

Monkeypox _____

EpiSurv No. EpiSurvNumber

Reporting Authority

Name of Public Health Officer responsible for case **OfficerName** _____

Notifier Identification (i)

Reporting source* General Practitioner Hospital-based Practitioner Laboratory
 ReportSrc 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 _____
 GPOAddress 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 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) (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** _____

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 monkeypox 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 monkeypox 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 monkeypox 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

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: <i>LastCountry</i>	<input type="text" value="dd/mm/yyyy"/> <i>LastDtEntered</i>	<input type="text" value="dd/mm/yy"/> <i>LastDtDeparted</i>
Second Last: <i>SecCountry</i>	<input type="text" value="dd/mm/yyyy"/> <i>SecDtEntered</i>	<input type="text" value="dd/mm/yy"/> <i>SecDtDeparted</i>
Third Last: <i>ThirdCountry</i>	<input type="text" value="dd/mm/yyyy"/> <i>ThirdDtEntered</i>	<input type="text" value="dd/mm/yy"/> <i>ThirdDtDeparted</i>

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*

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* *ImpCountry*

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*

Comments*

Comments

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