Appendix D: Active hospital-based and enhanced passive surveillance

Active hospital-based surveillance

Each hospital in the active surveillance network will identify one person (hospital surveillance officer) who will be responsible for daily active surveillance at that institution (e.g. infection control professional [ICP]).

Patients will be evaluated and assigned a risk category: high, medium or low. See Appendix II, "NJDHSS/CDC clinical risk assessment".

The ICP will notify the health department immediately of any high-risk patient for transfer to designated areas for isolation of smallpox cases.

All patients identified as medium risk will be notified to the health department and transferred to designated areas for isolation of smallpox cases.

In the event that there are no suspected smallpox patients, a report will still be sent to notify the health department that surveillance was conducted and has not yielded suspect patients ("zero reporting").

Smallpox surveillance forms will be completed on all suspect cases. Line lists will be maintained and updated daily and will include both new patients and previously reported patients until smallpox is ruled out.

Prospective surveillance:

- Active surveillance for possible cases of smallpox currently hospitalized will be performed prospectively from the time of first report of an index case in the emergency room, (and any other unit that could accept patients directly without having ER evaluation), intensive care units, pathology and laboratory departments.
- Whenever possible, potential cases will be seen by an infectious disease consultant, dermatologist or smallpox consultant to clarify the diagnosis. Surveillance in each department is described below.

Retrospective surveillance:

- To identify cases that may have been admitted before the outbreak was recognized but once transmission in the community was theoretically possible, retrospective screening of patients admitted with compatible syndromes will be conducted from the date determined by local health department personnel.
- If resources are available, records will be reviewed for all patients who were seen in the ER and discharged home, admitted, or transferred to another hospital.
- Charts of patients with a non-lab confirmed diagnosis of varicella, or generalized herpes zoster or HSV, or those described to have a diffuse vesicular or pustular rash with fever and no lab-confirmed diagnosis will be reviewed to determine if the illness may have been smallpox.
- Patients currently in the hospital will be evaluated, and those transferred to another facility, discharged or expired will be reported to the local/state health department for follow-up.

Enhanced passive surveillance

Reporting criteria and instructions on reporting should be distributed to the medical care community, including (but not limited to) the following:

- New Jersey Hospitals Association
- New Jersey Association of Family Physicians
- New Jersey Association of Pediatricians
- Medical Society of New Jersey

- Infectious Disease Society of New Jersey
- Dermatologists
- Northern and Southern APIC

Mechanisms of information distribution may include:

- Postings on NJDHSS website
- Postings on websites of professional associations
- LINCS messages to health officers, SECs, and hospitals (including infection control professionals)
- In-service meetings at hospitals and ambulatory care settings
- Broadcast facsimiles to health care providers