

# Hospital Smallpox Vaccine Monitoring System (HSVMS)

Smallpox Adverse Event Workshop for  
State Health Departments  
January 23, 2003

# ACIP/HICPAC Supplemental Recommendations for Pre-Event Smallpox Vaccination

- Administrative leave NOT routinely required for newly vaccinated healthcare personnel unless
  - Physically unable to work due to signs and symptoms of illness
  - Have skin lesions which cannot be adequately covered
  - Unable to adhere to recommended infection control precautions

Oct 2002



# ACIP/HICPAC Supplemental Recommendations for Pre-Event Smallpox Vaccination

- Vaccination site should be covered with gauze and a transparent dressing
- Hospitals should establish a site-care program comprised of designated staff to:
  - Assess dressings and site daily
  - Change dressings as indicated
  - Reinforce education of vaccinees about hand hygiene
  - Monitor the experience of vaccinees

Oct  
2002



# Hospital Smallpox Vaccine Monitoring System (HSVMS)

- To assist hospitals in monitoring and tracking their personnel who receive smallpox vaccine
- Web-based
- Voluntary

# Hospital Smallpox Vaccine Monitoring

## System **INFORMATION**

## **COLLECTED**

- Condition of vaccination site
- Integrity of dressing
- Symptoms reported by worker
- Physical findings
- Vaccine takes
- Lost work days

# Hospital Smallpox Vaccine Monitoring System **REPORTS**

- Summary reports by
  - Vaccinee
  - Day
  - Occupational group
  - Ward/location
  - Facility
  - State
- Aggregate reports for comparison

# Hospital Smallpox Vaccine Monitoring System **ATTRIBUTES**

- Real time follow-up of vaccinees
- Simple: requires minimal training
- Technology requirements: Internet access and 4.0 Internet Explorer or comparable Netscape system



# Hospital Smallpox Vaccine Monitoring System

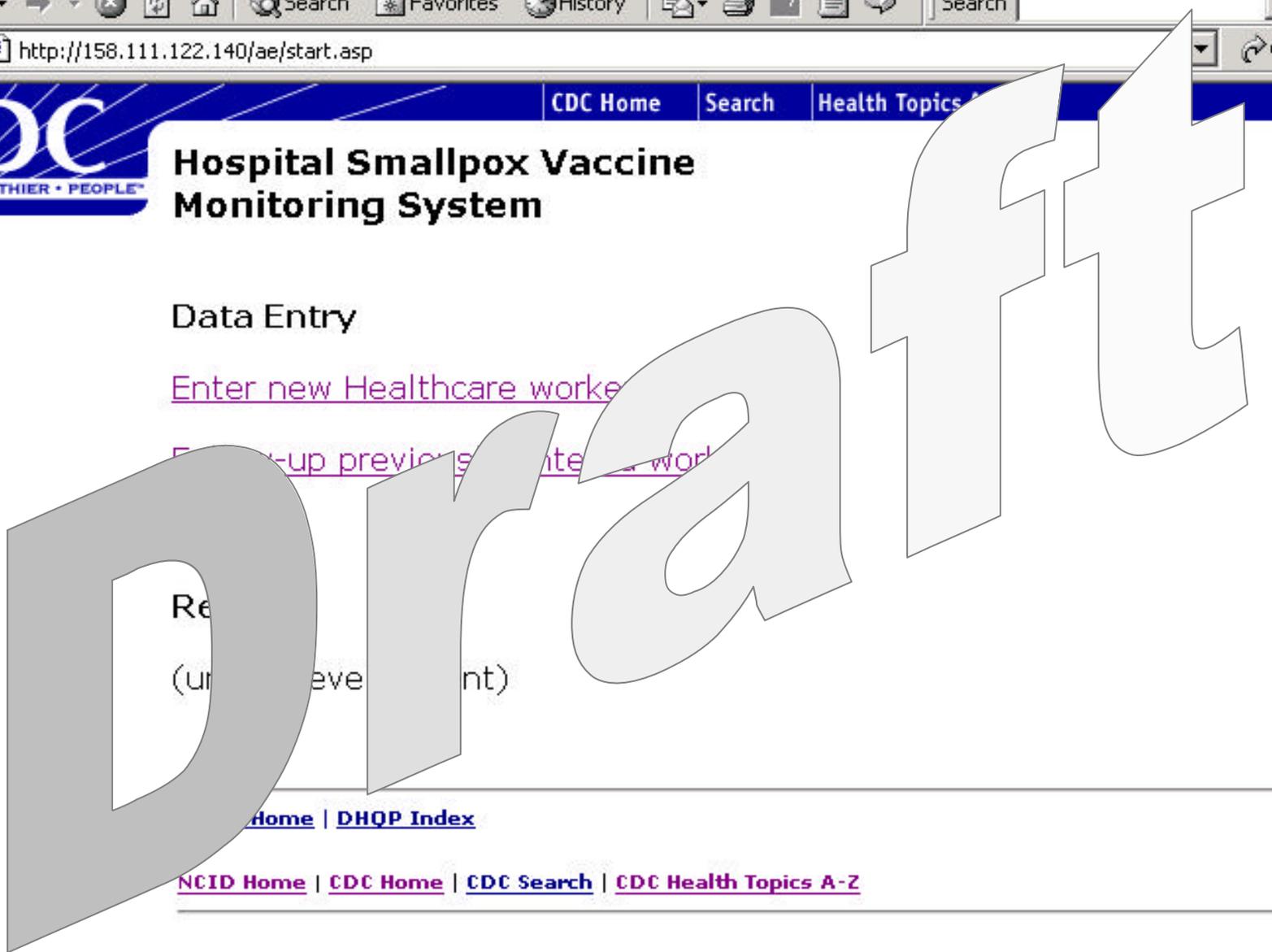
## Data Entry

- [Enter new Healthcare worker](#)
- [Follow-up previous site work](#)

Re  
(un...eve...nt)

[Home](#) | [DHQP Index](#)

[NCID Home](#) | [CDC Home](#) | [CDC Search](#) | [CDC Health Topics A-Z](#)





# Hospital Smallpox Vaccine Monitoring System

## Vaccinated Personnel Demographic Information

[Main Menu](#)

All fields required unless otherwise noted

1 Current information for your facility:  Healthcare Facility:

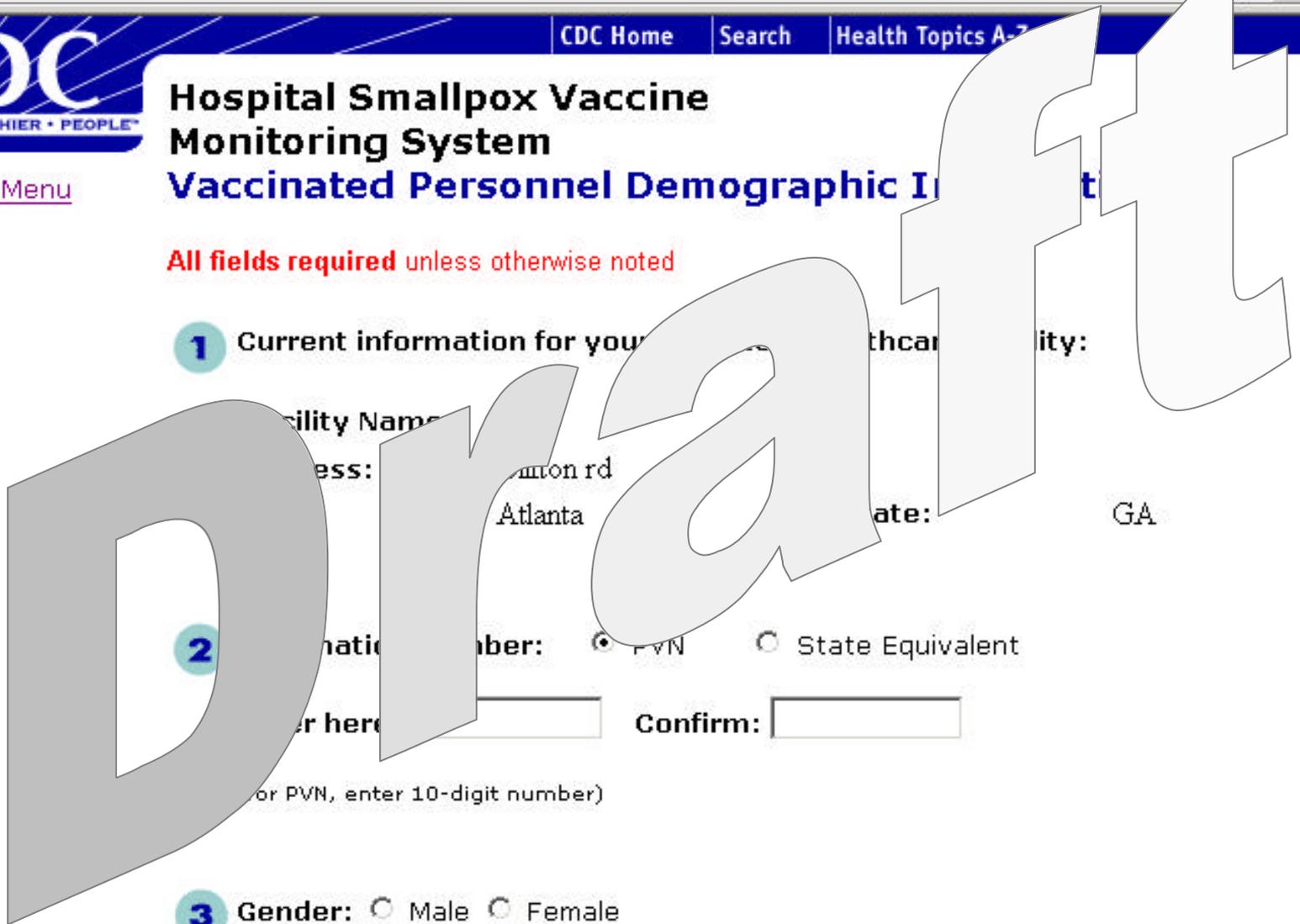
Facility Name:   
Address:     
City:  Atlanta State:  GA

2 Identification Number:  PVN  State Equivalent

Enter here:  Confirm:

(For PVN, enter 10-digit number)

3 Gender:  Male  Female





# Hospital Smallpox Vaccine Monitoring System

## Vaccinated Personnel Demographic Information

[Main Menu](#)

