CASE REPORT FORM — Mpox

EpiSurv No.

Reporting Authority

Name of Public Health Officer responsible for case

Notifier Identification

Reporting source* ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory ○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source **Organisation**

Date reported* dd/mm/yyyy **Laboratory sample date** dd/mm/yyyy **Contact phone**

Usual GP **Practice** **GP phone**

GP/Practice address Number Street Suburb Town/City Post Code ☐ GeoCode

Case Identification

Name of case* Surname Given Name(s)

NHI number* **Email**

Current address* Number Street Suburb Town/City Post Code ☐ GeoCode

Phone (home) **Phone (work)** **Phone (other)**

Case Demography

Location **TA*** **DHB***

Date of birth* dd/mm/yyyy **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation*

Occupation location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb Town/City Post Code ☐ GeoCode

Alternative location ○ Place of Work ○ School ○ Pre-school

Name

Address Number Street Suburb Town/City Post Code ☐ GeoCode

Ethnic group case belongs to* (tick all that apply)

☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori

☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify)

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Basis of Diagnosis

CLINICAL CRITERIA

Fits Clinical Description* ◯ Yes ◯ No ◯ Unknown

Clinical features

Skin and/or mucosal lesions* ◯ Yes ◯ No ◯ Unknown

If yes, site of lesions (tick all that apply)*

☐ Anogenital skin/mucosal lesions

☐ Oral skin/mucosal lesions

☐ Other skin/mucosal lesions site

Proctitis*	◯ Yes	◯ No	◯ Unknown
Headache*	◯ Yes	◯ No	◯ Unknown
Fever*	◯ Yes	◯ No	◯ Unknown
Myalgia*	◯ Yes	◯ No	◯ Unknown
Backache*	◯ Yes	◯ No	◯ Unknown
Arthralgia*	◯ Yes	◯ No	◯ Unknown
Lymphadenopathy*	◯ Yes	◯ No	◯ Unknown

Other clinical features*

LABORATORY CRITERIA

Detection of mpox virus by NAAT from clinical specimen* ◯ Yes ◯ No ◯ Not Done ◯ Awaiting Results

EPIDEMIOLOGICAL CRITERIA (refer to case definition)

Did the case have contact with a confirmed or probable case of mpox in the 21 days prior to onset?* ◯ Yes ◯ No ◯ Unknown

If contact was in New Zealand, EpiSurv number of case*

Did the case travel to an area where mpox is endemic in the 21 days prior to onset?* ◯ Yes ◯ No ◯ Unknown

Is the case in a priority group for testing?* ◯ Yes ◯ No ◯ Unknown

CLASSIFICATION* ◯ Under investigation ◯ Probable ◯ Confirmed ◯ Not a case

Clinical Course and Outcome

Date of onset* dd/mm/yyyy ☐ Approximate ☐ Unknown

Hospitalised* ◯ Yes ◯ No ◯ Unknown

Date hospitalised* dd/mm/yyyy ☐ Unknown

Hospital*

Died* ◯ Yes ◯ No ◯ Unknown

Date died* dd/mm/yyyy ☐ Unknown

Was this disease the primary cause of death?* ◯ Yes ◯ No ◯ Unknown

If no, specify the primary cause of death*

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)?*

☐ Yes **If yes, specify Outbreak No.***

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Risk Factors

Attendance at school, pre-school or childcare* ○ Yes ○ No ○ Unknown

Is the case a health care worker?* ○ Yes ○ No ○ Unknown

Was the case overseas in the 21 days prior to onset?* ○ Yes ○ No ○ Unknown

If yes, date arrived in New Zealand* dd/mm/yyyy

Specify countries visited* (from most recent to least recent)

	Country/Region	Date Entered	Date Departed
Last:		dd/mm/yyyy	dd/mm/yyyy
Second Last:		dd/mm/yyyy	dd/mm/yyyy
Third Last:		dd/mm/yyyy	dd/mm/yyyy

Sexual behaviour (tick all that apply)

☐ Men who have sex with women (MSW) ☐ Women who have sex with men (WSM)

☐ Men who have sex with men (MSM) ☐ Women who have sex with women (WSW)

Other (specify)

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? ○ Yes ○ No ○ Unknown

Other risk factors*

RISK FACTORS FOR SEVERE DISEASE

Does the case have an immunodeficiency?* ○ Yes ○ No ○ Unknown

If yes, indicate the cause (tick all that apply)* ☐ Due to disease ☐ Due to medication

If female, is the case pregnant or in the post-partum period?* ○ Yes ○ No ○ Unknown

If yes, number of weeks* weeks ☐ Post-partum (< 6 weeks) ☐ Unknown

Source

What was the source of the virus?* ○ Overseas acquired ○ Locally acquired ○ Unknown

If acquired overseas, specify country*

Protective Factors

Was the case immunised with smallpox vaccine prior to onset?* ○ Yes ○ No ○ Unknown

If yes, how many doses did the case receive prior to onset?* ○ One dose ○ Two or more doses ○ Unknown

Specify date of last vaccination* dd/mm/yyyy

How was vaccination status confirmed?* ○ Patient/Caregiver recall ○ Documented ○ NA ○ Unknown

Management

CASE MANAGEMENT

Was the case advised to isolate for an appropriate period? ○ Yes ○ No ○ Unknown

If yes, isolation start date dd/mm/yyyy Isolation end date dd/mm/yyyy

CONTACT MANAGEMENT

Number of contacts identified

Household contacts **Health care workers**

Sexual contacts (non-household) **Other contacts**

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Comments*