

Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet

INSTRUCTIONS: *This worksheet is intended for internal health department use. This worksheet is used to track and document the outcome and disposition of persons with adverse events following the smallpox vaccine. THIS IS NOT A VAERS-1 FORM. Please ensure a VAERS-1 Form is submitted for every clinically significant adverse event.*

Form Completed by (Last name, First name)

Date Worksheet Completed: (mm/dd/yyyy)

Facility Name

VAERS Number _____

Street Address

VAERS e-report # _____

City

State

Zip Code

State ID/PVN _____

Telephone number

Fax number

Is patient a:

- Vaccinee
 Vaccinator
 Other, specify: _____

Contact

If patient is a contact, please indicate transmission setting:

- Household
 Healthcare
 Other, specify: _____

For the following check all that apply. (Refer to MMWR, February 21, 2003, 52(RR-4):1-28)

Outcome		Contraindications	
<input type="checkbox"/>	Accidental administration/misadministration	<input type="checkbox"/>	Allergy to any component of the vaccine, including polymyxin B sulfate, dihydrostreptomycin sulfate, chlortetracycline hydrochloride, and neomycin sulfate.
<input type="checkbox"/>	Tape sensitivity	<input type="checkbox"/>	History of eczema/atopic dermatitis or acute, chronic, or exfoliative skin conditions, (e.g., wounds, burns, impetigo, or Varicella zoster)
<input type="checkbox"/>	Satellite lesions	<input type="checkbox"/>	Receiving therapy with systemic corticosteroids at certain doses (e.g., ≥ 2 mg/kg body weight or ≥ 20 mg/day of prednisone for ≥ 2 weeks), ² or immunosuppressive drugs (e.g., alkylating agents, antimetabolites), or radiation
<input type="checkbox"/>	Robust Take (>3 inches redness with swelling, warmth and pain at vaccination site)	<input type="checkbox"/>	Congenital or acquired deficiencies of the immune system
<input type="checkbox"/>	Bacterial infection	<input type="checkbox"/>	Immunosuppression (e.g., leukemia, lymphomas of any type, generalized malignancy, solid organ transplantation, hematopoietic stem cell transplantation, cellular or humoral immunity disorders, agammaglobulinemia, lupus, diabetes mellitus, or other malignant neoplasms affecting the bone marrow or lymphatic systems)
<input type="checkbox"/>	Inadvertent inoculation (vaccinee or contact)	<input type="checkbox"/>	Pregnancy or suspected pregnancy
<input type="checkbox"/>	Peri-ocular/ocular vaccinia	<input type="checkbox"/>	Other, specify: _____
<input type="checkbox"/>	Vaccinia keratitis	Disposition	
<input type="checkbox"/>	Urticarial or nonspecific rash	<input type="checkbox"/>	Referred for VIG
<input type="checkbox"/>	Erythema multiforme minor	<input type="checkbox"/>	Referred for Cidofovir
<input type="checkbox"/>	Erythema multiforme major (Stevens-Johnson Syndrome)	<input type="checkbox"/>	Referred to CDC Smallpox Clinical Team
<input type="checkbox"/>	Generalized vaccinia	<input type="checkbox"/>	Referred to State Health Department
<input type="checkbox"/>	Generalized vaccinia (severe form)	<input type="checkbox"/>	Referred to CDC Clinical Information Line
<input type="checkbox"/>	Eczema vaccinatum	<input type="checkbox"/>	Other, specify: _____
<input type="checkbox"/>	Progressive vaccinia		
<input type="checkbox"/>	Post-vaccinial encephalitis/encephalomyelitis		
<input type="checkbox"/>	Congenital vaccinia		
<input type="checkbox"/>	Other, specify: _____		