All fields required unless otherwise noted

1 Current information for your facility:  Healthcare Facility:

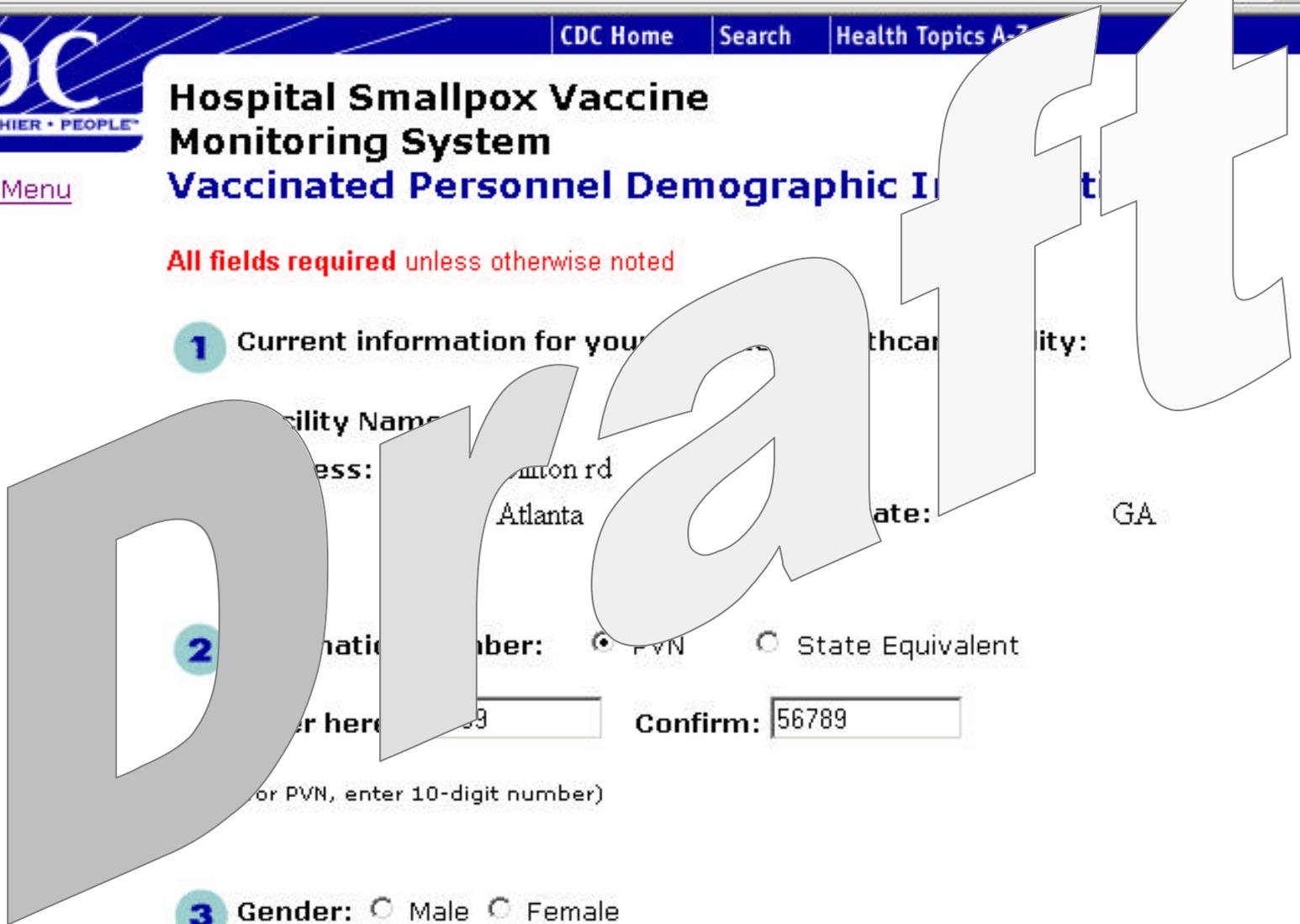
Facility Name:   
Address:     
City:  Atlanta State:  GA

2 Identification Number:  PVN  State Equivalent

Enter here:  Confirm:  56789

(For PVN, enter 10-digit number)

3 Gender:  Male  Female





# Hospital Smallpox Vaccine Monitoring System

## Vaccinated Personnel Demographic Information

[Main Menu](#)

All fields required unless otherwise noted

1 Current information for your facility:  Healthcare Facility:

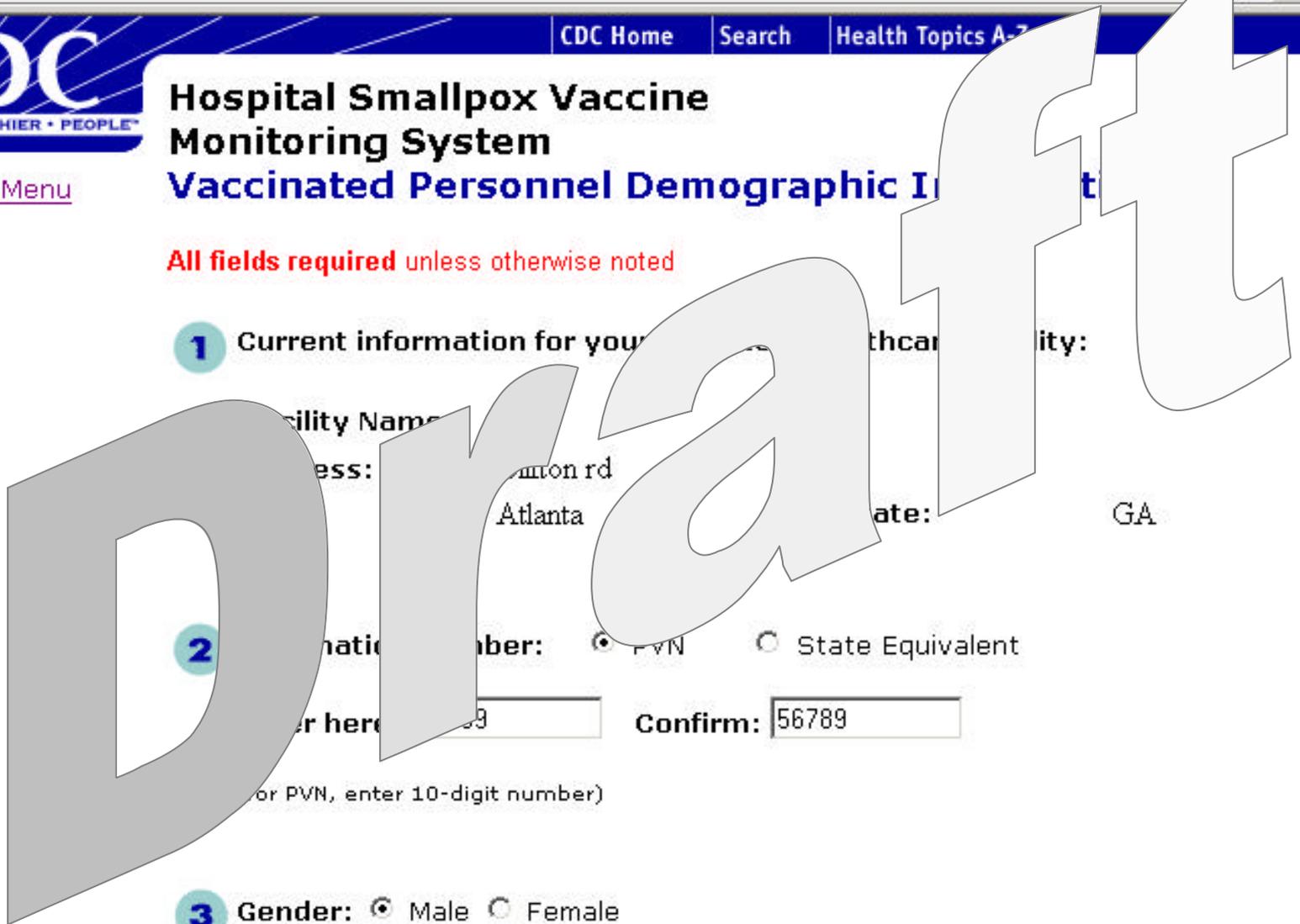
Facility Name:   
Address:     
City:  Atlanta State:  GA

2 Identification Number:  PVN  State Equivalent

Enter here:  Confirm:  56789

(For PVN, enter 10-digit number)

3 Gender:  Male  Female



**3 Gender:**  Male  Female

**4 Race:** Optional **Ethnicity:** Optional

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African-American**
- White

the healthcare worker received the smallpox (vaccinia) vaccine before this vaccination campaign?

Yes  No  Unknown

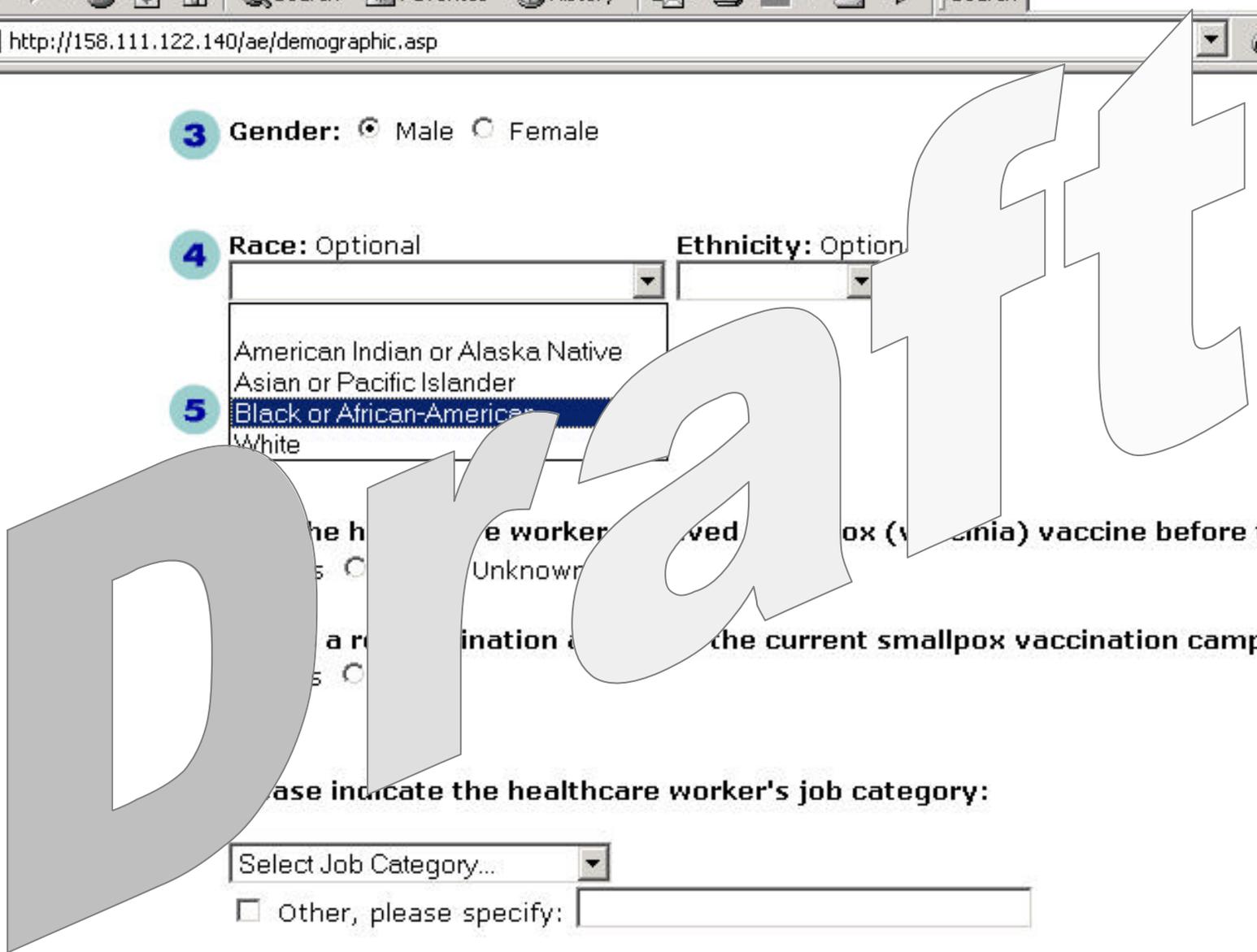
Has the healthcare worker received the current smallpox vaccination campaign?

