Hospital Smallpox Vaccination Monitoring System (HSVMS)

Adverse Event Monitoring

<table>
<thead>
<tr>
<th>Date:</th>
<th>Vaccination Number:</th>
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<tbody>
<tr>
<td>Year of Birth:</td>
<td>Vaccination date:</td>
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</table>

1

<table>
<thead>
<tr>
<th>Date:</th>
<th>Day of Vaccination</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>Day</td>
<td>At Work</td>
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<td>At work with restrictions</td>
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<td></td>
<td>Out due to illness</td>
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<td></td>
<td>Planned day off</td>
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Information obtained: [ ] In-person [ ] By phone [ ] Other, specify: ________________________________

Symptoms Reported by Vaccinee

3

Record any SYMPTOMS reported by vaccinee today or on the days since the last contact. If symptoms reported, indicate whether the symptoms were mild, moderate, or severe. MILD symptoms do not interfere with daily activities; MODERATE symptoms interfere/limit routine activities; SEVERE symptoms are those that prevent worker from performing routine duties.

- [ ] No reported symptoms

Fever >38°C(100.4°F) [ ] No [ ] Yes

- Pain at vaccination site [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Itching [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Rash [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Swollen/tender lymph nodes [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Chills [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Fatigue [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Eye redness/drainage [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Headache [ ] No [ ] Mild [ ] Moderate [ ] Severe
- Other [ ]

Examination of Dressing and Site

4

Record the worker's TEMPERATURE, if available (optional): ________________________________

5

Is the healthcare worker wearing long sleeves today to cover the vaccine site? [ ] Yes [ ] No
6. Is the vaccination site dressed with gauze covered by a semi-permeable membrane?

- Yes  
- No  

If Yes, select type:

- gauze covered with single Tegaderm™
- gauze covered with double Tegaderm™
- gauze covered with single Opsite™
- gauze covered with double Opsite™
- Telfa™ covered with single Tegaderm™
- Telfa™ covered with double Tegaderm™
- Telfa™ covered with single Opsite™
- Telfa™ covered with double Opsite™
- Telfa™ covered with single Tegaderm™
- Telfa™ covered with double Tegaderm™
- Telfa™ covered with single Opsite™
- Telfa™ covered with double Opsite™
- Allevyn™
- Tielle™
- Don't know

7. What is the condition that best describes the site dressing?

- Intact, no drainage
- Intact, with drainage
- Intact, copious drainage
- Non-intact (loose), no drainage
- Non-intact (loose), with drainage

8. Was vaccination site uncovered to do this exam?  

- Yes  
- No

9. Record any physical findings at or beyond the vaccination site: None

**Findings at the vaccination site:**

- Papule
- Vesicle
- Pustule
- Scab
- Erythema/redness
- Tenderness
- Swelling
- Warmth
- Other, specify: ___________

**Findings beyond the vaccination site:**

- Streaks on arm
- Rash generalized, describe: ___________
- Skin reaction >3 inches
- Oral lesions, describe: ___________
- Satellite lesions
- Other, specify: ___________

10. Has the scab fallen off?  

- No scab formed
- No  

If Yes, if yes: Month _____ Day: _____ Year _____

11. Was a vaccine "take" (major reaction) noted?  

- Yes  
- No (Should be answered between day 6 and 8 inclusive)

12. Was the dressing changed during today's examination?  

- Yes  
- No

13. Please indicate what medication(s), if any, were prescribed today?  

- None
- Analgesic/Antipyretic
- Antibiotic/Antimicrobial
- Antihistamine/Antipruritic
- Other, specify ___________

14. Today's outcome:

- Returned to work without restrictions
- Sent home due to illness
- Returned to work with restrictions
- Hospitalized
- Referred for medical evaluation
- Other, specify: ___________

15. Examiner Code: ___________________________ (optional)

16. User Optional Fields:

a) ___________

b) ___________

c) ___________

Note: HSVMS complies with the provisions of the Privacy Act as described below.

The Centers for Disease Control and Prevention is requesting this information under the authority of Section 311 of the Public Health Service Act (42 U.S.C. 243), the NCVIA (42 U.S.C. 300aa-2(a)), and Section 304 of the Homeland Security Act of 2002 (Pub. L. No. 107-296). The information will be used in the analysis and follow-up of significant events associated with smallpox vaccination. Furnishing the requested information is voluntary; however, with more complete information, public health objectives, such as adequate monitoring and follow-up of potential adverse events, are more readily achievable. Information may be shared with authorized U.S. Department of Health & Human Services’ personnel and public health or cooperating medical authorities. State health departments may have access to the collected information for their specific state.