

MPOX CASE QUESTIONNAIRE

SUMMARY

Date of notification:	NCIMS ID:
Date of interview: ____ / ____ / ____	Interviewer:
Person interviewed if not case:	NCIMS updated: <input type="checkbox"/> Yes <input type="checkbox"/> No
High risk group refer to Mpox Control Guidelines , examples: health care worker, hostels	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case classification refer to case definition	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected
Where was the case’s most likely source of infection?	
<input type="checkbox"/> Locally acquired in NSW <input type="checkbox"/> Acquired interstate (specify state/territory): <input type="checkbox"/> Unknown <input type="checkbox"/> Acquired overseas (specify country):	
Is there an epidemiological link?	Outbreak ID if applicable:
<input type="checkbox"/> No epidemiological link <input type="checkbox"/> Contact of a known case <input type="checkbox"/> Contact of a suspected case	<i>if available, provide contact(s) NCIMS no:</i>
Case status: <input type="checkbox"/> Alive <input type="checkbox"/> Died due to mpox <input type="checkbox"/> Died due to other / unknown cause <input type="checkbox"/> Unknown	
Cause of death if known:	Date of death: ____ / ____ / ____

SECTION 1: Initial demographics

First name:	
Last name:	
Date of birth: ____ / ____ / ____ Age (years):	
Sex at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term (specify):	
Current gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Another term (specify):	
Street address:	
Suburb: Postcode:	
Temporary address if applicable:	
Contact number:	
Main language other than English spoken at home?	
Is an interpreter required? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify language:	
Treating clinician’s details	
Name of treating clinician:	Name of clinic:
Clinic address:	Clinic phone number:

SECTION 2: Illness

Section 2a: Prodromal symptoms

Arthralgia (sore joints)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset: ____ / ____ / ____
Back pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset: ____ / ____ / ____
Fever (incl chills)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset: ____ / ____ / ____
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset: ____ / ____ / ____
Lymphadenopathy (swollen lymph nodes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset: ____ / ____ / ____
Myalgia (muscle aches)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Onset: ____ / ____ / ____

Section 8: Notes

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MPOX Public Health Unit Checklist	
Contact the patient and/or the patient's doctor	
<p><i>Case interviewed:</i></p> <input type="checkbox"/> Confirm results of relevant pathology tests <input type="checkbox"/> Confirm onset of symptoms (if any) <input type="checkbox"/> Obtain case's risk exposure history (including travel, sexual and high-risk exposures) <input type="checkbox"/> Ask smallpox/mpox vaccination history <input type="checkbox"/> Identify likely source of infection <input type="checkbox"/> Identify upstream and downstream contacts <input type="checkbox"/> Seek permission to speak to identified contacts <input type="checkbox"/> Confirm where case is recovering, if not usual residence <input type="checkbox"/> Ensure case has been informed of prevention activities i.e. exclusion for high-risk settings <input type="checkbox"/> Ensure that the case is aware of diagnosis/provide case factsheet <input type="checkbox"/> Clearance advice provided to case, if appropriate	Notes:
<input type="checkbox"/> Follow up with GP or SHC to ensure case is in care	Notes:
Contact the contact(s)	
<p><i>Ensure contact tracing has commenced:</i></p> <input type="checkbox"/> Interview contacts and inform them of their exposure <input type="checkbox"/> Check if contacts have any symptoms <input type="checkbox"/> Confirm contacts vaccination status <input type="checkbox"/> Advise testing as required <input type="checkbox"/> Advise PEP vaccination as required <input type="checkbox"/> Ensure contact monitoring as per Control Guidelines <input type="checkbox"/> Refer complex contact(s) to SHIL if appropriate <input type="checkbox"/> Contact(s) provided with contact factsheet	Notes:
Contact the laboratory	
<input type="checkbox"/> If required request further testing	Notes:
Confirm case	
<input type="checkbox"/> Assess case information against case definition	Notes:
<input type="checkbox"/> Update NCIMS, including attaching case interview	Notes:
Communications	
<input type="checkbox"/> Send CD On Call case notification: <ul style="list-style-type: none"> <input type="checkbox"/> Highlight any cross jurisdictional issues (e.g. interstate or overseas exposures or normal place of residence) <input type="checkbox"/> Alert CD On Call early to any concern – this can include cases outside of MSM community, large contact tracing, clustered cases, and identification of unusual clades <input type="checkbox"/> If required inform infection control team <input type="checkbox"/> If required establish communications pathway with treating team <input type="checkbox"/> If high-risk settings identified inform venue of perceived risk e.g., SOPV, liaise with ACON via CD on Call	Notes: