

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 \_\_\_\_\_

**GPAAddress** 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 **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** \_\_\_\_\_

**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) LesionOtherLesionOthSpec //Proctitis\* Proctitis Yes  No  UnknownHeadache\* Headache Yes  No  UnknownFever\* Fever Yes  No  UnknownMyalgia\* Myalgia Yes  No  UnknownBackache\* Backache Yes  No  UnknownArthralgia\* Arthralgia Yes  No  UnknownLymphadenopathy\* Lymphad Yes  No  UnknownOther 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  UnknownIf contact was in New Zealand, EpiSurv number of case\* EpiContIDDid the case travel to an area where monkeypox is endemic in the 21 days prior to onset?\* TravelEndemic Yes  No  UnknownIs 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 OnsetDtUnknownHospitalised\* Hosp Yes No UnknownDate hospitalised\* HospDt  Unknown HospDtUnknownHospital\* HospNameDied\* Died Yes No UnknownDate died\* DiedDt  UnknownWas this disease the primary cause of death?\* DiedPrimary Yes No UnknownIf 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 OutbrkIf 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: LastCountry	<input type="text" value="dd/mm/yyyy"/>	LastDtEntered <input type="text" value="dd/mm/yyyy"/> LastDtDeparted
Second Last: SecCountry	<input type="text" value="dd/mm/yyyy"/>	SecDtEntered <input type="text" value="dd/mm/yyyy"/> SecDtDeparted
Third Last: ThirdCountry	<input type="text" value="dd/mm/yyyy"/>	ThirdDtEntered <input type="text" value="dd/mm/yyyy"/> 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 \_\_\_\_\_

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\* \_\_\_\_\_ weeks GestationWk  Post-partum (< 6 weeks )  Unknown  
PostPartum GestationUnknown

**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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