

CASE REPORT FORM

Mpox

Mpox	EpiSurv No. EpiSurvNumber
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Reporting Authority	
Name of Public Health Officer responsible for case OfficerName 	
Notifier Identification 	
Reporting source* ReportSrc ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source ReportName Organisation ReportOrganisation 	
Date reported* ReportDate Contact phone ReportPhone 	
Usual GP UsualGP Practice GPPracticeName GP phone GPPhone 	
GP/Practice address Number Street Suburb GPAddress Town/City Post Code ☐ GeoCode 	
Case Identification 	
Name of case* Surname Surname Given Name(s) GivenName 	
NHI number* NHINumber Email Email 	
Current address* Number Street Suburb CaseAddress Town/City Post Code ☐ GeoCode 	
Phone (home) PhoneHome Phone (work) PhoneWork Phone (other) PhoneOther 	
Case Demography	
Location TA* TA DHB* DHB 	
Date of birth* DateOfBirth OR Age Age ☐ Days ☐ Months ☐ Years AgeUnits	
Sex* Sex ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown	
Occupation* Occupation 	
Occupation location PlaceOfWork1Type ☐ Place of Work ☐ School ☐ Pre-school	
Name PlaceOfWork1 	
Address Number Street Suburb PlaceOfWork1Address Town/City Post Code ☐ GeoCode 	
Alternative location PlaceOfWork2Type ☐ Place of Work ☐ School ☐ Pre-school	
Name 	
Address Number Street Suburb PlaceOfWork2Address Town/City Post Code ☐ GeoCode 	
Ethnic group case belongs to* (tick all that apply) 	
☐ NZ European EthNZEuropean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori	
☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan	
☐ Other (such as Dutch, Japanese) EthOther *(specify) EthSpecify1 EthSpecify2 	

Mpox	DiseaseName	EpiSurv No. EpiSurvNumber
Basis of Diagnosis		
CLINICAL CRITERIA (i)		
Fits Clinical Description* FitClinDes	☐ Yes	☐ No ☐ Unknown
Clinical features		
Skin and/or mucosal lesions* Lesions	☐ Yes	☐ No ☐ Unknown
If yes, site of lesions (tick all that apply)*		
☐ Anogenital skin/mucosal lesions LesionAnogenital		
☐ Oral skin/mucosal lesions LesionOral		
☐ Other skin/mucosal lesions site (specify) LesionOther	LesionOthSpec	
Proctitis* Proctitis	☐ Yes	☐ No ☐ Unknown
Headache* Headache	☐ Yes	☐ No ☐ Unknown
Fever* Fever	☐ Yes	☐ No ☐ Unknown
Myalgia* Myalgia	☐ Yes	☐ No ☐ Unknown
Backache* Backache	☐ Yes	☐ No ☐ Unknown
Arthralgia* Arthralgia	☐ Yes	☐ No ☐ Unknown
Lymphadenopathy* Lymphad	☐ Yes	☐ No ☐ Unknown
Other clinical features* OthClinSpec		
LABORATORY CRITERIA		
Detection of mpox virus by NAAT from clinical specimen* NAAT	☐ Yes ☐ No ☐ Not Done ☐ 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	☐ Yes	☐ No ☐ Unknown
If contact was in New Zealand, EpiSurv number of case* EpiContID		
Did the case travel to an area where mpox is endemic in the 21 days prior to onset?* TravelEndemic	☐ Yes	☐ No ☐ Unknown
Is the case in a priority group for testing?* PriorityGroup	☐ Yes	☐ No ☐ Unknown
CLASSIFICATION* Status ☐ Under investigation ☐ Probable ☐ Confirmed ☐ Not a case (i)		
Clinical Course and Outcome		
Date of onset* OnsetDt	☐ Approximate OnsetDtApprox	☐ Unknown OnsetDtUnknown
Hospitalised* Hosp	☐ Yes ☐ No ☐ Unknown	
Date hospitalised* HospDt	☐ Unknown HospDtUnknown	
Hospital* HospName		
Died* Died	☐ Yes ☐ No ☐ Unknown	
Date died* DiedDt	☐ Unknown	
Was this disease the primary cause of death?* DiedPrimary	☐ Yes ☐ No ☐ Unknown	
If no, specify the primary cause of death* DiedOther		
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 Outbrk	If yes, specify Outbreak No.* OutbrkNo	

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Risk Factors

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

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

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

If yes, date arrived in New Zealand* **DtArrived**

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

	Country/Region	Date Entered	Date Departed
Last: LastCountry		LastDtEntered	LastDtDeparted
Second Last: SecCountry		SecDtEntered	SecDtDeparted
Third Last: ThirdCountry		ThirdDtEntered	ThirdDtDeparted

Sexual behaviour (tick all that apply)

☐ Men who have sex with women **MSW**
☐ Men who have sex with men **MSM**

☐ Women who have sex with men **WSM**
☐ Women who have sex with women **WSW**

Other (specify) **SexBehavSpec**

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** ☐ Yes ☐ No ☐ Unknown

Other risk factors* **RiskSpec**

RISK FACTORS FOR SEVERE DISEASE

Does the case have an immunodeficiency?* **Immdeficient** ☐ Yes ☐ No ☐ Unknown

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

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

If yes, number of weeks* **GestationWk** weeks ☐ Post-partum **PostPartum** ☐ Unknown **GestationUnknown**

Source

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

If acquired overseas, specify country* **ImptCountry**

Protective Factors

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

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

Specify date of last vaccination* **ImmDate**

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

Management

CASE MANAGEMENT

Was the case advised to isolate for an appropriate period? **Excluded** ☐ Yes ☐ No ☐ Unknown

If yes, isolation start date **IsolStartDt** Isolation end date **IsolEndDt**

CONTACT MANAGEMENT

Number of contacts identified

Household contacts HHIdCont	Health care workers HCWCont
Sexual contacts (non-household) SexCont	Other contacts OthCont

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Sexual behaviour (tick all that apply)

☐ Men who have sex with women MSW
☐ Men who have sex with men MSM

☐ Women who have sex with men WSM
☐ Women who have sex with women WSW

Other (specify) SexBehavSpec

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 ☐ Yes ☐ No ☐ Unknown

Other risk factors* RiskSpec

RISK FACTORS FOR SEVERE DISEASE

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

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

If yes, number of weeks* GestationWk weeks ☐ Post-partum PostPartum ☐ Unknown GestationUnknown

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Comments*		
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