

CASE REPORT FORM

Mpox

Mpox	EpiSurv No. <input type="text" value="EpiSurvNumber"/>
------	--

Reporting Authority	
Name of Public Health Officer responsible for case OfficerName <input type="text"/>	
Notifier Identification (i)	
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory ReportSrc	
<input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other	
Name of reporting source ReportName <input type="text"/>	Organisation ReportOrganisation <input type="text"/>
Date reported* ReportDate <input type="text"/>	Contact phone ReportPhone <input type="text"/>
Usual GP UsualGP <input type="text"/>	Practice GPPracticeName <input type="text"/>
	GP phone GPPhone <input type="text"/>
GP/Practice address Number <input type="text"/>	Street <input type="text"/>
	Suburb <input type="text"/>
GPAddress Town/City <input type="text"/>	Post Code <input type="text"/>
	<input type="checkbox"/> GeoCode <input type="text"/>
Case Identification (i)	
Name of case* Surname Surname <input type="text"/>	
Given Name(s) GivenName <input type="text"/>	
NHI number* NHINumber <input type="text"/>	Email Email <input type="text"/>
Current address* Number <input type="text"/>	Street <input type="text"/>
	Suburb <input type="text"/>
CaseAddress Town/City <input type="text"/>	Post Code <input type="text"/>
	<input type="checkbox"/> GeoCode <input type="text"/>
Phone (home) PhoneHome <input type="text"/>	Phone (work) PhoneWork <input type="text"/>
	Phone (other) PhoneOther <input type="text"/>
Case Demography	
Location TA* TA <input type="text"/>	DHB* DHB <input type="text"/>
Date of birth* DateOfBirth <input type="text"/>	OR Age Age <input type="text"/>
	<input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years AgeUnits
Sex* Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Indeterminate <input type="radio"/> Unknown	
Occupation* Occupation <input type="text"/>	
Occupation location PlaceOfWork1Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name PlaceOfWork1 <input type="text"/>	
Address Number <input type="text"/>	Street <input type="text"/>
	Suburb <input type="text"/>
PlaceOfWork1Address Town/City <input type="text"/>	Post Code <input type="text"/>
	<input type="checkbox"/> GeoCode <input type="text"/>
Alternative location PlaceOfWork2Type <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school	
Name <input type="text"/>	
Address Number <input type="text"/>	Street <input type="text"/>
	Suburb <input type="text"/>
PlaceOfWork2Address Town/City <input type="text"/>	Post Code <input type="text"/>
	<input type="checkbox"/> GeoCode <input type="text"/>
Ethnic group case belongs to* (tick all that apply) (i)	
<input type="checkbox"/> NZ European EthNZEuropean	<input type="checkbox"/> Maori EthMaori
<input type="checkbox"/> Samoan EthSamoa	<input type="checkbox"/> Cook Island Maori EthCookIslandMaori
<input type="checkbox"/> Niuean EthNiuean	<input type="checkbox"/> Chinese EthChinese
<input type="checkbox"/> Indian EthIndian	<input type="checkbox"/> Tongan EthTongan
<input type="checkbox"/> Other (such as Dutch, Japanese) EthOther	*(specify) EthSpecify1 <input type="text"/>
	EthSpecify2 <input type="text"/>

