CASE REPORT FORM

Mpox

Mpox | EpiSurv No. EpiSurvNumber

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 **Laboratory sample date** SampleDate **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

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

Case Identification

Name of case* Surname Surname Given Name(s) GivenName

NHI number* NHINumber **Email** Email

Current address* CaseAddress
Number Street Suburb
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 PlaceOfWork1Address
Number Street Suburb
Town/City Post Code ☐ GeoCode

Alternative location PlaceOfWork2Type ○ Place of Work ○ School ○ Pre-school

Name PlaceOfWork2

Address PlaceOfWork2Address
Number Street Suburb
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

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Basis of Diagnosis

CLINICAL CRITERIA

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)

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

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 ☐ 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 HHldCont **Health care workers** HCWCont

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

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Comments*

Comments