Editorial

Warning Signs

Jeffrey M. Weinberg, MD

With increasing concern about the potential use of smallpox as a bioterrorist weapon, federal and local agencies have wisely taken steps to address this frightening scenario. On December 13, 2002, the US government announced plans for a voluntary smallpox vaccination program for hospital-based healthcare personnel. Under the plan, the Department of Health and Human Services will work with state and local governments to form volunteer Smallpox Response Teams (SRTs) that can provide critical services in the event of a smallpox attack. To ensure that SRTs can mobilize immediately in an emergency, healthcare workers and other critical personnel will be asked to volunteer to receive the smallpox vaccine. The federal government is not recommending vaccination for the general public at this time.

In October 2002, the Advisory Committee on Immunization Practices recommended that the following be part of the smallpox healthcare teams: emergency department staff; intensive care unit staff; general medical unit staff, including physicians, internists, pediatricians, obstetricians, and family physicians in institutions where these individuals are the essential providers of primary medical care; medical house staff (ie, selected medical, pediatric, obstetric, and family physicians); medical subspecialists, including infectious disease specialists (this also may involve the creation of regional teams of subspecialists [eg, local medical consultants with smallpox experience, *dermatologists*, ophthalmologists, pathologists, surgeons, anesthesiologists in facilities where intensivists are not trained in anesthesia] to deliver consultative services); infection control professionals; respiratory therapists; radiology technicians; security personnel; and housekeeping.

There are groups of individuals for whom vaccination is not recommended. Dermatologists should be aware of these groups, as many of the contraindications concern cutaneous conditions. Anyone who has any of the following health conditions or lives or has close intimate contact with someone with any of the following should **NOT** get vaccinated unless there is a smallpox outbreak and he or she has had direct contact with a smallpox patient:

- Immunodeficient or immunosuppressive conditions.
- A history of eczema, even if the condition is not currently active.
- Any active skin lesion due to acute, chronic, or exfoliative skin conditions, such as burns, psoriasis, impetigo, shingles, or severe acne.
- Women who are pregnant or who will be trying to get pregnant in the 4 weeks after vaccination.
- Women who are breast-feeding.
- Anyone who is ill at the time of his or her vaccination clinic appointment.
- Anyone with allergies to one of the ingredients in the vaccine (polymyxin B, streptomycin, chlortetracycline, neomycin, and phenol).

The US Centers for Disease Control and Prevention has developed a poster titled "Evaluating Patients for Smallpox: Acute, Generalized Vesicular or Pustular Rash Illness Protocol." This useful guide provides detailed guidelines on how to evaluate patients for smallpox. The poster contains clinical photographs of the disease, as well as major and minor clinical criteria to use in assessing the risk of smallpox as high, moderate, or low. It also provides a table of other common conditions that might be confused with smallpox. This poster is an important resource to help physicians evaluate patients with potential smallpox; it can be easily downloaded at http://www.bt.cdc.gov/agent/smallpox.

The vaccination program and education initiatives are positive and necessary first steps in the protection of Americans against bioterrorism. At this point, the next step is for physicians to thoroughly educate themselves about the disease and the vaccination program. Know the signs, know the symptoms, and remain alert.