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## Smallpox (Variola)

### Overview<sup>2, 6, 7</sup>

Naturally occurring smallpox was eliminated from the world in 1980 through global vaccine efforts. Therefore, the discovery of even a single case of smallpox would be the result of a terrorist attack and would be considered a public health emergency. Any **suspected smallpox case** should be immediately reported to your [local public health agency](#). If the local public health agency cannot be immediately reached, contact the Missouri Department of Health and Senior Services (DHSS) at (800) 392-0272 (24/7).

The last naturally occurring case of smallpox occurred in Somalia in 1977, followed by 2 cases in 1978 after a photographer was infected during a laboratory exposure and later transmitted smallpox to her mother in the United Kingdom. In 1980, the World Health Assembly declared that smallpox (variola virus) had been eradicated successfully worldwide. However, there remain concerns that terrorists could obtain variola virus and utilize it in a bioterrorism attack.

Smallpox is a serious, contagious, and sometimes fatal infectious disease. There are two clinical forms of smallpox. Variola major is the severe and most common form of smallpox, with a more extensive rash and higher fever. There are four types of variola major smallpox: ordinary (the most frequent type, accounting for 90% or more of cases); modified (mild and occurring in previously vaccinated persons); flat; and hemorrhagic (both rare and very severe). Historically, variola major has an overall fatality rate of about 30%; however, flat and hemorrhagic smallpox usually are fatal. Variola minor is a less common presentation of smallpox, and a much less severe disease, with death rates historically of 1% or less. There is no proven treatment for smallpox, and the only prevention is vaccination. It is estimated that for every case of smallpox; that case might generate as many as 10 to 20 second-generation cases.

The incubation period for smallpox is usually 10 to 14 days (range 7 to 17 days).<sup>6, 7</sup> During this time, the person is not contagious. The symptoms of smallpox begin with high fever, severe headache, backache, abdominal pain, prostration, and sometimes vomiting, lasting 2 to 5 days. This is called the prodromal period, and most patients tend to be severely ill and bedridden. Small ulcerations develop on the tongue and oropharynx, shedding virus into the saliva, and at this point the individual becomes contagious. Although patients may be able to transmit virus during the prodromal period, they are most contagious after onset of the skin rash. The period of communicability begins with onset of oral lesions, and remains so until the last scab falls off (usually 3-4 weeks after rash onset). The earliest stages of the rash may be difficult to recognize, but over time it spreads and progresses to raised bumps and pus-filled blisters that crust, scab, and fall off after about three to four weeks after onset of rash, leaving a pitted scar. Lesions on any one part of the body are in the same stage of development, are most dense on the face and distal extremities (centrifugal distribution) and are seen on the palms and soles in >50% of cases.

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Additional smallpox information is available at:

- Smallpox: A Summary  
<http://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/cdmanual/pdf/SmallpoxSummaryShortVersion.pdf>.
- Smallpox: Current, comprehensive information on pathogenesis, microbiology, diagnosis, treatment, and prophylaxis (Center for Infectious Disease Research and Policy)  
<http://www.cidrap.umn.edu/cidrap/content/bt/smallpox/biofacts/index.html>.
- Smallpox Response (CDC)  
<http://www.bt.cdc.gov/agent/smallpox/response/>.
- Smallpox, in *USAMRIID's Medical Management of Biological Casualties Handbook* (7<sup>th</sup> Ed), 2011: pp. 85-93  
<http://www.usamriid.army.mil/education/bluebookpdf/USAMRIID%20BlueBook%207th%20Edition%20-%20Sep%202011.pdf>.

## **2010 Case Definition Smallpox<sup>4</sup> – (11/13)**

### ***Clinical Description***

An illness with acute onset of fever  $\geq 101^{\circ}\text{F}$  ( $\geq 38.3^{\circ}\text{C}$ ) followed by a rash characterized by firm, deep seated vesicles or pustules in the same stage of development without other apparent cause. Clinically consistent cases are those presentations of smallpox that do not meet this classical clinical case definition: a) hemorrhagic type, b) flat type, and c) *variola sine eruptione*. (Detailed clinical description is available on the CDC web site, at: <http://www.bt.cdc.gov/agent/smallpox/index.asp>).

