SMALLPOX

Case Definition

Confirmed Case:

- Laboratory confirmation of infection:
  - Isolation of variola virus from an appropriate clinical specimen.
    OR
  - Detection of variola virus nucleic acid.

Probable Case:

- Clinical evidence[1] of illness in a person who is epidemiologically linked to a laboratory-confirmed case or to a probable case.
  OR
- Laboratory evidence of infection:
  - Negative stain electron microscopic identification of variola virus in an appropriate clinical specimen.

Suspect case:

- Clinical evidence[1] of illness in a person who is not epidemiologically linked to a laboratory confirmed case or to a probable case of smallpox.
  OR
- Atypical lesion known to be associated with the variola virus on a person who is epidemiologically linked to a laboratory-confirmed or probable case.

Clinical Evidence

Characterized by a febrile prodrome consisting of fever > 38.3ºC and systemic symptoms (prostration, headache, back pain, abdominal pain and/or vomiting), which generally lasts one to four days and is followed by the development of a characteristic rash. The rash consists of deep, firm, well-circumscribed pustules that are mostly all in the same stage of development. The lesions are characteristically umbilicated. The lesions initially appear as macules, evolving into papules, vesicles and then pustules in a matter of days. Finally, crusted scabs form: they then fall off several weeks after the initial appearance of the rash. Lesions initially appear in the oral mucosa/palate and then progress in a centrifugal pattern to involve the face, arms, legs, palms, and soles. Atypical presentations include flat velvety lesions that do not evolve into pustules and more sever forms with confluent or hemorrhagic lesions.

Reporting Requirements

Report confirmed cases **immediately** to DHW Surveillance via Panorama and the Surveillance Inbox.

Additional Forms

None.

[1] See Clinical Evidence section.