhagic type:	Widespread hemorrhages in skin and mucous membranes
Semi-confluent	Confluent rash on face, discrete elsewhere	Early	With purpuric rash, always fatal
Discrete	Areas of normal skin between pustules, even on face	Late	With hemorrhage into base pustules, usually fatal
Modified type:	Like ordinary type but with an accelerated course		

6. DATE LAST SCAB FELL OFF: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

7. COMPLICATIONS (Check all that apply).

Skin Secondary bacterial infection:	☐ Yes	☐ No	☐ Unknown
Ocular corneal ulcer or keratitis:	☐ Yes	☐ No	☐ Unknown
CNS encephalitis:	☐ Yes	☐ No	☐ Unknown
Respiratory: ☐ Bronchitis	☐ Yes	☐ No	☐ Unknown
Respiratory: ☐ Pneumonia	☐ Yes	☐ No	☐ Unknown
Joint/Bones: ☐ Arthralgia	☐ Yes	☐ No	☐ Unknown
Joint/Bones: ☐ Osteitis	☐ Yes	☐ No	☐ Unknown
Hemorrhagic:	☐ Yes	☐ No	☐ Unknown
Shock:	☐ Yes	☐ No	☐ Unknown

Other, please specify: _____

8. ANTIVIRAL MEDICATION: CIDOFOVIR ☐ Yes ☐ No ☐ Unknown

OTHER ANTIVIRAL MEDICATIONS, SPECIFY: _____

9. SMALLPOX VACCINATION HISTORY
WAS THE CASE VACCINATED SINCE THE COMPLETION OF FORM 1A? ☐ Yes ☐ No ☐ Unknown

DATE: ☐☐ Month ☐☐ Day ☐☐☐☐ Year VACCINE "TAKE" RECORDED AT 7 DAYS? ☐ Yes ☐ No ☐ Unknown

Clinical Course Disposition

10. DATE OF HOSPITAL DISCHARGE: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

COMPLICATIONS AT DISCHARGE: ☐ Yes ☐ No ☐ Unknown

IF YES, PLEASE SPECIFY: _____

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