

Appendix E: Contact surveillance form

Higher risk primary contact - contacts receive daily active surveillance.

Lower risk primary contact - contacts receive daily active surveillance (if possible).

Secondary contact – no active surveillance.

Unique ID number for contact:* _____

Type of contact:* Higher risk primary / Lower risk primary / Secondary

Case reference number/s* (if more than one): _____

or reference number of primary contact if secondary contact: _____

Contact's details

Name: _____

Address: _____

Telephone: _____ DOB:* _____ Sex:* M / F

Previous smallpox vaccination (incl. date and type): _____

Relevant medical history: _____

Status and management of contact at identification

Status: Symptomatic (S) / Asymptomatic (A)

Date of last contact with case (D): _____

Any active rashes / skin conditions or other medical complaints: _____

Vaccination arranged: Yes / No Date given: ___ / ___ / ___

Batch number: _____ Vaccination centre: _____

Vaccination site assessed: Successful / Unsuccessful Date assessed: ___ / ___ / ___

Vaccination centre: _____

Patient isolation and location: _____

Contact surveillance

Day	Date	Contact phoned/ emailed/ SMS (Y/N)	Contact visited (Y/N)	Oral temperature (degrees Celsius)	Other symptoms	Status: S – symptomatic A - asymptomatic	Signed (print name)
D + 1							
D + 2							
D + 3							
D + 4							
D + 5							
D + 6							
D + 7							
D + 8							
D + 9							
D + 10							
D + 11							
D + 12							
D + 13							
D + 14							
D + 15							
D + 16							
D + 17							