

EpiSurv No. _____

Reporting Authority			
Name of Public Health Officer responsible for case _____			
Notifier Identification i			
Reporting source* <input type="radio"/> General Practitioner <input type="radio"/> Hospital-based Practitioner <input type="radio"/> Laboratory <input type="radio"/> Self-notification <input type="radio"/> Outbreak Investigation <input type="radio"/> Other			
Name of reporting source _____		Organisation _____	
Date reported* <input type="text" value="dd/mm/yyyy"/>	Contact phone _____		
Usual GP _____	Practice _____	GP phone _____	
GP/Practice address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____			
Case Identification i			
Name of case* Surname _____		Given Name(s) _____	
NHI number* _____	Email _____		
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____			
Phone (home) _____	Phone (work) _____	Phone (other) _____	
Case Demography			
Location TA* _____	DHB* _____		
Date of birth* <input type="text" value="dd/mm/yyyy"/>	OR	Age <input type="radio"/> Days <input type="radio"/> Months <input type="radio"/> Years	
Sex* <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Indeterminate <input type="radio"/> Unknown		
Occupation* _____			
Occupation location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____			
Alternative location <input type="radio"/> Place of Work <input type="radio"/> School <input type="radio"/> Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ <input type="checkbox"/> GeoCode _____			
Ethnic group case belongs to* (tick all that apply) i			
<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Tongan
<input type="checkbox"/> Other (such as Dutch, Japanese, Tokelauan)		*(specify) _____	

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 monkeypox virus by NAAT from clinical specimen*** Yes No Not Done Awaiting Results**EPIDEMIOLOGICAL CRITERIA (refer to case definition)****Did the case have contact with a confirmed or probable case of monkeypox in the 21 days prior to onset?*** Yes No Unknown

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

Did the case travel to an area where monkeypox is endemic in the 21 days prior to onset?* Yes No Unknown**Is the case in a priority group for testing?*** Yes No Unknown**CLASSIFICATION*** Under investigation Probable Confirmed Not a case**Clinical Course and Outcome****Date of onset***

dd/mm/yyyy

 Approximate Unknown**Hospitalised*** Yes No Unknown**Date hospitalised***

dd/mm/yyyy

 Unknown**Hospital*****Died*** Yes No Unknown**Date died***

dd/mm/yyyy

 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.* _____

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: _____	<input type="text" value="dd/mm/yyyy"/> 	<input type="text" value="dd/mm/yyyy"/> 
Second Last: _____	<input type="text" value="dd/mm/yyyy"/> 	<input type="text" value="dd/mm/yyyy"/> 
Third Last: _____	<input type="text" value="dd/mm/yyyy"/> 	<input type="text" value="dd/mm/yyyy"/> 

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) _____

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? Yes No Unknown**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**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 _____

Comments*

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