Mpox	DiseaseName	EpiSurv No. <input type="text" value="EpiSurvNumber"/>
Basis of Diagnosis		
CLINICAL CRITERIA (i)		
Fits Clinical Description* FitClinDes	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Clinical features		
Skin and/or mucosal lesions* Lesions	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, site of lesions (tick all that apply)*		
<input type="checkbox"/> Anogenital skin/mucosal lesions LesionAnogenital		
<input type="checkbox"/> Oral skin/mucosal lesions LesionOral		
<input type="checkbox"/> Other skin/mucosal lesions site (specify) LesionOther	LesionOthSpec	<input type="text"/>
Proctitis* Proctitis	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Headache* Headache	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Fever* Fever	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Myalgia* Myalgia	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Backache* Backache	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Arthralgia* Arthralgia	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Lymphadenopathy* Lymphad	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Other clinical features* OthClinSpec	<input type="text"/>	
LABORATORY CRITERIA		
Detection of mpox virus by NAAT from clinical specimen* NAAT	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Done <input type="radio"/> Awaiting Results	
EPIDEMIOLOGICAL CRITERIA (refer to case definition) (i)		
Did the case have contact with a confirmed or probable case of mpox in the 21 days prior to onset?* EpiCont	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If contact was in New Zealand, EpiSurv number of case* EpiContID	<input type="text"/>	
Did the case travel to an area where mpox is endemic in the 21 days prior to onset?* TravelEndemic	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Is the case in a priority group for testing?* PriorityGroup	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
CLASSIFICATION* Status	<input type="radio"/> Under investigation <input type="radio"/> Probable <input type="radio"/> Confirmed <input type="radio"/> Not a case (i)	
Clinical Course and Outcome		
Date of onset* OnsetDt	<input type="text"/>	<input type="checkbox"/> Approximate OnsetDtApprox <input type="checkbox"/> Unknown OnsetDtUnknown
Hospitalised* Hosp	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date hospitalised* HospDt	<input type="text"/>	<input type="checkbox"/> Unknown HospDtUnknown
Hospital* HospName	<input type="text"/>	
Died* Died	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Date died* DiedDt	<input type="text"/>	<input type="checkbox"/> Unknown
Was this disease the primary cause of death?* DiedPrimary	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If no, specify the primary cause of death* DiedOther	<input type="text"/>	
Outbreak Details		
Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*		
<input type="checkbox"/> Yes Outbrk	If yes, specify Outbreak No.* OutbrkNo	<input type="text"/>

Mpox	DiseaseName	EpiSurv No. EpiSurvNumber
Risk Factors		
Attendance at school, pre-school or childcare* AttenSch	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Is the case a health care worker?* HeathCareWorker	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Was the case overseas in the 21 days prior to onset?* Overseas	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, date arrived in New Zealand* DtArrived <input style="width: 100px;" type="text"/>		
Specify countries visited* (from most recent to least recent)		
	Country/Region	Date Entered
Last: LastCountry	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
		LastDtEntered
Second Last: SecCountry	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
		SecDtEntered
Third Last: ThirdCountry	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
		ThirdDtEntered
Sexual behaviour (tick all that apply)		
<input type="checkbox"/> Men who have sex with women MSW	<input type="checkbox"/> Women who have sex with men WSM	
<input type="checkbox"/> Men who have sex with men MSM	<input type="checkbox"/> Women who have sex with women WSW	
Other (specify) SexBehavSpec <input style="width: 100%; height: 15px;" type="text"/>		
Has the case had sexual contact with more than one person or someone for whom they have no contact details in the past 21 days? SexContRisk	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Other risk factors* RiskSpec <input style="width: 100%; height: 15px;" type="text"/>		
RISK FACTORS FOR SEVERE DISEASE		
Does the case have an immunodeficiency?* Immdeficient	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, indicate the cause (tick all that apply)* <input type="checkbox"/> Due to disease ImmunDisease <input type="checkbox"/> Due to medication ImmunMedicat		
If female, is the case pregnant or in the post-partum period?* Pregnant	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, number of weeks* GestationWk <input style="width: 40px;" type="text"/> weeks <input type="checkbox"/> Post-partum PostPartum <input type="checkbox"/> Unknown GestationUnknown		
Source		
What was the source of the virus?* Source	<input type="radio"/> Overseas acquired	<input type="radio"/> Locally acquired <input type="radio"/> Unknown
If acquired overseas, specify country* ImptCountry <input style="width: 100%; height: 15px;" type="text"/>		
Protective Factors		
Was the case immunised with smallpox vaccine prior to onset?* Immunised	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, how many doses did the case receive prior to onset?* NumDoses <input type="radio"/> One dose <input type="radio"/> Two or more doses <input type="radio"/> Unknown		
Specify date of last vaccination* ImmDate <input style="width: 100%; height: 15px;" type="text"/>		
How was vaccination status confirmed?* ImmBasis <input type="radio"/> Patient/Caregiver recall <input type="radio"/> Documented <input type="radio"/> NA <input type="radio"/> Unknown		
Management		
CASE MANAGEMENT		
Was the case advised to isolate for an appropriate period? Excluded	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, isolation start date IsolStartDt <input style="width: 100px;" type="text"/> Isolation end date IsolEndDt <input style="width: 100px;" type="text"/>		
CONTACT MANAGEMENT		
Number of contacts identified		
Household contacts HHIdCont	<input style="width: 40px;" type="text"/>	Health care workers HCWCont <input style="width: 40px;" type="text"/>
Sexual contacts (non-household) SexCont	<input style="width: 40px;" type="text"/>	Other contacts OthCont <input style="width: 40px;" type="text"/>

