Legend Morbidity and Mortality Risk based on clinical preseool 2n.

Clinical Evaluation Tool for Smallpox Vaccine Adverse Reactions Dermatologic Reactions/Nontoxic Appearance, Distant from Vaccination Site (or in a Close Contact)

www.bt.cdc.gov/agent/smallpox/vaccination/clineval (03-12-2003 Version)



High

Consult with state/local health department and CDC to obtain clinical guidance and to report inadvertent exposure to vaccinia virus contained in smallpox vaccine. Management of the adverse reactions discussed in this Tool may be different when risk factor(s) are present. See Consultation and Reporting Information. History of known risk Vaccine recipients or close contacts with risk factor(s) should be reported, whether or not an adverse event develops. Yes Yes Vaccine Recipient factors for smallpox Risk Factor Adverse Reaction (Potential/ Reported Historically)

Go to Clinical

Reactions.

Evaluation Tool for

Ophthalmologic

or Close Contact? vaccine adverse reactions?

No

Atopic Dermatitis/Eczema **Acute Exfoliative Dermatitis** Immunocompromised including HIV+/AIDS Immunocompromised including HIV+/AIDS Allergy to vaccine component Pregnancy

Inadvertent inoculation or

Lesions in or near the eye?

a regional form of

Generalized vaccinia

Allergic Reaction

Eczema Vaccinatum

Inadvertent Inoculation

Generalized Vaccinia (Severe form)

Progressive Vaccinia

Fetal Vaccinia and potential unknown risks to fetus

Urticarial, maculopapular, or acneform eruption; no vesicles, no signs of anaphylaxis. Usually appears 10 days after vaccination.

Urticaria or nonspecific rash Provide routine care and observe patient. The rash usually resolves in 2-4 days. Use antihistamines PRN; avoid topical/ systemic steroids.

Consultation and Reporting Information

Civilian health care providers who need clinical consultation with or without release of Vaccinia Immune Globulin (VIG) (first line agent) or Cidofovir (second line agent) for potential smallpox vaccine adverse reactions should contact their state/ local health department or the CDC Clinician Information Line at (877) 554-4625.

Please call (888) 246-2675 (Español (888) for general public information about smallpox vaccination. Persons experiencing urgent or life-threatening medical events should seek immediate

Dull red flat, urticarial or Papules, vesicles or pustules vesiculobullous lesions suspicious for vaccinial lesions (target-like / bulls-eye) without in localized areas distant from systemic symptoms. Usually vaccination site or in a close appears 10 days after vaccination. contact.

Watch for

Erythema multiforme minor Provide routine care and observe patient. Use antihistamines PRN; avoid topical/ systemic steroids.

Erythema multiforme major (Stevens-Johnson Syndrome) Go to Clinical **Evaluation Tool** for Dermatologic Reactions/Toxic Appearance, **Distant from** Vaccination Site (or

in a Close Contact)

and Reporting

Information.

and see Consultation

No Yes Consider requesting Provide release of VIG (first routine care. line agent) or **Use infection** Cidofovir (second line agent). control precautions. Provide supportive

Severe, extensive or

painful lesions?

See Consultation and Reporting

care. Use infection

control precautions.

Generalized papular, vesicular or pustular eruption with varying degrees of erythema usually within 6-9 days of vaccination. Evolves through normal vaccination stages. Lesions typically are in same stage of development. Absent or mild systemic symptoms.

Generalized vaccinia

Is there reason to suspect immune disorder?

Generalized vaccinia

Tool for Dermatologic

Appearance, Distant

from Vaccination Site

(or in a Close Contact)

and see Consultation

(severe form)

Go to Clinical

Reactions/Toxic

and Reporting

Information.

Evaluation

Distant from Vaccination Site (or in Contact) and see Consultation Yes and Reporting Information.

> **Differential diagnosis for** smallpox vaccine adverse reactions distant from vaccination site (or in a Contact)

> Rapid, progressive, and painless

extension of central vaccination

lesion or progression without

apparent healing after 15 days.

Lesion often necrotic. Initially

distant metastatic lesions to skin.

bones, and viscera. May present

Progressive vaccinia (Vaccinia

gangrenosum). Go to Clinical

Reactions/ Toxic Appearance,

Evaluation Tool for Dermatologic

little or no inflammation. +/-

with few or no systemic

necrosum, Vaccinia

symptoms.

Consider conditions not related to smallpox vaccine such as:

- Varicella
- Disseminated herpes zoster
- Disseminated herpes simplex (HSV)
- Disseminated molluscum contagiosum
- Viral exanthem (e.g. enteroviral)
- Drug reaction
- Norwegian scabies
- Allergic contact dermatitis (e.g. poison ivy, poison oak)
- Pitvriasis lichenoides
- Gianotti-Crosti syndrome (papular acrodermatitis of childhood)

Military health care providers (or civilian providers treating a DoD healthcare beneficiary) requesting clinical consultation should call (866) 210-6469. and if requesting VIG release should call (888) USA-RIID or (301) 619-2257.

Health care providers should report smallpox vaccine adverse events to their state/ local health department and to the Vaccine Adverse Event Reporting System (VAERS) at http://www.vaers.org/ or (800) 822-7967.

246-2857, TTY (866) 874-2646) or visit http:// www.bt.cdc.gov/agent/smallpox/index.asp medical assistance.

Laboratory testing

Generalized Vaccinia

Provide supportive

antihistamines and

NSAIDs PRN; avoid

topical/ systemic

infection control

steroids. Use

precautions.

care. Use

Consider use of licensed diagnostic tests to rule out etiologies not related to vaccina virus contained in smallpox vaccine.

Disclaimer The CDC and its partners in the Clinical Immunization Safety Assessment (CISA) network have developed Clinical Evaluation Tools to help health care providers manage patients with potential adverse reactions from smallpox vaccination in the absence of circulating smallpox virus (pre-event setting). These Tools are based on studies conducted before routine US childhood smallpox vaccination was discontinued in 1972 and on expert opinion; they are not entirely evidence-based. The Tools may not apply to all patients with smallpox vaccine adverse reactions and are not intended to substitute for evaluation by a trained clinician. This Tool was last updated on 3-12-03. Please direct feedback on these Tools to spoxtool@cdc.gov.

Information.