



Smallpox

Australian national notifiable diseases case definition

This document contains the surveillance case definition for smallpox, which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
1.1	<ul style="list-style-type: none">• Removal of 'credible' and addition of 'syndrome consistent with'.• Addition of a footnote under clinical evidence.• Additional detail to epidemiological links.	2019	1 July 2019
1.0	Initial case definition	2004	2004

Reporting

Both **confirmed cases** and **probable cases** should be notified.

Confirmed case

A confirmed case requires laboratory definitive evidence only.

Laboratory definitive evidence

1. Isolation of variola virus, confirmed at the Victorian Infectious Diseases Reference Laboratory;

OR

2. Detection of variola virus by nucleic acid testing, confirmed at Victorian Infectious Diseases Reference Laboratory.

Probable case

A probable case requires either:

1. **Clinical evidence** and **laboratory suggestive evidence**;

OR

2. **Clinical evidence** and **epidemiological evidence**.

Laboratory suggestive evidence

1. Detection of a poxvirus resembling variola virus by electron microscopy;

OR

2. Isolation of variola virus at a non-reference laboratory (1);

OR

3. Detection of variola virus by nucleic acid testing at a non-reference laboratory (1)

Clinical evidence

A clinical syndrome consistent with smallpox as judged by a specialist physician (2).

Epidemiological evidence

1. Within 7 to 19 days prior to illness onset the case has:

a. An epidemiological link to a confirmed case;

OR

b. An epidemiological link to a case in a chain of epidemiologically linked cases where at least one case is confirmed;

OR

c. An identified mechanism of exposure to variola virus.

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1. In the absence of meeting criterion 1 of the laboratory suggestive evidence, if confirmatory testing at a reference laboratory subsequently confirms the specimen as not being variola virus, this criterion would not be considered to have been met as the laboratory suggestive evidence component of the case definition.
 2. Such as an infectious diseases physician, clinical microbiologist or public health physician.