

CASE REPORT FORM

Mpox

Mpox	EpiSurv No. EpiSurvNumber
Reporting Authority	
Name of Public Health Officer responsible for case OfficerName	
Notifier Identification i	
Reporting source* ReportSrc ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other	
Name of reporting source ReportName Organisation ReportOrganisation	
Date reported* ReportDate Laboratory sample date SampleDate 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 i	
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 ☐ Unknown ☐ Other	
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 PlaceOfWork2	
Address Number Street Suburb PlaceOfWork2Address Town/City Post Code ☐ GeoCode	
Ethnic group case belongs to* (tick all that apply) i	
☐ NZ European EthNZEuroean ☐ 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)		
In the 21 days prior to onset, did the case:		
Have close contact with a confirmed or probable case of mpox?* EpiCont ☐ Yes ☐ No ☐ Unknown		
If contact was in New Zealand, EpiSurv number of case* EpiContID		
Travel to an area where mpox is endemic or there is sustained human-to-human transmission of mpox?* TravelEndemic ☐ Yes ☐ No ☐ Unknown		
Have intimate or sexual contact with gay, bisexual, takatāpui or other men who have sex with men (GBMSM)?* SexContGBMSM ☐ Yes ☐ No ☐ Unknown		
Have intimate or sexual contact with individual(s) at an event associated with mpox cases who have engaged in activities that could lead to transmission?* SexContEvent ☐ 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
Last: LastCountry		
		LastDtEntered
Second Last: SecCountry		
		SecDtEntered
Third Last: ThirdCountry		
		ThirdDtEntered
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) SexBehavSpec		
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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Comments*		
Comments		