Mpox	DiseaseName	EpiSurv No. EpiSurvNumber
Risk Factors		
Attendance at school, pre-school or childcare* AttenSch	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Is the case a health care worker?* HeathCareWorker	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Was the case overseas in the 21 days prior to onset?* Overseas	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, date arrived in New Zealand* DtArrived	<input type="text"/>	
Specify countries visited* (from most recent to least recent)		
	Country/Region	Date Entered
Last: LastCountry	<input type="text"/>	<input type="text"/>
		LastDtEntered
Second Last: SecCountry	<input type="text"/>	<input type="text"/>
		SecDtEntered
Third Last: ThirdCountry	<input type="text"/>	<input type="text"/>
		ThirdDtEntered
Sexual behaviour (tick all that apply)		
<input type="checkbox"/> Men who have sex with women MSW	<input type="checkbox"/> Women who have sex with men WSM	
<input type="checkbox"/> Men who have sex with men MSM	<input type="checkbox"/> Women who have sex with women WSW	
Other (specify) SexBehavSpec <input type="text"/>		
Has the case had sexual contact with more than one person or someone for whom they have no contact details in the past 21 days? SexContRisk	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
Other risk factors* RiskSpec <input type="text"/>		
RISK FACTORS FOR SEVERE DISEASE		
Does the case have an immunodeficiency?* Immdeficient	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, indicate the cause (tick all that apply)*	<input type="checkbox"/> Due to disease ImmunDisease	<input type="checkbox"/> Due to medication ImmunMedicat
If female, is the case pregnant or in the post-partum period?* Pregnant	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, number of weeks* GestationWk <input type="text"/> weeks	<input type="checkbox"/> Post-partum PostPartum	<input type="checkbox"/> Unknown GestationUnknown
Source		
What was the source of the virus?* Source	<input type="radio"/> Overseas acquired	<input type="radio"/> Locally acquired <input type="radio"/> Unknown
If acquired overseas, specify country* ImptCountry	<input type="text"/>	
Protective Factors		
Was the case immunised with smallpox vaccine prior to onset?* Immunised	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, how many doses did the case receive prior to onset?* NumDoses	<input type="radio"/> One dose	<input type="radio"/> Two or more doses <input type="radio"/> Unknown
Specify date of last vaccination* ImmDate	<input type="text"/>	
How was vaccination status confirmed?* ImmBasis	<input type="radio"/> Patient/Caregiver recall	<input type="radio"/> Documented <input type="radio"/> NA <input type="radio"/> Unknown
Management		
CASE MANAGEMENT		
Was the case advised to isolate for an appropriate period? Excluded	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, isolation start date IsolStartDt <input type="text"/>	Isolation end date IsolEndDt <input type="text"/>	
CONTACT MANAGEMENT		
Number of contacts identified		
Household contacts HHldCont <input type="text"/>	Health care workers HCWCont <input type="text"/>	
Sexual contacts (non-household) SexCont <input type="text"/>	Other contacts OthCont <input type="text"/>	

Mpox

DiseaseName

EpiSurv No. EpiSurvNumber

Comments*

Comments