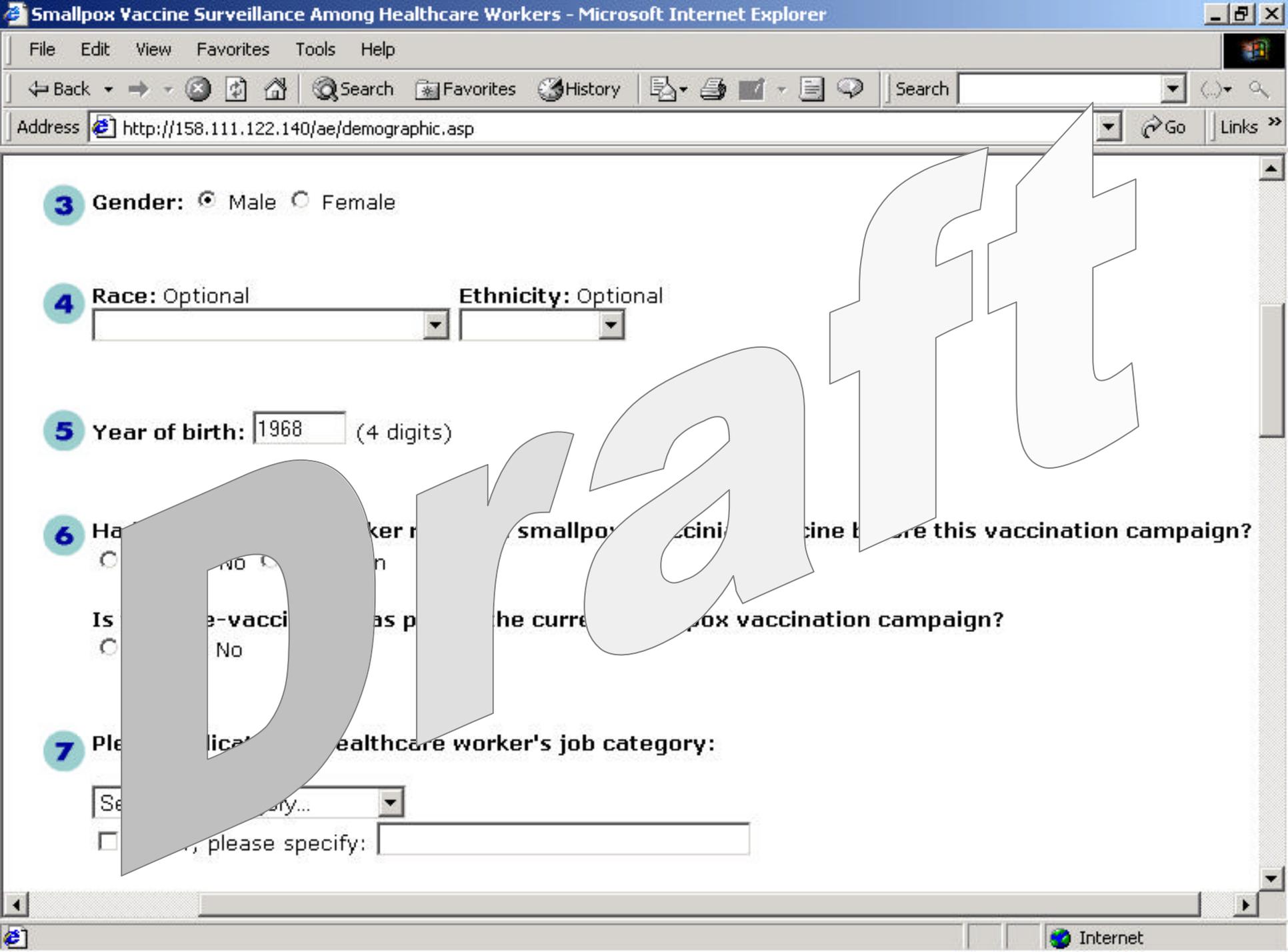
Yes  No

Please indicate the healthcare worker's job category:

Select Job Category...

Other, please specify:





**3 Gender:**  Male  Female

**4 Race:** Optional **Ethnicity:** Optional

**5 Year of birth:**  (4 digits)

**6** Have you ever received a smallpox vaccine before this vaccination campaign?  
 Yes  No  
Is the vaccine as part of the current smallpox vaccination campaign?  
 Yes  No

**7** Please indicate healthcare worker's job category:  
  
 Other, please specify:

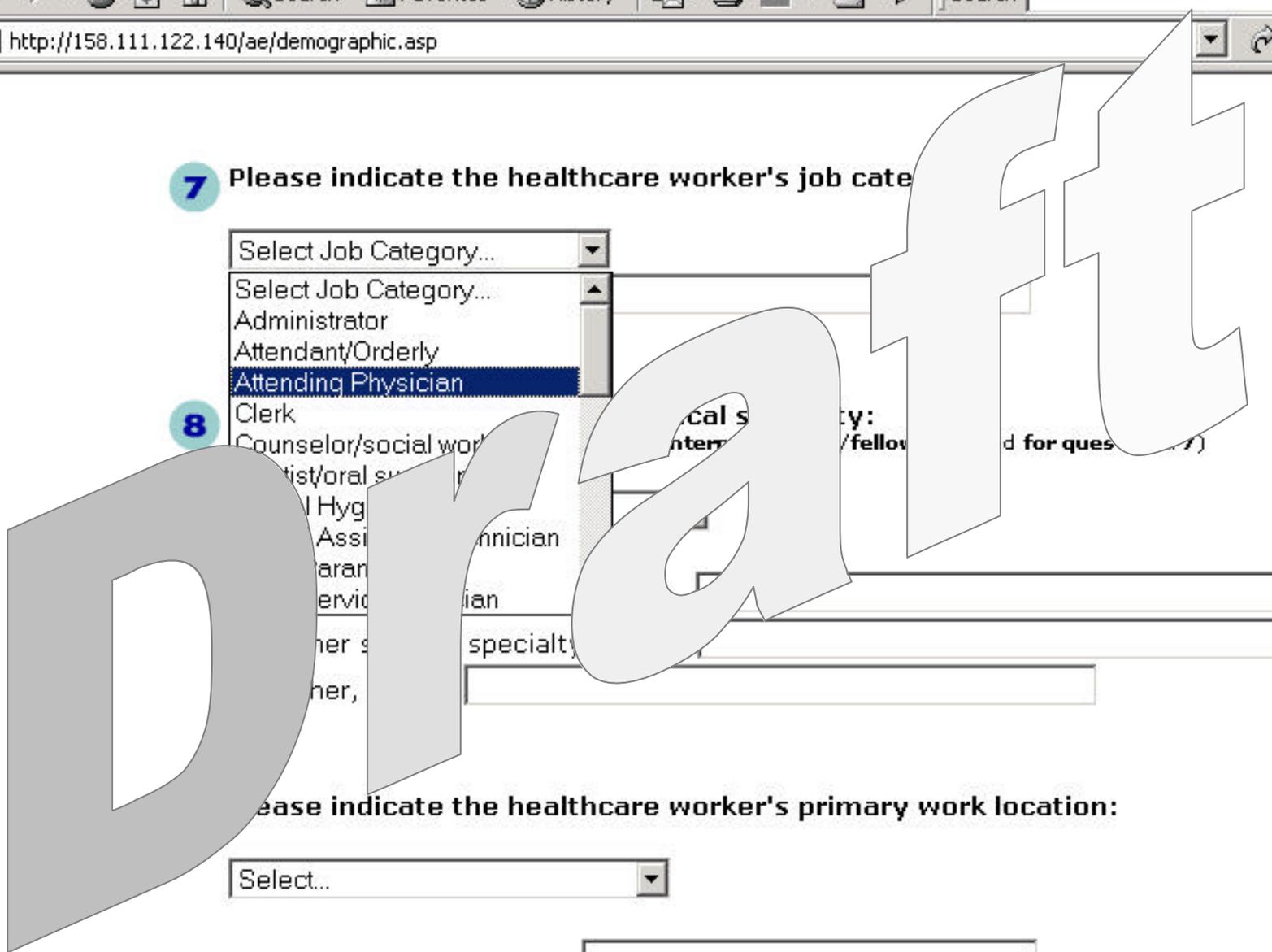
**7 Please indicate the healthcare worker's job category:**

Select Job Category...  
Select Job Category...  
Administrator  
Attendant/Orderly  
**Attending Physician**  
Clerk  
Counselor/social worker  
Dietitian/oral surgeon  
Hygienist  
Assistant  
Paramedic  
Service  
Other specialty  
Other, \_\_\_\_\_

**8 Please indicate the healthcare worker's primary work location:**

Select...

If Specialty ward, specify: \_\_\_\_\_



**7 Please indicate the healthcare worker's job category:**

Attending Physician

Other, please specify: \_\_\_\_\_

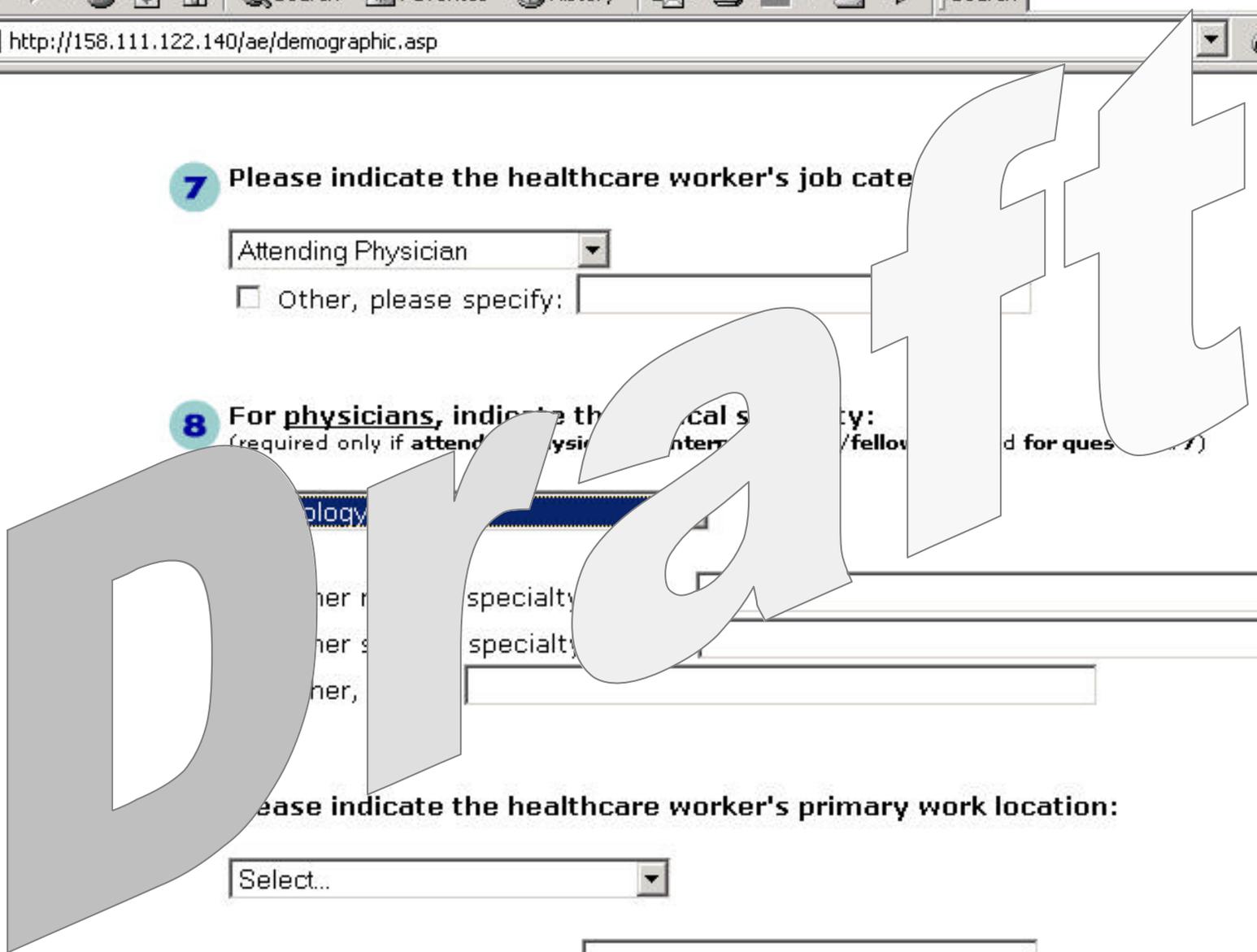
**8 For physicians, indicate the healthcare worker's specialty:**  
(required only if attending physician, internist, fellow, or resident)

Specialty: \_\_\_\_\_  
Specialty: \_\_\_\_\_  
Specialty: \_\_\_\_\_

**Please indicate the healthcare worker's primary work location:**

Select...

