CASE REPORT FORM

Mpox

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* **Laboratory sample date** **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* **OR** **Age** ○ Days ○ Months ○ Years

Sex* ○ Male ○ Female ○ Unknown ○ Other

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)

Mpox EpiSurv No.

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)

In the 21 days prior to onset, did the case:

Have close contact with a confirmed or probable case of mpox?* ○ Yes ○ No ○ Unknown

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

Travel to an area where mpox is endemic or there is sustained human-to-human transmission of mpox ?* ○ Yes ○ No ○ Unknown

Have intimate or sexual contact with gay, bisexual, takatāpui or other men who have sex with men (GBMSM)?* ○ 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?* ○ Yes ○ No ○ Unknown

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

Clinical Course and Outcome

Date of onset* ☐ Approximate ☐ Unknown

Hospitalised* ○ Yes ○ No ○ Unknown

Date hospitalised* ☐ Unknown

Hospital*

Died* ○ Yes ○ No ○ Unknown

Date died* ☐ 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.***

Mpox EpiSurv No.

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*

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

	Country/Region	Date Entered	Date Departed
Last:			
Second Last:			
Third Last:			

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)

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*

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 Isolation end date

CONTACT MANAGEMENT

Number of contacts identified

Household contacts **Health care workers**

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

Mpox	EpiSurv No.

Comments*