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

Risk of Smallpox

Major Smallpox Criteria: Urgent Evaluation
1. Fieber prodrum (defined below) AND
2. Classic smallpox lesion (defined below and photo at top) AND
3. Lesions in early stage of development (defined below)

POTENTIAL Risk of Smallpox: Urgent Evaluation
1. Fieber prodrum (defined below) AND
2. One other major smallpox criterion (defined below)

Fieber prodrum (defined below)
1. Temperature of at least 100°F
2. Fieber prodrum (defined below)
3. Classic smallpox lesion (defined below)
4. Lesions in early stage of development (defined below)

Low Risk of Smallpox: Minor, No Urgency
1. No identifiable prodrum
2. No classic smallpox lesion
3. No lesions in early stage of development

Smallpox (variola)

DIFFERENTIATING CHICKENPOX FROM SMALLPOX
Chickenpox (varicella) is the most likely condition to be confused with smallpox.

- Fieber prodrum
- Classic smallpox lesion
- Lesions in early stage of development

CLASSIC SMALLPOX LESIONS: Severe, deep, firm, tense, most with prominent redness and obvious edge.

LESIONS IN SAME STAGE OF DEVELOPMENT: All lesions are in same stage of development

MINOR Smallpox Criteria:
1. Generalized distribution: greatest concentration of lesions on face and distal extremities
2. First lesions on the oral mucosa, itching, or fever

COPPER CONDITIONS THAT MIGHT BE CONFUSED WITH SMALLPOX
VARICELLA (primary infection with varicella virus): Milder, pink, papular rash with obvious edge.

OPPENHEIM ET AL. 2007: A PATHOLOGIST'S PERSPECTIVE OF SMALLPOX AND OTHER HIGH-CONSEQUENCE VIRUS (HTNV/HTNV/HTMP)