

SMALLPOX (VARIOLA MAJOR)



ALL SUSPECTED CASES OF SMALLPOX MUST BE REPORTED IMMEDIATELY TO NAPA COUNTY PUBLIC HEALTH COMMUNICABLE DISEASE UNIT

Contact Information:

During Business Hours: (707) 299 -1499

After Business Hours (Napa County Answering Service): (707) 265 -3131

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 (range 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 (highly 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 a 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