### ***Laboratory Criteria for Diagnosis***

- Polymerase chain reaction (PCR) identification of variola DNA in a clinical specimen, **OR**
- Isolation of smallpox (variola) virus from a clinical specimen (Level D laboratory only; confirmed by variola PCR).

**NOTE:** Indications for laboratory testing of patients with suspected smallpox should be followed as described in detail in Guide A of the CDC Smallpox Response Plan. Laboratory diagnostic testing for variola virus should be conducted in Level C or D laboratories only.

### ***Case Classification***

#### **Suspected**

A case with a generalized, acute vesicular or pustular rash illness with fever preceding development of rash by 1-4 days.

#### **Probable**

A case that meets the clinical case definition or a clinically consistent case that does not meet the clinical case definition and has an epidemiological link to a confirmed case of smallpox.

#### **Confirmed**

A case of smallpox that is laboratory confirmed, or a case that meets the clinical case definition that is epidemiologically linked to a laboratory confirmed case.

**(Continued on next page)**

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### Other Criteria

Exclusion Criteria: A case may be excluded as a **suspect** or **probable** smallpox case if an alternative diagnosis fully explains the illness or appropriate clinical specimens are negative for laboratory criteria for smallpox.

### Comment(s)

**NOTE:** The smallpox case definition is to be used only during **post-event surveillance**. The case definition described in Guide A of the Smallpox Response Plan and Guidelines (Version 3) on the CDC bioterrorism preparedness website (URL: <http://www.bt.cdc.gov/agent/smallpox/response-plan/index.asp>) includes different criteria for a suspected case than the smallpox case definition the Council of State and Territorial Epidemiologists approved for use in the National Notifiable Diseases Surveillance System (NNDSS). The smallpox case definition on the CDC bioterrorism web site is more sensitive and less specific than the case definition for the NNDSS, in that a "suspect" case is defined as: "a case with febrile rash illness with fever preceding the development of rash by 1-4 days."

The "Guide A" triage system allows a physician to immediately assess risk [PRE-EVENT], independent of epidemiologic case classification [EVOKED only POST-EVENT]. Patients that triage as 'high risk' would, by definition, fall into the first category of Probable smallpox cases (i.e., they will meet the clinical case definition.) Immediate—extremely urgent notification would be indicated. In the event that a patient does not meet the clinical case definition but has a clinically consistent illness and an epidemiologic link to a confirmed case (those in the 2nd category of **Probable** smallpox cases), the attending physician is advised to contact the Health Department, thus an immediate-extremely urgent notification would ensue if the Health Department deems it warranted.

Patients who triage [PRE-EVENT] as low to moderate risk would not meet the case definition for Probable smallpox; no notification would take place.

It is important to keep in mind that the triage system is part of the PRE-EVENT surveillance system; the CSTE case definitions apply only POST-EVENT. However, the 2 schemes are intrinsically consistent; patients meeting the **Confirmed** and **Probable** case definitions listed above would triage as high risk pre-event and would result in immediate-extremely urgent notification.

### Information Needed for Investigation

***Smallpox is a Class A Bioterrorism Agent.***<sup>10</sup> Smallpox can be aerosolized for release either in an indoor or outdoor environment. It is estimated that inhalation of only 10-100 virus particles is sufficient to cause disease. Person-to-person transmission is possible via inhalation or physical contact with infected body fluids (e.g. blood, saliva), smallpox pustules, fluid within the pustules, and crusted scabs. *For smallpox, a single confirmed case warrants immediate public health action including appropriate isolation of the known or presumed infected individual, and initiation of active epidemiologic investigation, contact tracing, vaccination, and enhanced surveillance.*

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**Isolation and treatment of cases.** Suspected and confirmed cases will need to be quickly moved to facilities that provide appropriate health care and isolation to prevent additional spread of smallpox.

**The diagnosis.**<sup>1</sup> Obtain demographic, clinical, laboratory information, and other epidemiological information necessary to complete the [Disease Case Report \(CD-1\)](#) and the [Worksheet: Evaluating Patients for Smallpox](#) from the attending physician, hospital, and/or laboratory, and patient or a knowledgeable family member. The following tools may also be used:

- Acute, Generalized Vesicular or Pustular Rash Illness Testing Protocol  
<http://emergency.cdc.gov/agent/smallpox/diagnosis/pdf/poxalgorithm1-5-12.pdf>
- Evaluate a Rash Illness Suspicious for Smallpox  
<http://emergency.cdc.gov/agent/smallpox/diagnosis/riskalgorithm/>.
- Poster: Evaluating Patient's for Smallpox  
<http://emergency.cdc.gov/agent/smallpox/diagnosis/pdf/spox-poster-full.pdf>.
- CDC's Smallpox Disease Overview  
<http://www.bt.cdc.gov/agent/smallpox/overview/disease-facts.asp>.