If Specialty ward, specify: \_\_\_\_\_



9 Please indicate the healthcare worker's primary location:

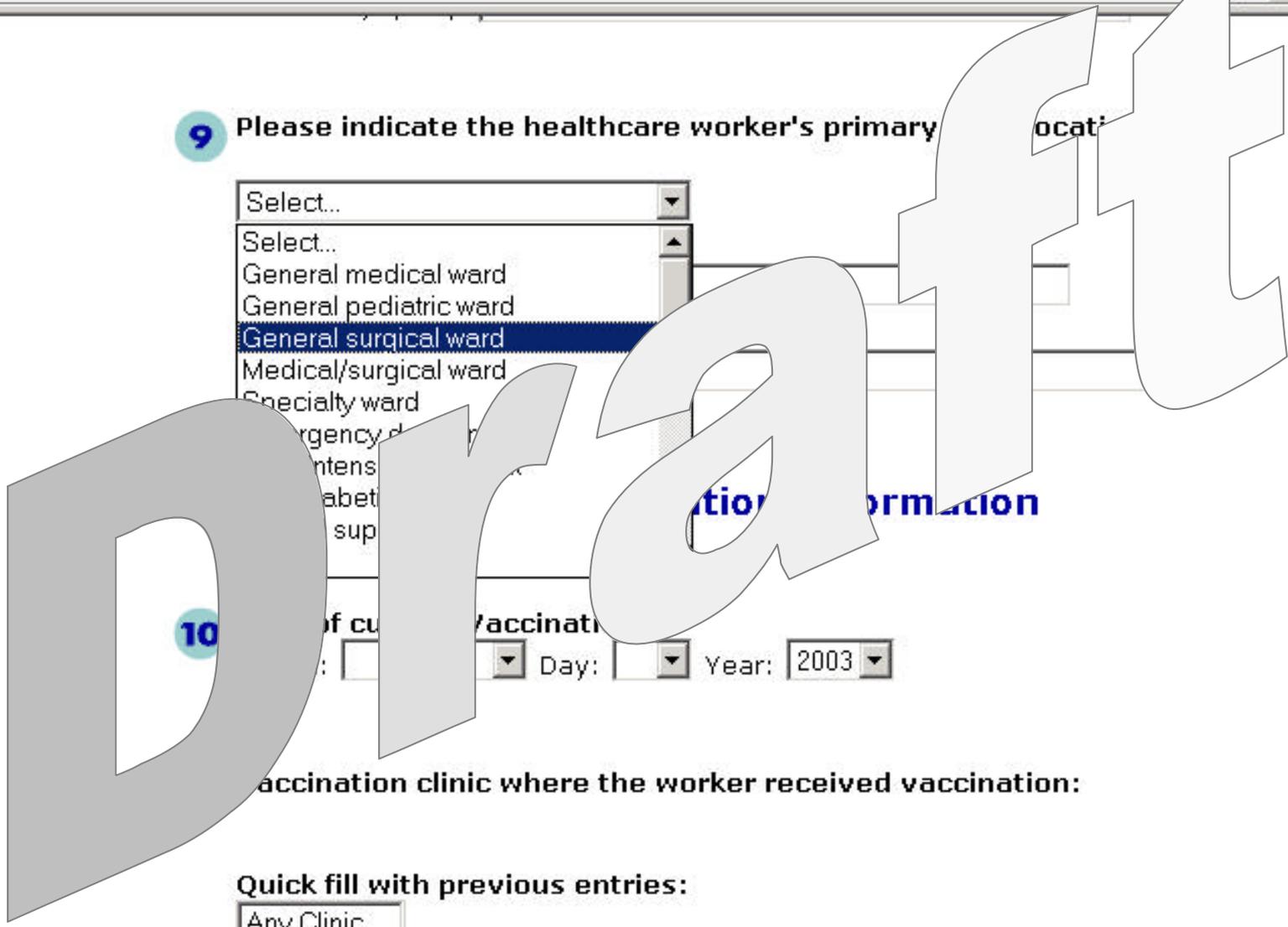
Select...

- Select...
- General medical ward
- General pediatric ward
- General surgical ward
- Medical/surgical ward
- Specialty ward
- Emergency department
- Intens...
- Diabet...
- sup...

10 of current vaccination status:  
Month: [ ] Day: [ ] Year: 2003

Indicate the vaccination clinic where the worker received vaccination:

Quick fill with previous entries:  
Any Clinic



9 Please indicate the healthcare worker's primary work location

General surgical ward

If Specialty ward, specify:

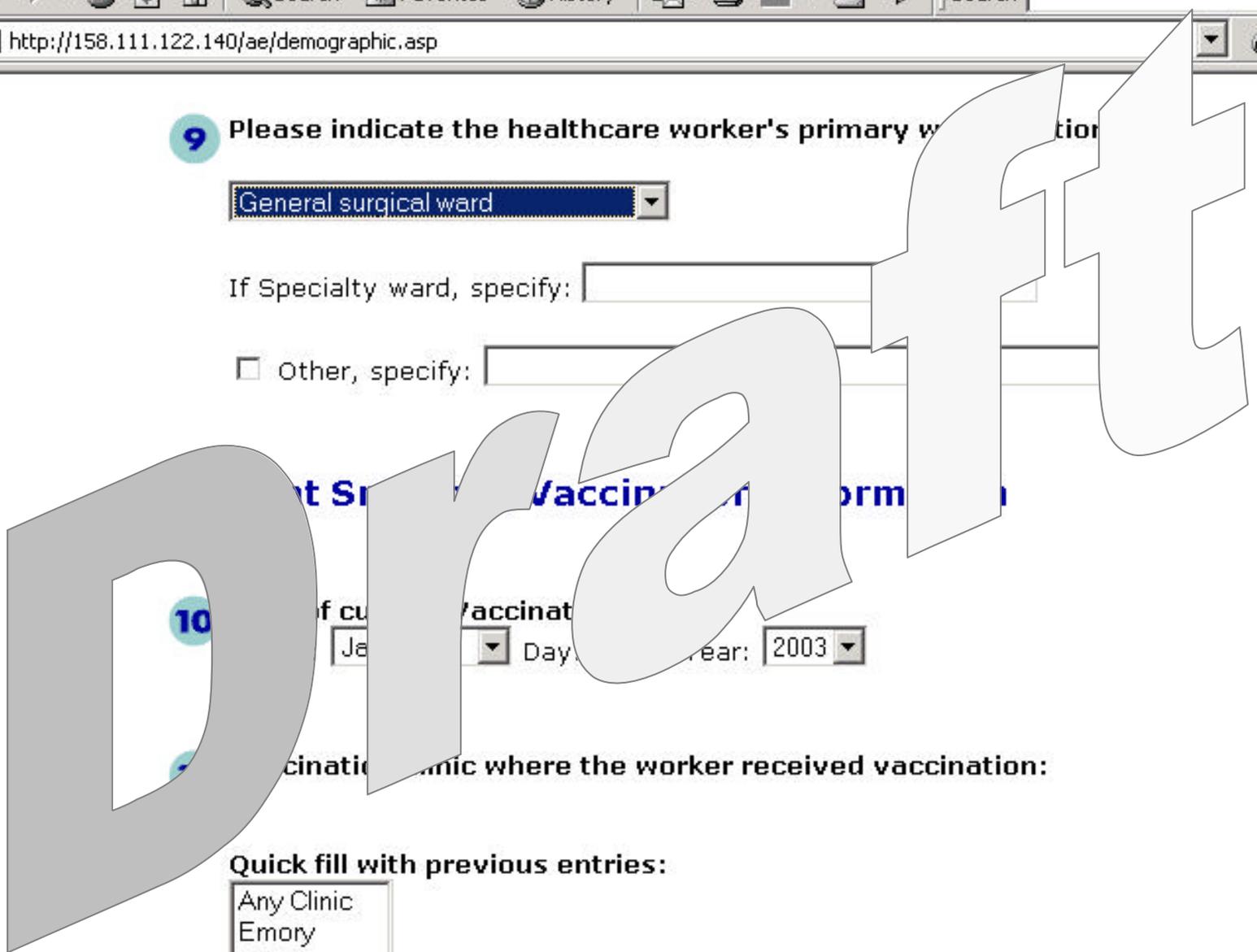
Other, specify:

10 If currently vaccinated: Jan Day Year: 2003

Vaccination clinic where the worker received vaccination:

Quick fill with previous entries:

- Any Clinic Emory



Address <http://158.111.122.140/ae/demographic.asp>

**11 Vaccination clinic where the worker received vaccination:**

Quick fill with previous entries:

Any Clinic  
Emory

Vaccination clinic name:

Address:

City/State:

Zip:

Telephone:

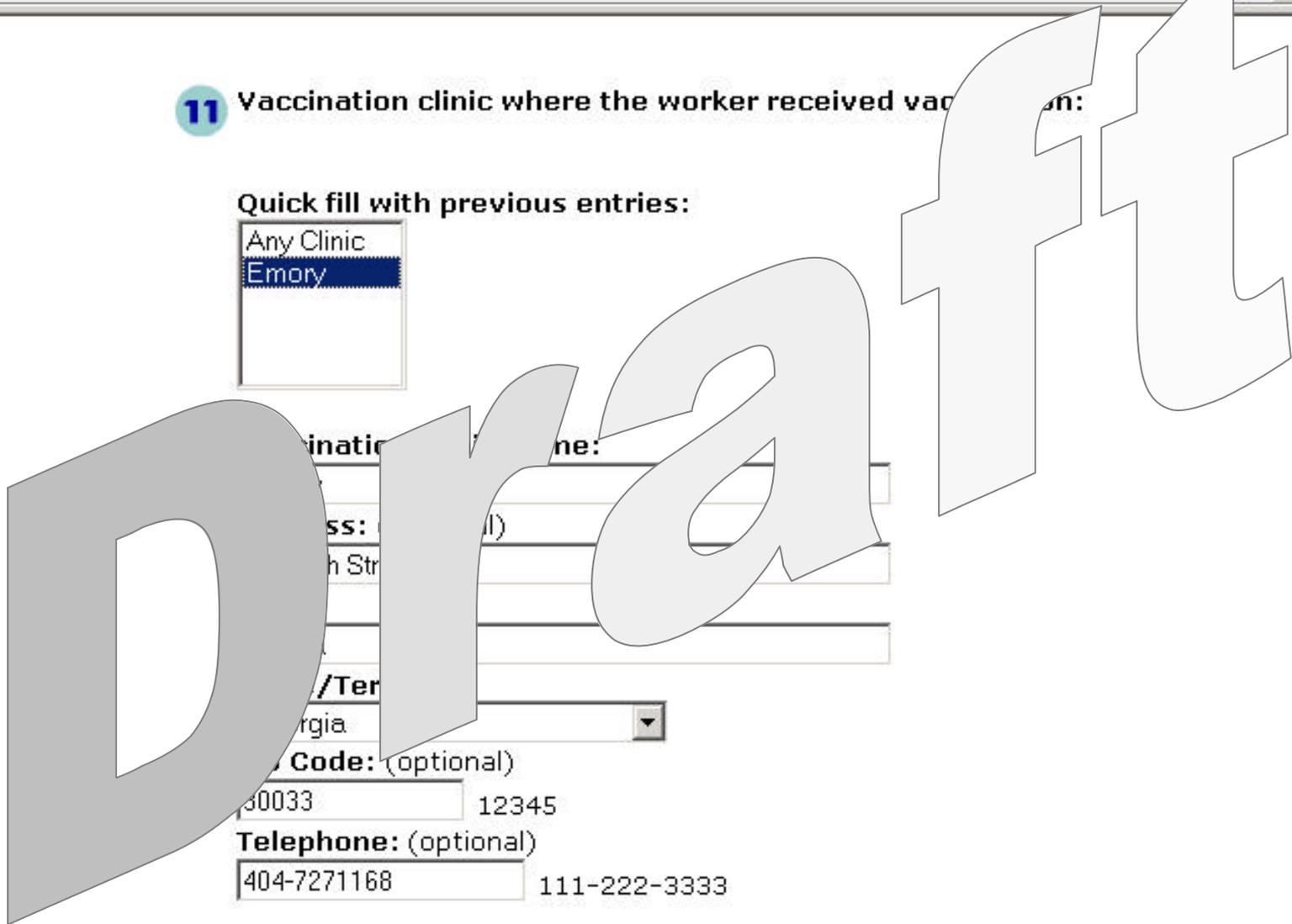
State:

County Code: (optional)

30033 12345

Telephone: (optional)

404-7271168 111-222-3333



404-7271168

111-222-3333

**12** In what part of the body did the worker receive the vaccine?

- Left deltoid
- Right deltoid
- Other, specify

Options

the date

data

This page last reviewed December 1, 2002

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Division of Healthcare Quality Promotion



# Hospital Smallpox Vaccine Monitoring System

## Adverse Events Monitoring

[HSVMS Main Menu](#)

View all [follow-up data for this PVN](#)

Vaccination Number 9999999999 (If this is incorrect please [correct PVN](#))  
Year of Birth 1968  
Vaccination Date: Jan 26, 2003  
Take date:

required unless otherwise noted

Month: Day: 26 Year: 2003

[Refresh Date](#)

Primary work days: **Expiration:** Please complete through today's date

Date:	01/27	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05
Day:	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>										
Work with restrictions	<input type="checkbox"/>									
Out due to illness	<input type="checkbox"/>									
Planned day off	<input type="checkbox"/>									

