

SMALLPOX

ALL SUSPECT CASES OF SMALLPOX MUST BE REPORTED IMMEDIATELY TO SANTA CRUZ COUNTY HEALTH SERVICES AGENCY, DISEASE CONTROL:

During business hours: 831-454-4114
After hours (County Communications): 831-471-1183

Epidemiology:

- Highly infectious after aerosolization
- Person-to-person transmission can occur via droplet nuclei or aerosols expelled from the oropharynx and by direct contact
- Contaminated clothing or bed linens can also spread the virus
- About 30% of susceptible contacts will become infected

Clinical:

- Incubation period is 12-14 days (ranges 7-17 days)
- Characteristic rash appears 2-3 days after nonspecific, flu-like prodrome (fever and headache)
- Maculopapular rash begins on mucosa of mouth and pharynx, face, hands, forearms and spreads to legs and centrally to trunk; lesions are more predominant on the face and extremities than on the trunk.
- Lesions progress synchronously on any given part of the body from macules to papules to vesicles to pustules to crusty scabs

Laboratory Diagnosis:

- Mask and gloves should be worn by person obtaining specimen, preferably a person who has been recently vaccinated
- Vesicular fluid is obtained by opening lesions with the blunt edge of a scalpel, harvesting fluid with a cotton swab; scabs can be removed by forceps. Swabs and scabs should be placed in a vacutainer, sealed with tape, and placed in a second, durable, watertight container
- Laboratory specimens must be handled in a Biosafety Level 4 facility (e.g. CDC) and will be evaluated with electron microscopy and cell culture

Patient Isolation:

- Strict isolation in negative pressure room (high efficiency particulate air filtration ideal) from onset of rash until all scabs separate
- Laundry and waste should be autoclaved before being laundered or incinerated

Treatment:

- Supportive care is the mainstay of therapy
- In-vitro antiviral activity against poxviruses has been shown with adefovir, cidofovir, dipivoxil, and ribavirin. (Animal studies suggest that cidofovir may be most effective).

Prophylaxis:

- Smallpox vaccine would be required for all persons exposed at the time of the bioterrorist attack or anyone with close personal contact with a smallpox case
- Vaccine is most effective if given before or within 3 days of exposure
- Ideally, all exposed persons should be placed in strict quarantine for 17 days after last contact with a smallpox case