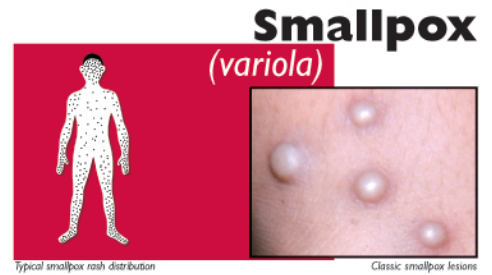
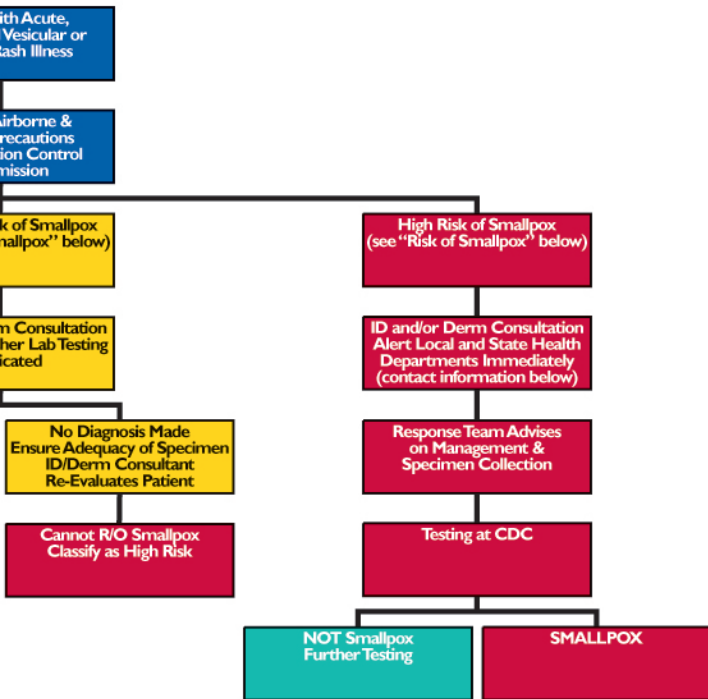
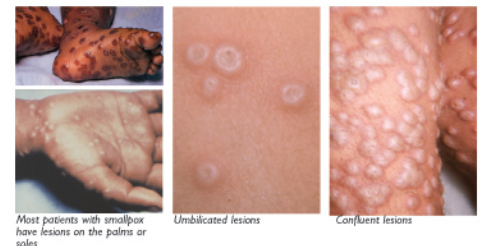


PATIENTS FOR SMALLPOX

MAJOR OR PUSTULAR RASH ILLNESS PROTOCOL



IMAGES OF SMALLPOX



There have been no naturally occurring cases of smallpox anywhere in the world since 1977. A high risk case of smallpox is a public health and medical emergency.

Report ALL **HIGH RISK CASES** immediately (without waiting for lab results) to:

- Hospital Infection Control _____ () _____
- _____ health department () _____
- _____ health department () _____

MINOR SMALLPOX CRITERIA

- Centrifugal distribution: greatest concentration of lesions on face and distal extremities
- First lesions on the oral mucosa/palate, face, or forearms
- Patient appears toxic or moribund
- Slow evolution: lesions evolve from macules to papules → pustules over days (each stage lasts 1-2 days)
- Lesions on the palms and soles

COMMON CONDITIONS THAT MIGHT BE CONFUSED WITH SMALLPOX

CONDITION	CLINICAL CLUES
Varicella (primary infection with varicella-zoster virus)	Most common in children <10 years; children usually do not have a viral prodrome
Disseminated herpes zoster	Immunocompromised or elderly persons; rash looks like varicella, usually begins in dermatomal distribution
Impetigo (<i>Streptococcus pyogenes</i> , <i>Staphylococcus aureus</i>)	Honey-colored crusted plaques with bullae are classic but may begin as vesicles; regional not disseminated rash; patients generally not ill
Drug eruptions	Exposure to medications; rash often generalized
Contact dermatitis	Itching; contact with possible allergens; rash often localized in pattern suggesting external contact
Erythema multiforme minor	Target, "bull's eye", or iris lesions; often follows recurrent herpes simplex virus infections; may involve hands & feet (including palms & soles)
Erythema multiforme (incl. Stevens Johnson Syndrome)	Major form involves mucous membranes & conjunctivae; may be target lesions or vesicles
Enteroviral infection esp. Hand, Foot and Mouth disease	Summer & fall; fever & mild pharyngitis 1-2 days before rash onset; lesions initially maculopapular but evolve into whitish-grey tender, flat often oval vesicles; peripheral distribution (hands, feet, mouth, or disseminated)
Disseminated herpes simplex	Lesions indistinguishable from varicella; immunocompromised host
Scabies; insect bites (incl. fleas)	Itching is a major symptom; patient is not febrile & is otherwise well
Molluscum contagiosum	May disseminate in immunosuppressed persons