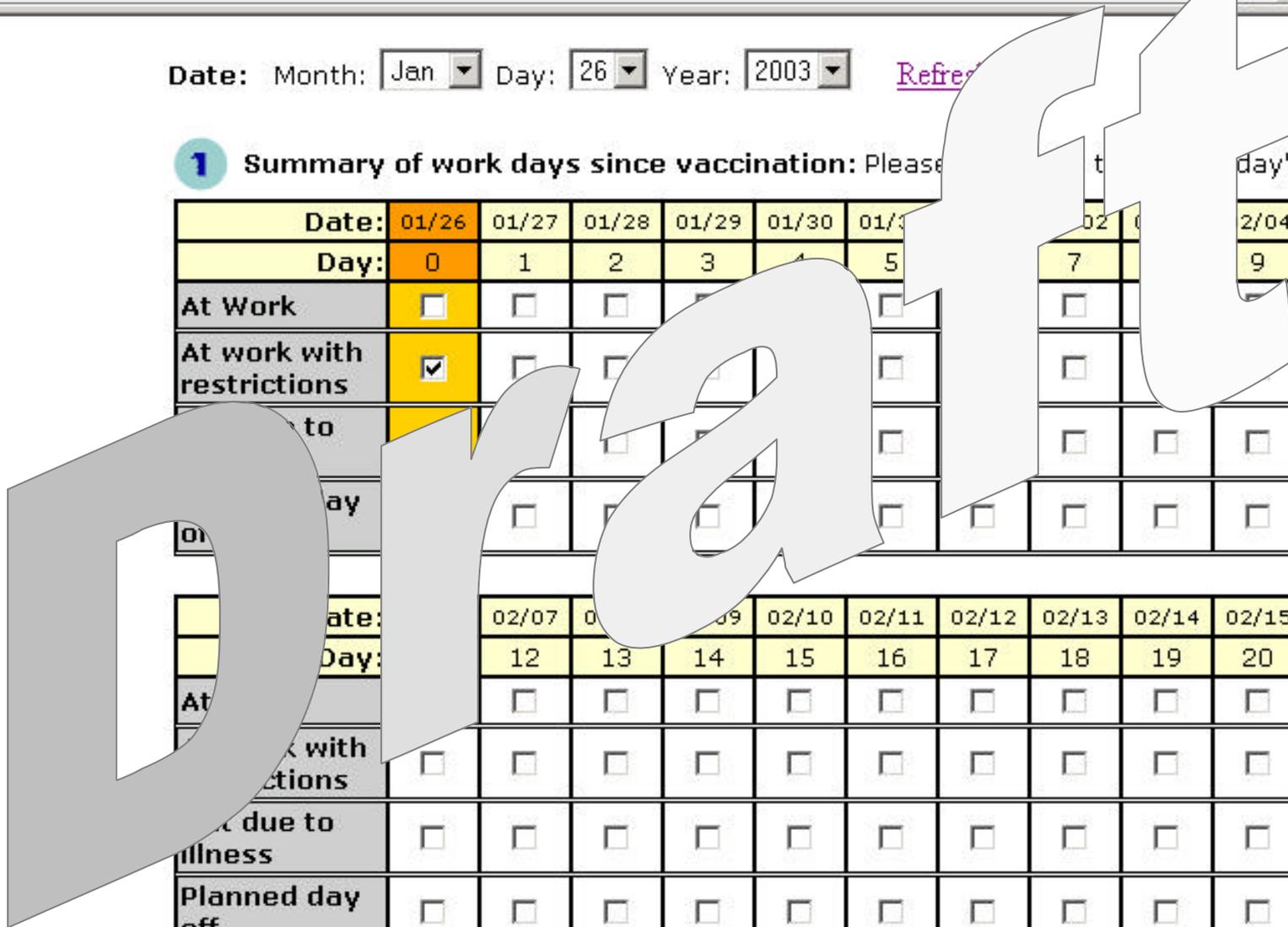
Date: Month: Jan Day: 26 Year: 2003

Refresh

1 Summary of work days since vaccination: Please enter the day's date

Date:	01/26	01/27	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05
Day:	0	1	2	3	4	5	6	7	8	9	10
At Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work with restrictions	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
Out to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:	02/07	02/08	02/09	02/10	02/11	02/12	02/13	02/14	02/15	02/16
Day:	12	13	14	15	16	17	18	19	20	21
At Work	<input type="checkbox"/>									
At work with restrictions	<input type="checkbox"/>									
Out due to illness	<input type="checkbox"/>									
Planned day off	<input type="checkbox"/>									



At Work with restrictions	<input type="checkbox"/>									
Out due to illness	<input type="checkbox"/>									
Planned day off	<input type="checkbox"/>									

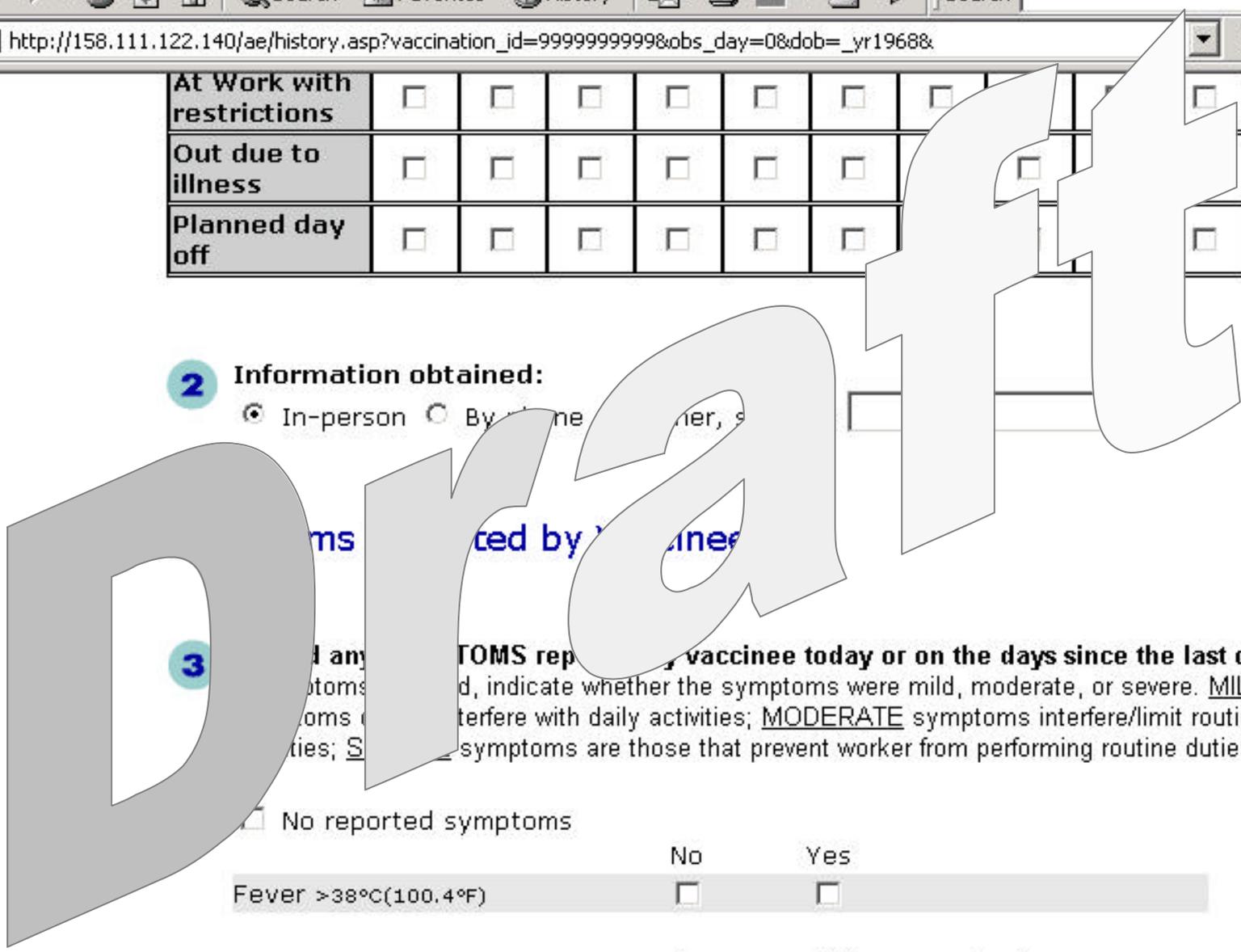
**2 Information obtained:**  
 In-person  By phone  Other, specify \_\_\_\_\_

Symptoms reported by \_\_\_\_\_

**3** If any **TOMS** reported by vaccinee today or on the days since the last contact. If symptoms were reported, indicate whether the symptoms were mild, moderate, or severe. MILD symptoms do not interfere with daily activities; MODERATE symptoms interfere/limit routine activities; SEVERE symptoms are those that prevent worker from performing routine duties.

No reported symptoms

	No	Yes
Fever >38°C(100.4°F)	<input type="checkbox"/>	<input type="checkbox"/>
	No	mild moderate severe

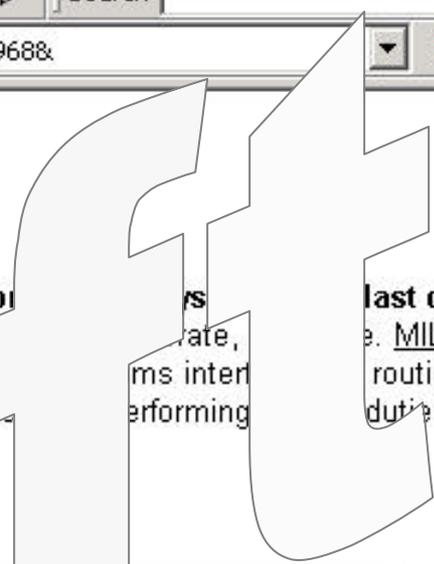
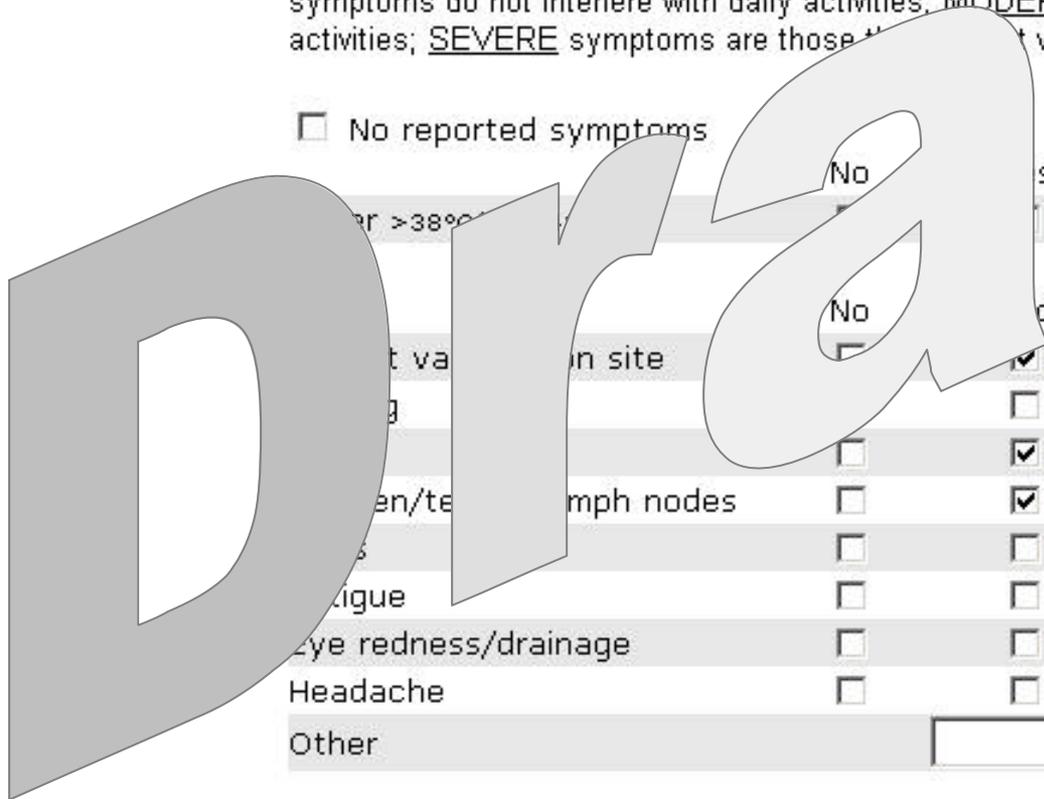


### Symptoms Reported by Vaccinee

**3 Record any SYMPTOMS reported by vaccinee today on** ... last contact. e. MILD routine duties.

No reported symptoms

	No	moderate	severe
Temperature >38°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccination site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymph nodes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye redness/drainage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="text"/>		



## Examination of Vaccine Dressing and Site

4 Record the worker's TEMPERATURE  Optional

5 Is the healthcare worker wearing gloves?

6 vaccine on site described in gauze cover

- 99.1F
- Temper
- <98.6F
- 98.6F
- 98.8F
- 99.0F
- 99.1F
- 37.4C/99.3F
- 37.5C/99.5F
- 37.6C/99.7F
- 37.7C/99.9F
- 37.8C/100.0F

Select... describe  (optional)

What is the condition that best describes the site dressing?

