

## **Form 2E: Smallpox Case Household and Primary Contact Surveillance Form**

The purpose of this form is to provide a worksheet/diary for the case household contact or other primary contact to record information about such as date of vaccination, date of take, daily temperature, and if they develop a rash or severe adverse reaction.

**Note:** *The goal is to have the information on Form 2E in a database that can be electronically updated with the date of vaccination for each individual via the vaccination clinic databases. The case household or primary contact should be contacted seven (7) days after the date of vaccination or contacted prior to 7 days if a date of vaccination does not show up in the database after the contact has been given Form 2E. The case household or primary contact are also instructed to call the telephone numbers provided seven days after their date of vaccination to report their take, a fever of 101° F for two consecutive days, a rash or if they experience a severe adverse reaction similar to the ones shown on the Vaccination Information Statement.*

### **Form 2E: Smallpox Case Household and Primary Contact Surveillance Form**

#### **Section I: Case Information (Filled out by Interviewer)**

1. **\*Case #:** Enter the 2-letter abbreviation for the state and write the unique identifier # for the case from Form 2D.

#### **Section II: Household or Primary Contact Information (The questions marked with an asterisk are filled out by the interviewer.)**

2. **\*Date of household visit:** Enter the date (MM DD YYYY) of the initial household visit.
3. **Last name:** Enter the last name of the case household or primary contact.  
**First name:** Enter the first name of the case household or primary contact.  
**MI (Middle Initial):** Enter the middle initial of the case household or primary contact.
4. **Sex:** Circle the sex of the case household or primary contact (Male or Female).
5. **Age:** Enter the age of the case household or primary contact in years.
6. **\*Household Contact/Primary Contact Form 2D#:** Enter the number of the Form 2D: Smallpox Contact Tracing Form for the case household or primary contact.
7. **\*Date of last exposure:** Enter the date (MM DD YYYY) of the last exposure the household or primary contact had with the case.
8. **Date vaccinated:** Enter the date (MM DD YYYY) the case household or primary contact was vaccinated. If known, the interviewer may enter this date, otherwise, this

field needs to be filled out by the household or primary contact.

- 9. Call Back Date (7 days after vaccination):** Enter the date (MM DD YYYY) the case household or primary contact should expect to receive a call back from the State Coordination Center to collect information about the vaccination site (“take”). This occurs 6-8 days after the date of vaccination.

### **Section III. Household or Primary Contact Clinical Signs Tracking (Filled out by Household or Primary Contact)**

***Case household or primary contact: Record your temperature from the day after the “Date of Last Exposure” and daily for 21 days. If you develop a fever that 101° Fahrenheit or greater for two consecutive days, call the number in the box to the right immediately.***

- 10. Record your temperature each day in the boxes below:** Record your temperature in the boxes below labeled “Day 1”, “Day 2”, etc. for 21 days after the date of last exposure. If you develop a fever that is 101° Fahrenheit or greater for two consecutive days, call the number in the box to the right immediately.
- 11. \*Place a sticker or stamp the box with the telephone number for the primary household contact to call if the fever is 101° Fahrenheit or greater for two consecutive days.**

***Case household or primary contact: If you develop a rash, record the day the rash started after the date of last exposure and call the number in the box to the right immediately.***

- 12. If rash develops, mark the day rash started, and call:** If a rash develops, mark the day it started in the appropriate boxes below labeled “Day” and call the number in box number 11.
- 13. If you develop any of the severe adverse reactions shown on the Vaccination Information Statement, call:** If you develop any of the severe adverse reactions shown on the card we gave you, the Vaccination Information Statement, call the number in the box to the right immediately.
- 14. \*Place a sticker or stamp the boxes with the emergency telephone number for the primary household contact to call if they develop any severe adverse events.**
- 15. For non-emergencies, or if you have questions, call:** If you have any questions, call the number in the box to the right.
- 16. \*Place a sticker or stamp the boxes with the non-emergency telephone number for the household or primary contact to call if they have any questions.**