**NOTES:** A large number of public health personnel (e.g., public health and law enforcement personnel and first responders) will be needed to control the outbreak<sup>±</sup>; healthcare workers will be needed to diagnose, manage, and treat cases, and will likely be exposed to smallpox cases as part of their work responsibilities. This will require prior identification of those to be vaccinated during a smallpox emergency and implementation planning to include certain protective measures (N95 masks, gloves, etc.) for use by personnel. Unvaccinated individuals must be vaccinated as soon as possible after the first case is confirmed. **CAUTION:** Vaccination does **not** insure immunity.

**Smallpox post-event activities will include:**<sup>1</sup> smallpox surveillance and case reporting; contact identification, tracing, vaccination, and surveillance; and epidemiologic investigation. Forms have been designed by CDC to assist in these investigations, specific to each of the recommended activities. These forms may be found in CDC's Smallpox Response Plan and Guidelines (Version 3.0) in "Draft Guide A" at: <http://emergency.cdc.gov/agent/smallpox/response-plan/files/guide-a.pdf>. Links to the forms have been provided below for your convenience.

- CDC Form 1: [Smallpox Post-Event Surveillance Form](#)  
[Smallpox Post-Event Surveillance Form-Instructions](#)
- CDC Form 2A: [Smallpox Case Travel/Activity Worksheet -Infectious Period](#)  
[Smallpox Case Travel/Activity Worksheet -Infectious Period-Instructions](#)
- CDC Form 2B: [Smallpox Primary Contact/Site Worksheet](#)  
[Smallpox Primary Contact/Site Worksheet-Instructions](#)
- CDC Form 2C: [Smallpox Case Transportation Worksheet – Infectious Period](#)  
[Smallpox Case Transportation Worksheet – Infectious Period - Instructions](#)
- CDC Form 2D: [Smallpox Contact Tracing Form](#)  
[Smallpox Contact Tracing Form- Instructions](#)

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- CDC Form 2E: [\*\*Smallpox Case Household and Primary Contact Surveillance Form\*\*](#)  
[Smallpox Case Household and Primary Contact Surveillance Form-Instructions](#)
- CDC Form 2F: [\*\*Smallpox Case Primary Contact's Household Members Surveillance Form\*\*](#)  
[Smallpox Case Primary Contact's Household Members Surveillance Form-Instructions](#)
- CDC Form 3A: [\*\*Smallpox Case Exposure Investigation Form\*\*](#)  
[Smallpox Case Exposure Investigation Form-Instructions](#)
- CDC Form 3B: [\*\*Smallpox Case Travel/Activity Worksheet – Exposure Period\*\*](#)  
[Smallpox Case Travel/Activity Worksheet – Exposure Period-Instructions](#)
- CDC Form 3C: [\*\*Smallpox Case Transportation Worksheet – Exposure Period\*\*](#)  
[Smallpox Case Transportation Worksheet – Exposure Period-Instructions](#)

The *CDC Smallpox Response Plan and Guidelines (Version 3.0)* outlines the public health strategies that would guide the public health response to a smallpox emergency and many of the federal, state, and local public health activities that must be undertaken in a smallpox outbreak<sup>±</sup>. *COMMENTS: The CDC Smallpox Response Plan and Guidelines (Version 3.0) can be viewed at: <http://www.bt.cdc.gov/agent/smallpox/response-plan/index.asp>. NOTES: Activities and actions described in CDC's Smallpox Response Plan may be altered depending upon the size and characteristics of the outbreak<sup>±</sup>. In that event, information regarding the new procedures or actions will be communicated by federal, state, and local public health officials.*

In addition, the level of investigation and reporting of smallpox cases will depend on the extent of the outbreak<sup>±</sup> and the resources available to conduct these activities. In a limited outbreak<sup>±</sup>, all information on the surveillance form should be obtained, whenever possible. In a larger outbreak<sup>±</sup>, the state epidemiologist may decide, based on available resources, to limit data collection to selected variables. In very large outbreaks<sup>±</sup>, surveillance and case reporting may be limited to aggregate reporting of cases and deaths by age group.