- Intact, no drainage
- Intact, with drainage
- Intact, serious drainage

Draft

4 Record the worker's TEMPERATURE, if available: 99.3F tional

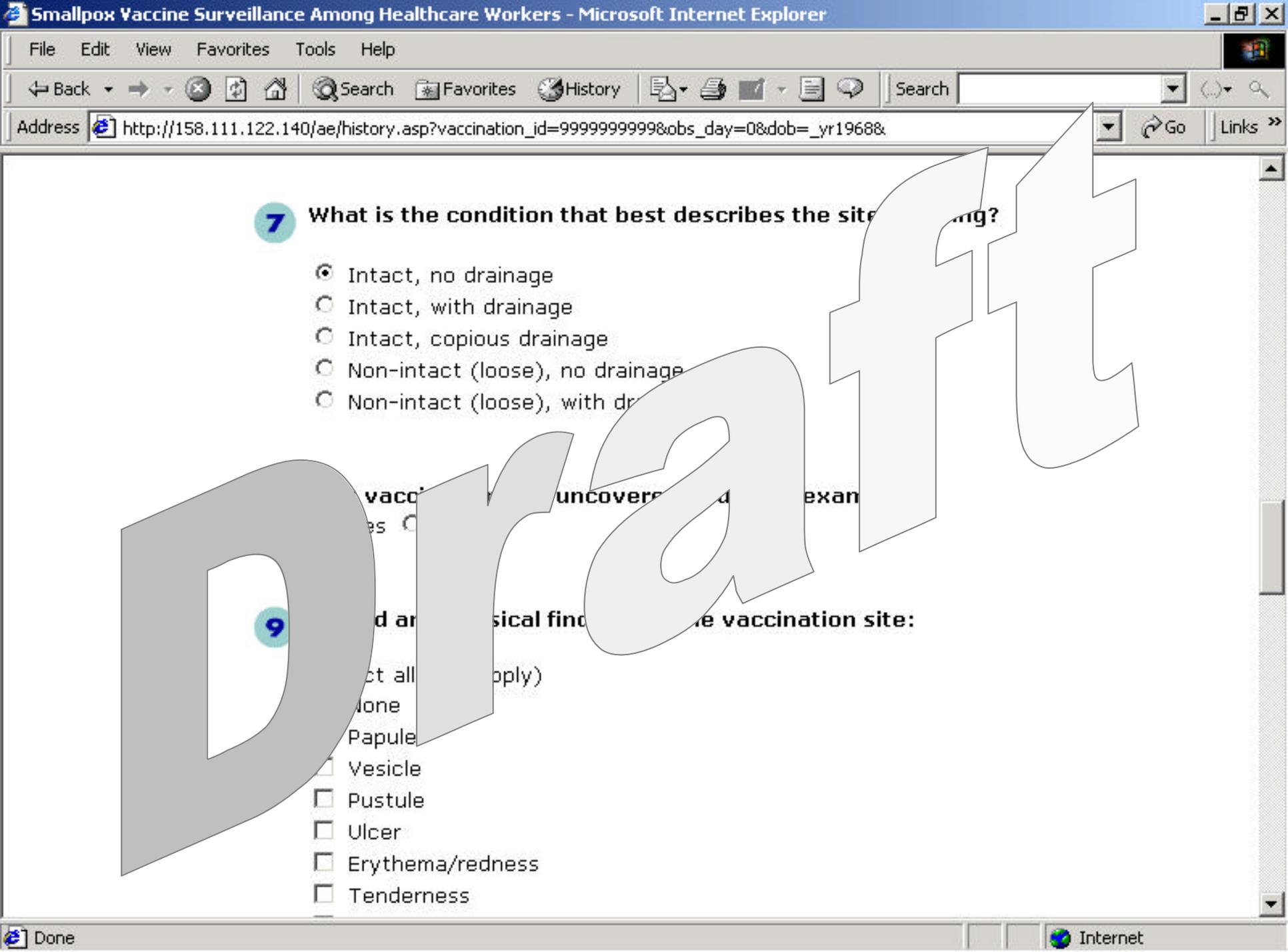
5 Is the healthcare worker wearing long sleeve vaccine  
 Yes  No

the vaccinator is dressed with gloves and a semi-permeable  
membrane

- gauze covered with double Opsite™
- gauze covered with single Tegaderm™
- gauze covered with double Tegaderm™
- gauze covered with single Opsite™
- gauze covered with double Opsite™
- Telfa™ covered with single Tegaderm™
- Telfa™ covered with double Tegaderm™
- Telfa™ covered with single Opsite™
- Telfa™ covered with double Opsite™
- Alley™
- Intact, copious Tielle™
- Non-intact (loose) Don't know;
- Non-intact (loose), with drainage

Draft

Draft



7 What is the condition that best describes the site?

- Intact, no drainage
- Intact, with drainage
- Intact, copious drainage
- Non-intact (loose), no drainage
- Non-intact (loose), with drainage

9 What are the physical findings at the vaccination site?

- Papule
- Vesicle
- Pustule
- Ulcer
- Erythema/redness
- Tenderness

**9 Record any physical findings at the vaccination site:**

(Select all that apply)

- None
- Papule
- Vesicle
- Pustule
- Ulcer
- Erythema/redness

Tenderness

Swarm

Swelling

Other,

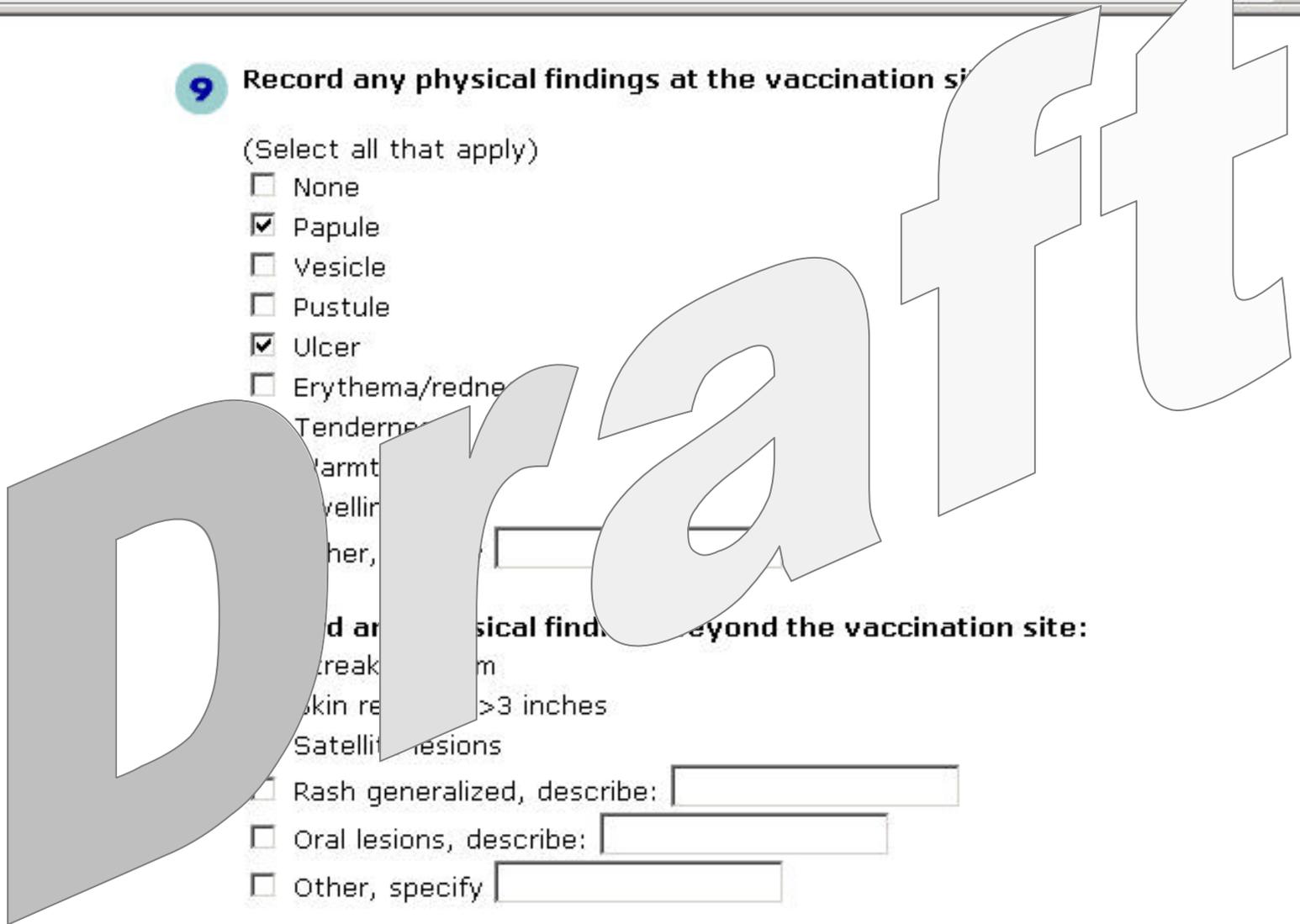
**Record any physical findings beyond the vaccination site:**

Breakdown

Skin redness >3 inches

Satellite lesions

- Rash generalized, describe:
- Oral lesions, describe:
- Other, specify



Other, specify

**10 Has the scab fallen off?**

- No scab formed
- No
- Yes, specify when? Month:  Day:  Year:

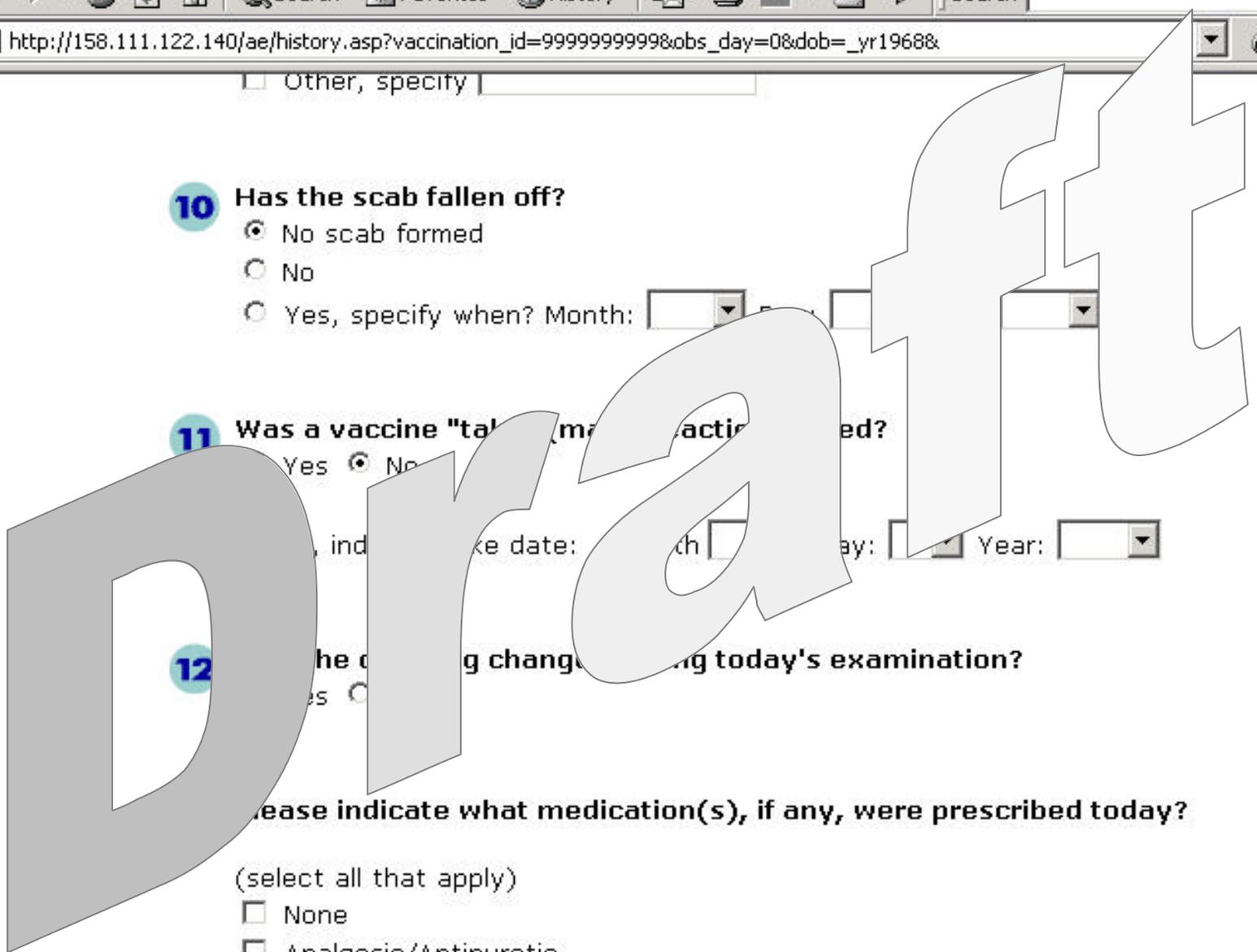
**11 Was a vaccine "take" (measles) activated?**

- Yes  No
- Indicate take date: Month  Day:  Year:

**12 The following change(s) occurred today's examination?**

Please indicate what medication(s), if any, were prescribed today?

