EVALUATING PATIENTS FOR SMALLPOX:
ACUTE, GENERALIZED, VESICULAR OR PUSTULAR RASH ILLNESS PROTOCOL

Febrile Prodrome*

Yes

AND Major Smallpox Criteria
(see below)

AND ≥ 4 of the Minor Smallpox Criteria (see box lower right)

AND < 4 of the Minor Smallpox Criteria (see box lower right)

Low Risk of Smallpox

No

Manage patient as clinically indicated

Classic Smallpox Lesions†
AND Lesions in same stage of development‡

High Risk of Smallpox

Report Immediately

(see Notification Protocol)

Moderate Risk of Smallpox

Minor Smallpox Criteria:
- Centrifugal distribution: greatest concentration of lesions on face and distal extremities
- First lesions on oral macosa/palate, face or forearms
- Patient appears toxic or moribund
- Slow evolution: lesions evolve from macules to papules → papules over days (each stage lasts 1-2 days)
- Lesions on palms and soles

09/02 Bioterrorism Surveillance Unit, NJDHSS

Major Smallpox Criteria
*Febrile prodrome: 1-4 days before rash onset; fever ≥101°F and at least one of the following: prostration, headache, backache, chills, vomiting, or severe abdominal pain
†Classic smallpox lesions: deep-seated, firm/hard, round well-circumscribed vesicles or pustules; as they evolve, lesions may become umbilicated or confluent
‡Lesions in same stage of development: on any one part of the body (e.g., face or arm) all the lesions are in the same stage of development (i.e., all are vesicles or all are pustules