Figure 3. VAERS Smallpox Follow-up Form

Smallpox Vaccine VAERS Report Follow-up Worksheet

INSTRUCTIONS: To be used for followup of designated VAERS reports. Please request additional medical records, such as hospital discharge summary as appropriate.

Smallpox Vaccination History

Diagnosis and Therapy

1. Has the patient been vaccinated with smallpox vaccine before 2002? *(Please circle answer)*

Never vaccinated Don't Know Vaccinated
If yes, when? In childhood On entry into the military Laboratory worker

2. Has the patient been vaccinated with smallpox vaccine recently (2002-3)? If so, when?

Vaccination date:____/___/_____ Patient Vaccination Number (PVN):_____

3. Do you have a working diagnosis for this patient? YES NO
If yes, what is it?
_____

4. Was VIG used? YES NO

5. Was cidofovir used? YES NO

6. PATIENT VACCINATED DESPITE CONTRAINDICATION: N/A APPLICABLE (circle one)

Did patient have any of these conditions at the time of vaccination?

____Pregnancy ____Immunosuppression ____Skin Disease ____Inflammatory Eye Disease

Life-threatening allergic reactions to polymyxin, neomycin, streptomycin, tetracycline at previous smallpox vaccination?
YES NO
If patient vaccinated despite contraindications, please
elaborate:_____

CONTACTS: N/A APPLICABLE (circle one):

7. Location of Exposure: ___Home ___Hospital ___Other ___Workplace ___Not known

8. Means of Exposure: ___Known ___Not known
If known, please check:
___Direct to skin
___Needle stick
___Contact with dressing
___Handled objects
___Health care contact within 3 weeks
___Sexual
___Nursing mother
___Other

9. Is the timing and duration of exposure known? YES NO
If yes, complete: Start date:____/___/_____ Start Time:___:___AM/PM End Date:____/___/_____ End Time:___:___AM/PM

10. Contact information of vaccinee to whom patient exposed:

NAME:_____ADDRESS:_____
_____
TELEPHONE NUMBER:_____

Disposition/outcome: _____Recovered_____Recovered with sequelae (specify)_____Recovering (specify)_____
_____Deceased
VAERS ID:_____ E-report #:_____ Date of followup____/___/_____
Reviewer_____