- (select all that apply)
- None
  - Analgesic/Antipyretic
  - Antihistamine/Antipruritic



**13 Please indicate what medication(s), if any, were provided to**

(select all that apply)

- None
- Analgesic/Antipyretic
- Antihistamine/Antipruritic
- Antibiotic/Antimicrobial
- Other, specify

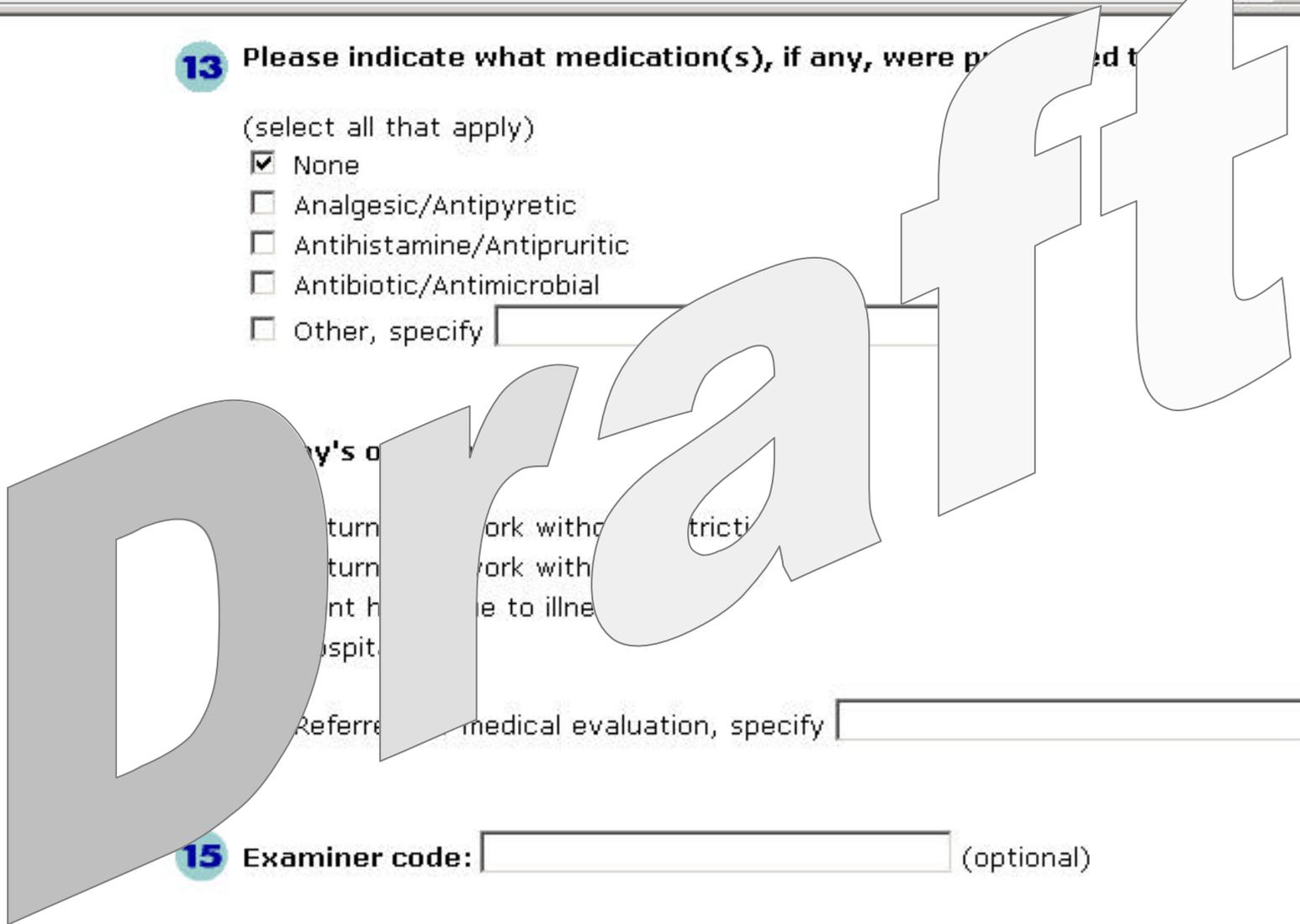
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turn work with  
nt h e to illne  
ospit

Referred for medical evaluation, specify

**15 Examiner code:**  (optional)

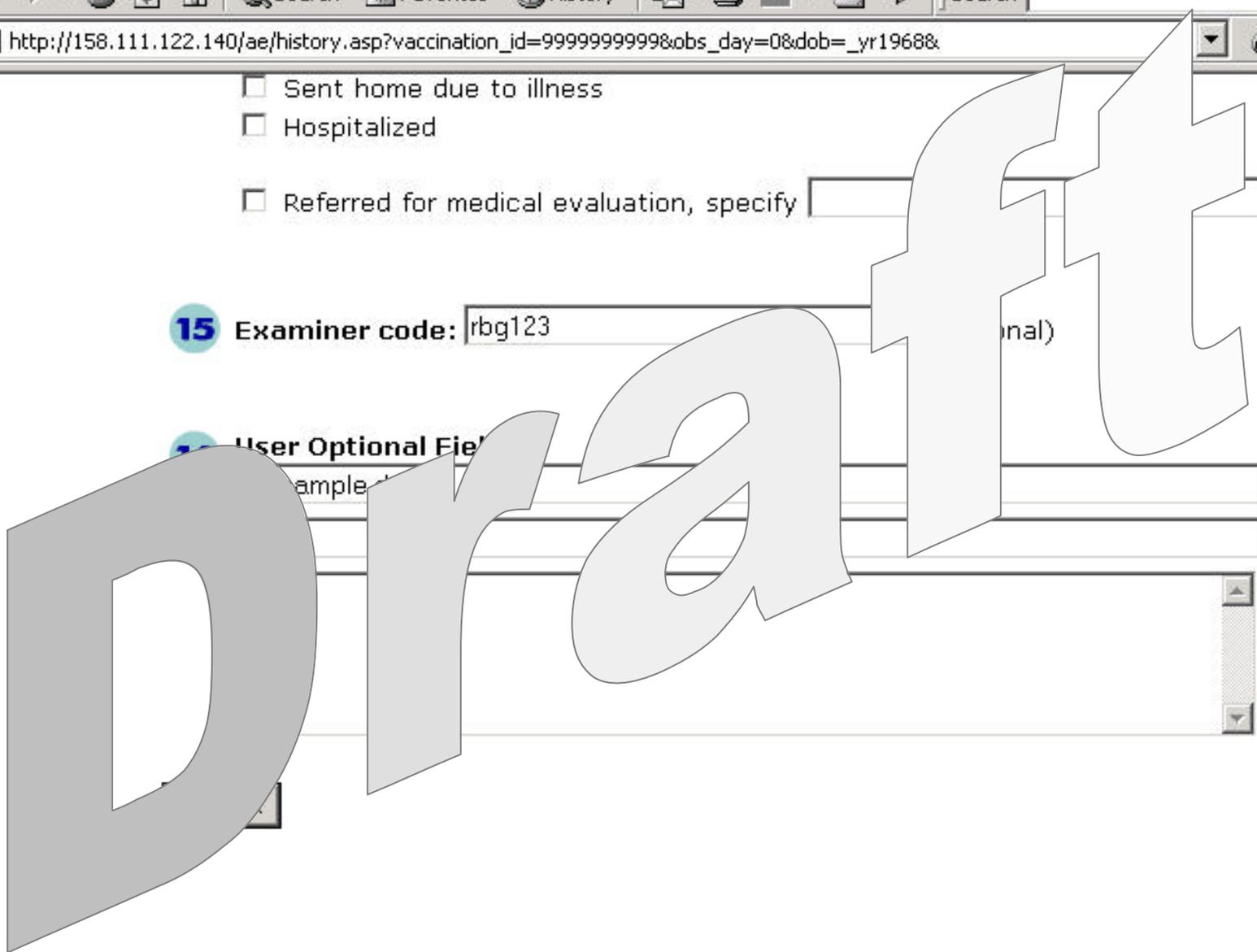
User Optional Fields



- Sent home due to illness
- Hospitalized
- Referred for medical evaluation, specify

**15** Examiner code:  (optional)

**16** User Optional Field





# Hospital Smallpox Vaccine Monitoring System

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**Your data has been received.**

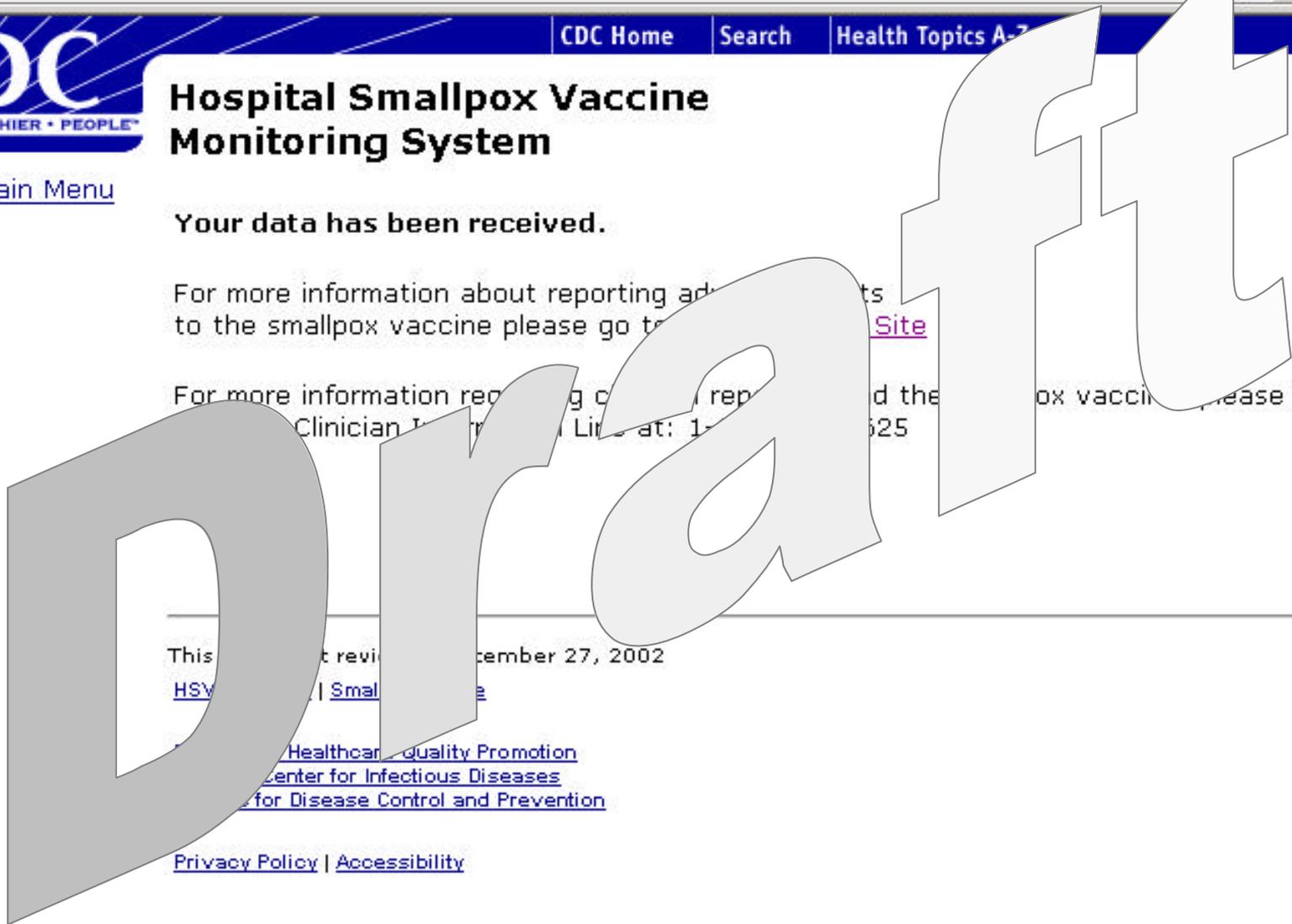
For more information about reporting additional reports to the smallpox vaccine please go to [this Site](#)

