Legend Morbidity and Mortality

Risk based on clinical preseool 2n.

Moderate

High

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)

History of known risk Yes Yes Vaccine Recipient factors for smallpox or Close Contact? vaccine adverse reactions? No

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.

Vaccine recipients or close contacts with risk factor(s) should be reported, whether or not an adverse event develops.

Risk Factor

Atopic Dermatitis/Eczema **Acute Exfoliative Dermatitis**

Papules, vesicles or pustules

suspicious for vaccinial lesions

in localized areas distant from

vaccination site or in a close

Inadvertent inoculation or

Lesions in or near the eye?

Go to Clinical

a regional form of

Generalized vaccinia

Immunocompromised including HIV+/AIDS

Immunocompromised including HIV+/AIDS Allergy to vaccine component

Pregnancy

contact.

Severe, extensive or

painful lesions?

No

Adverse Reaction (Potential/ Reported Historically)

Eczema Vaccinatum

Inadvertent Inoculation Progressive Vaccinia

Generalized Vaccinia (Severe form)

Allergic Reaction

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.

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.

Please call (888) 246-2675 (Español (888) 246-2857, TTY (866) 874-2646) or visit http:// www.bt.cdc.gov/agent/smallpox/index.asp for general public information about smallpox vaccination. Persons experiencing urgent or life-threatening medical events should seek immediate medical assistance.

Dull red flat, urticarial or vesiculobullous lesions (target-like / bulls-eye) without systemic symptoms. Usually appears 10 days after vaccination.

Erythema multiforme minor Provide routine care and observe patient. Use antihistamines PRN: avoid

topical/ systemic steroids.

Watch for

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.

Erythema multiforme

Provide control and see Consultation

release of VIG (first routine care. line agent) or **Use infection** Cidofovir (second line agent). precautions. Provide supportive

Yes

care. Use infection control precautions.

See Consultation

and Reporting

Consider requesting

Laboratory testing

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

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?

(severe form)

Yes

Evaluation Tool for Ophthalmologic Reactions. Generalized vaccinia Generalized Vaccinia

> Provide supportive Go to Clinical care. Use **Evaluation** antihistamines and **Tool for Dermatologic** NSAIDs PRN; avoid topical/ systemic steroids. Use infection control precautions.

Reactions/Toxic Appearance, Distant from Vaccination Site (or in a Close Contact) and see Consultation and Reporting Information.

distant metastatic lesions to skin. bones, and viscera. May present with few or no systemic symptoms. Progressive vaccinia (Vaccinia gangrenosum). Go to Clinical

Rapid, progressive, and painless

extension of central vaccination

lesion or progression without

apparent healing after 15 days.

Lesion often necrotic. Initially

little or no inflammation. +/-

necrosum, Vaccinia **Evaluation Tool for Dermatologic** Reactions/ Toxic Appearance, Distant from Vaccination Site (or in Contact) and see Consultation and Reporting Information.

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

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)

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.