**Notification:**

- Contact the [local public health agency](#), or [Senior Epidemiology Specialist for the District](#), or [District Communicable Disease Coordinator](#), or the MDHSS - Bureau of Communicable Disease Control and Prevention, phone (573) 751-6113, Fax (573) 526-0235, or for afterhours notification contact the MDHSS/ERC at (800) 392-0272 (24/7) **immediately** upon learning of a suspected case of smallpox.
- All other notifications will occur after consultation with the federal Centers for Disease Control and Prevention and the Governor's office. *COMMENT: CDC personnel will coordinate response efforts within the state and local health agencies and will serve as liaisons with other federal agencies (FBI, HHS, OHS, ect.) – law enforcement **must** be involved in the investigation.*



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## **Control Measures<sup>2</sup>**

**CDC Guidance for Post-Event Smallpox Planning** is available at:

<http://emergency.cdc.gov/agent/smallpox/prep/post-event-guidance.asp>. The document outlines the likely stages of a smallpox outbreak<sup>±</sup> and the critical responses required by state and local public health agencies.

**There is no proven treatment for smallpox.** Scientists are currently researching new treatments. Patients with smallpox may be helped by intravenous fluids, medicine to control fever or pain, and antibiotics for any secondary bacterial infections that may occur. Certain antiviral drugs might potentially have benefit.

**One of the best ways to prevent smallpox is through vaccination.** Smallpox vaccination provides high level immunity for 3 to 5 years and decreasing immunity thereafter. If a person is vaccinated again later, immunity lasts even longer. Historically, the vaccine has been effective in preventing smallpox infection in 95% of those vaccinated. Vaccination within 3 days after exposure will prevent or greatly lessen the severity of smallpox in most people. Vaccination 4 to 7 days after exposure likely offers some protection from disease or may decrease the severity of disease. Vaccination will not protect smallpox patients who already have a rash.

Vaccination against smallpox is only recommended for laboratorians who work with orthopox viruses, and public health and health care response team members. However, there is enough smallpox vaccine to vaccinate every person in the United States in the event of a smallpox emergency.

## **How Public Health Officials will Respond to a Smallpox Outbreak:<sup>±</sup>**

- If a smallpox outbreak<sup>±</sup> happens, public health officials will use television, radio, newspapers, the Internet, and other channels to inform members of the public about what to do to protect themselves and their families.
- Officials will tell people where to go for care if they think they have smallpox.
- Smallpox patients will be isolated (kept away from other people who could get sick from them) and will receive the best medical care possible. Isolation prevents the virus from spreading to others.
- Anyone who has had contact with a smallpox patient will be offered smallpox vaccination as soon as possible. Then, the people who have had contact with those individuals will also be vaccinated. (This is termed ring vaccination.) Following vaccination, these people will need to watch for any signs of smallpox. People who have been exposed to smallpox will be asked to take their temperatures regularly and report the results to their health department.
- No one will be forced to be vaccinated, even if they have been exposed to smallpox.
- Contacts to a patient with smallpox who have subsequently received vaccine will be placed under fever surveillance for 18 days from the last contact or 14 days from successful vaccination (whichever comes first). These individuals will be required to monitor their

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temperature and report the results to health department personnel, and they will be placed under some type of quarantine.

- To prevent smallpox from spreading, anyone who has been in contact with a person with smallpox but who decides not to get the vaccine may be isolated for at least 18 days from the last contact with the case. During this time, they will be checked for symptoms of smallpox.
- People placed in isolation will not be able to go to work. Steps will be taken to care for their everyday needs (e.g., food and other needs).

**What the Public can do to Protect themselves and their family during an Outbreak:<sup>±</sup>**

- Stay informed. Listen to the news to learn how the outbreak<sup>±</sup> is affecting your community. Public health officials will share important information including areas where smallpox cases have been found and who to call and where to go if you think you have been exposed to smallpox or are developing symptoms of the disease.
- Follow the instructions of public health authorities.
- Stay away from, and keep your children away from, anyone who might have smallpox. This is especially important if you or your children have not been vaccinated.
- If you think you have been exposed to smallpox, stay away from others and call your health department or health care provider immediately; they will tell you where to go.