For more information regarding our reporting system and the smallpox vaccine please contact the Smallpox Clinician Training and Liaison at: 1-800-458-525

This document revised September 27, 2002

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[Healthcare Quality Promotion](#)  
[Center for Infectious Diseases](#)  
[for Disease Control and Prevention](#)

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# Hospital Smallpox Vaccine Monitoring System

for Facility: **HIP**

Data Entry

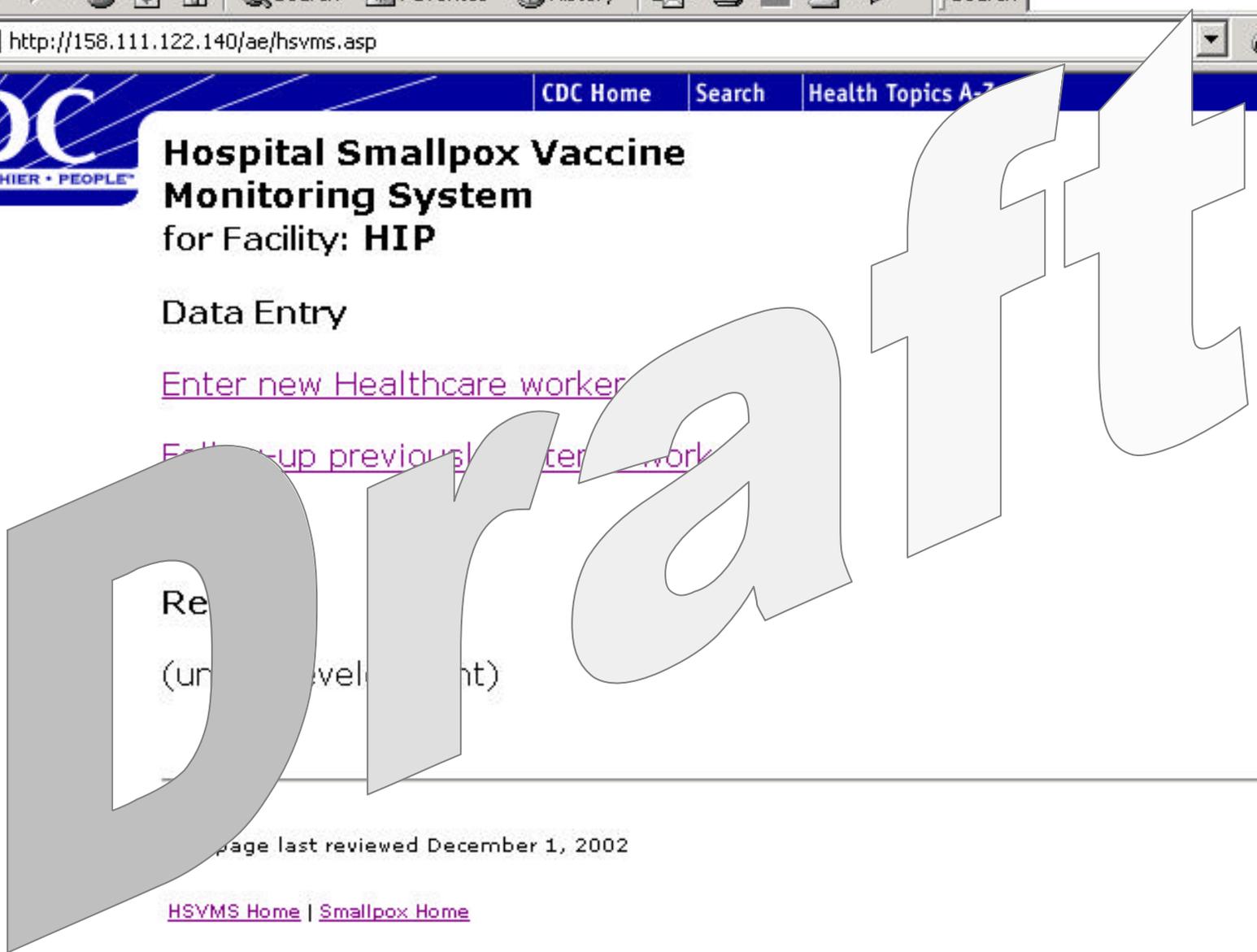
- [Enter new Healthcare worker](#)
- [Follow-up previously entered work](#)

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Page last reviewed December 1, 2002

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[Division of Healthcare Quality Promotion](#)  
[National Center for Infectious Diseases](#)





# Hospital Smallpox Vaccine Monitoring System for facility: HIP

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Sort by:  Vaccination Number

Vaccination Number	Vaccination Date	Inventory	Demographic data
	Jan 21, 2003	No entries	<a href="#">All data</a> <a href="#">Form</a>
66	Jan 2, 2003	No	<a href="#">All data</a> <a href="#">Form</a>
999	Jan 26, 2003	Jan 28, 2003	<a href="#">All data</a> <a href="#">Form</a>
K2	Jan 26, 2003	No entries	<a href="#">All data</a> <a href="#">Form</a>

\*= State Id

Vaccination Numbers: 4

[Main Menu](#)

### Vaccinia (Smallpox) Vaccine Adverse Event Summary Data

Vaccination Number: 9999999999 DOB YR: 1968

Vaccination date: Jan 26, 2003

[Main Menu](#)

[View days 11 - 27](#)

#### Symptom(s)

new onset following vaccination

#### Day post Vaccination

day 0 = vaccination date

Date:	01/26	01/27	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05
Day:	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>

Vaccine take:  
**Undetermined**

No Symptoms

Fever

Chills

Pain at Vaccination Site  
Mild

Rash  
Mild

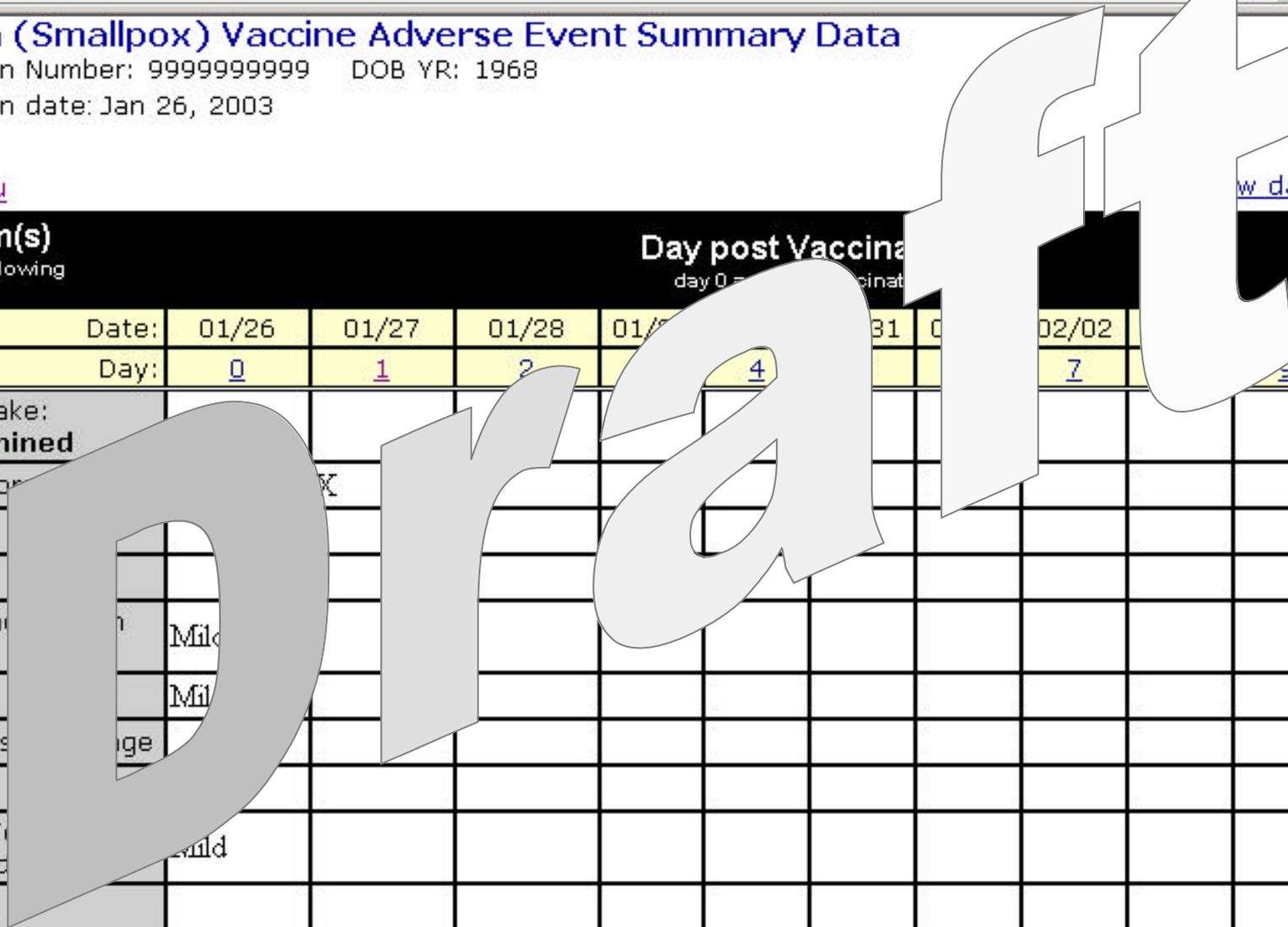
Eye redness  
None

Itching

Swelling/Tenderness  
Lymph Nodes  
Mild

Headache

Fatigue



Work status	at work with restrictions	at work with restrictions	at work with restrictions								
Worker's Temperature	37.4 °C	37.0 °C	37.0 °C								
Was dressing removed for exam	Y	Y	Y								
Physical Findings	Papule, Ulcer, Warmth, Swelling, Streaks on arm	None	None								
Day Scab fell off											
Did healthcare worker wear sleeves	Y	Y	Y								
Gauze on Vaccine site with semi-permeable membrane			N								
Condition of dressing	intact, no drainage		Intact, drainage								
Was dressing changed today			Y								
Medication(s) prescribed today	None		None								
Today's Outcome	Returned to work	Returned to work	Returned to work								
Site care management code											
Day:	<a href="#">0</a>	<a href="#">1</a>	<a href="#">2</a>	<a href="#">3</a>	<a href="#">4</a>	<a href="#">5</a>	<a href="#">6</a>	<a href="#">7</a>	<a href="#">8</a>	<a href="#">9</a>	<a href="#">10</a>
Date:	01/26	01/27	01/28	01/29	01/30	01/31	02/01	02/02	02/03	02/04	02/05

Draft