

SMALLPOX SCREENING QUESTIONS AND EXAMINATION

(Updated 06/03/02)

All screeners must wear a fitted N-95 mask (call EH&S 723-8143 if you have not been fit tested) or Powered Air Purified Respirator, disposable yellow gown or Tyvek coveralls, gloves, goggles, hair cover, and shoe covers (See [Infection Control Precautions for Suspected Bioterrorism Agent Disease](#)).

The following screening assessment must be completed on all persons wishing to enter any Stanford University Medical Center building as well as all persons presenting for assessment at G1/H1.

I. SCREENING QUESTIONS

A. Have you been exposed to someone with smallpox?

"Exposure to someone with smallpox" refers to unprotected face-to-face or household contact with someone with confirmed or suspected smallpox.

B. Within the last three weeks, have you been in an area deemed high-risk for exposure to smallpox?

"Area deemed high-risk for exposure to smallpox" refers to areas defined as high-risk by the CDC or government officials.

C. Do you have a fever or feel sick?

D. Do you have a skin rash, mouth sores, or mouth spots that started within the last few weeks?



If the person answers "yes" to any of the above questions, then the person should be given a Day-Glo orange wrist band and be instructed to go to the waiting area outside G1/H1 to wait for a complete clinical assessment to rule out smallpox.

If the person answers "no" to all of the above questions, then the following examination should be completed to rule out signs suspicious for smallpox.

II. SCREENING EXAMINATION

A. Take the person's temperature with the thermometer provided. (Use a rectal thermometer for all children < 1 year old).

B. Examine the oral cavity with a penlight and tongue blade.

C. Examine the person's face and both sides of their hands and arms.



If the person has a temperature of $\geq 38.0^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$) or $< 36.0^{\circ}\text{C}$ ($< 96.8^{\circ}\text{F}$) OR a rash or oral lesions suspicious for smallpox (see reverse side), then the person should be given a Day-Glo orange wrist band and be instructed to go to the waiting area outside G1/H1 to wait for a complete clinical assessment to rule out smallpox.

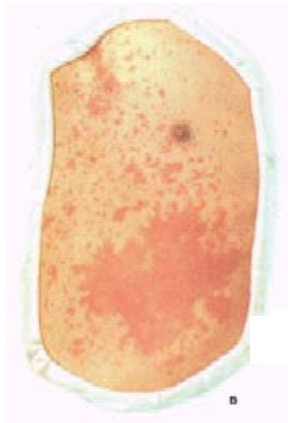
If the person does NOT have either a temperature of $\geq 38.0^{\circ}\text{C}$ ($\geq 100.4^{\circ}\text{F}$) or $< 36.0^{\circ}\text{C}$ ($< 96.8^{\circ}\text{F}$) OR a rash or oral lesions suspicious for smallpox, then the person should be given a colored stamp on his/her hand (corresponding to the colored stamp of the day) and the person should be instructed to proceed into whichever Stanford University Medical Center building requested.

Examples of Early Smallpox Rashes and EnantheMs

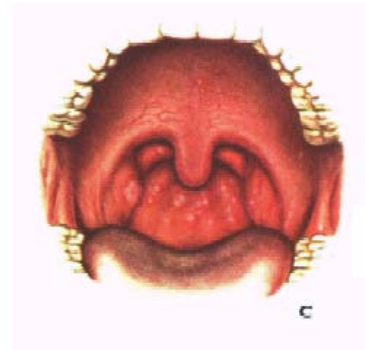
A



B



C



A. Erythematous prodromal rash* on the upper arm, near the sites of vaccination performed 8 days earlier but sparing the skin immediately adjacent to the vaccination lesions.

(Reprinted from: Fenner F, DA Henderson, I Arita, et al. *Smallpox and its Eradication*. Geneva: WHO, 1988.)

B. Measles-like prodromal rash* on the lateral side of the trunk on the 4th day of illness.

(Reprinted from: Fenner F, DA Henderson, I Arita, et al. *Smallpox and its Eradication*. Geneva: WHO, 1988.)

C. The enanthem. Lesions occur throughout the oropharynx and in the nasal cavity, as well as on the tongue. The lesions on the palate are usually smaller than those on the posterior pharyngeal wall and tonsil.

(Reprinted from: Uchida M. *Atlas of the Acute Infectious Diseases. Volume 2. Smallpox*. Tokyo: Kanchara Shuppan, 1955 [Japanese].)

* The prodromal rashes are best seen in fair-skinned persons and are more common in those previously vaccinated.

Appearance and Distribution of Established Smallpox Rash

APPEARANCE

Day 3



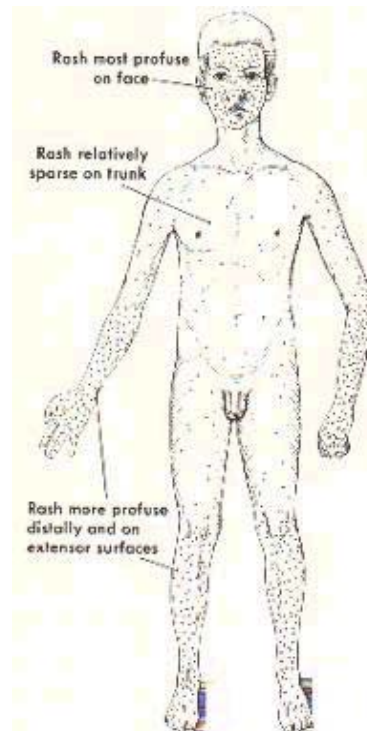
Day 5



Day 7



DISTRIBUTION



Typical established smallpox rash at days 3, 5, and 7 of evolution. Smallpox lesions are denser on the face and extremities than on the trunk; they appear on the palms of the hand; and they are similar in appearance to each other. They progress from macules to papules to pustules to scabs.

(Reprinted from: http://jama.ama-assn.org/issues/v281n22/fig_tab/jst90000_f2.html)

Typical centrifugal distribution of established smallpox rash