<sup>±</sup> Since *smallpox no longer exists as a naturally occurring disease, an outbreak of smallpox is defined as a single laboratory confirmed case.*

**Laboratory Procedures:**

A suspected case of smallpox must be immediately reported to the appropriate local health agency or the MDHSS/ERC at (800) 392-0272 (24/7). After appropriate assessment, if smallpox is still suspected and approval for testing is given, instructions on specimen collection and transport may be viewed at: [Guide D: Specimen Collection and Transport Guidelines](#) (from CDC’s Smallpox Response Plan and Guidelines - Version 3.0).

Smallpox testing information is also available on the MSPHL website and may be viewed at: <http://health.mo.gov/lab/btct.php>.

**NOTE:** Obtaining digital photographs of the rash is very strongly encouraged. The photographs can be e-mailed to MDHSS at: [DRMS@health.mo.gov](mailto:DRMS@health.mo.gov). Persons taking the pictures should be vaccinated for smallpox and follow proper infection control procedures. If possible, obtain written consent ([form attached at the end of this chapter](#)) for all digital photographs taken of the patient.

**COMMENTS:** The importance of case confirmation using laboratory diagnostic tests differs depending on the epidemiological situation. Laboratory confirmation is important for the first smallpox case in a geographic area, leading to release of vaccine as part of the response. In a setting where multiple cases have been identified, additional testing may often not be necessary and can contribute to overall laboratory capacity becoming overwhelmed. In such instances, priority for



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laboratory resources will include 1) testing of clinical or environmental specimens that will provide information about a potential source of exposure, facilitating law enforcement activities and case detection; and 2) testing of specimens from cases who have an unclear clinical presentation, but who are suspected of having smallpox following expert consultation.

### **Reporting Requirements**

A case of smallpox represents a **Public Health Emergency** with worldwide implications and would signify a **Bioterrorism Event**. Smallpox is a Category 1 (A) state reportable disease or finding and is immediately reportable by telephone to the [local public health agency](#) or to the Missouri Department of Health and Senior Services (MDHSS) upon first knowledge or suspicion of smallpox; do not wait for lab confirmation. **MDHSS** may be contacted 24 hours a day, 7 days a week at **(800) 392-0272**.

As a Nationally Notifiable Condition, **confirmed** and **probable** smallpox cases require an IMMEDIATE, EXTREMELY URGENT report to the Centers for Disease Control and Prevention (CDC). IMMEDIATE, EXTREMELY URGENT reporting requires MDHSS to call CDC within 4 hours of a case meeting the notification criteria, followed by submission of an electronic case notification via WebSurv to CDC by the next business day.

1. For all cases, local public health agencies should complete a [Disease Case Report](#) (CD-1) and the CDC worksheet, [Evaluating Patients for Smallpox](#) and fax the forms to MDHSS at the following fax number: (573) 526-8389.
2. MDHSS will report to CDC following the above reporting criteria (see box).
3. The level of investigation and reporting of smallpox cases will depend on the extent of the outbreak and the resources available to conduct these activities. The following [secondary investigation forms](#) may be completed as needed, or as requested.

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<http://health.mo.gov/emergencies/ert/med/smallpox.php> (11/13).
10. National Response Team (NRT) Quick Reference Guide: *Smallpox (Variola major, Variola minor)* [http://nrt.org/production/NRT/NRTWeb.nsf/AllAttachmentsByTitle/A-1009WMDQRGSmallpox/\\$File/Smallpox\\_ORG\\_Exec\\_Sec%20Review.pdf?OpenElement](http://nrt.org/production/NRT/NRTWeb.nsf/AllAttachmentsByTitle/A-1009WMDQRGSmallpox/$File/Smallpox_ORG_Exec_Sec%20Review.pdf?OpenElement) (11/13).

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I give permission for \_\_\_\_\_ to be photographed by a representative of the Missouri Department of Health and Senior Services as part of an epidemiological investigation. The photographs will be treated as a medical record and will not be released to anyone without consent, unless otherwise authorized by law.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

If signed by someone other than person listed above,

Print name \_\_\_\_\_

And state relationship \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

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