

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)</i> NCIMS no:
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 2b: Rash symptoms	Rash stage:	Rash location:	Onset date:
Describe rash stage, location, and appearance:	<input type="checkbox"/> Macules		___ / ___ / ___
	<input type="checkbox"/> Vesicles		___ / ___ / ___
	<input type="checkbox"/> Papules		___ / ___ / ___
	<input type="checkbox"/> Scabs		___ / ___ / ___
	<input type="checkbox"/> Healed		___ / ___ / ___
	<input type="checkbox"/> No rash		___ / ___ / ___

Section 2c: Other symptoms and notes *i.e., significant sequelae like keratitis*

Clinical history

Is the case immunocompromised? Yes No Unknown

Is the case pregnant? Yes, how many weeks: No Unknown
Post-birth i.e., mpox detected at or after delivery Post-birth

Was case hospitalised due to mpox? Yes, specify date: ___ / ___ / ___ MRN: _____
Discharge date: ___ / ___ / ___ No Unknown

Was the case admitted to ICU due to mpox? Yes, specify date: ___ / ___ / ___ No Unknown

SECTION 3: Vaccination

Previously received mpox/smallpox vaccine? Yes, specify below No Unknown

Dose 1 brand: _____ Date: ___ / ___ / ___ Self-reported Dr/Practice record AIR

Dose 2 brand: _____ Date: ___ / ___ / ___ Self-reported Dr/Practice record AIR

SECTION 4: Risk factors

Exposure period (-21 days)	Symptom onset (0 days)	Infectious period (until lesions crust over)
Start date: ___ / ___ / ___	Date: ___ / ___ / ___	End date: ___ / ___ / ___

Section 4a: Travel

Is the case a visitor or traveller to NSW?
 International traveller Interstate traveller No, NSW resident

Did the case spend any of their exposure period outside of NSW?
 Overseas, list countries: _____
 Interstate, list states/territories: _____ Unknown No [\[move to Section 4b\]](#)

If travelled, departure from NSW date: ___ / ___ / ___
return to NSW date: ___ / ___ / ___

Section 4b: Travel contact

Did the case have a household contact or high-risk contact with recent overseas or interstate travel? *i.e.* regular partner
 Yes Unknown No [\[move to Section 4c\]](#)

If yes, was the travel:
 Overseas travel, specify city, country: _____
 Interstate travel specify, city, state/territory: _____

Travel contact's departure date ___ / ___ / ___ **Travel contact's return date** ___ / ___ / ___
if known:

Did the travel contact have any symptoms similar to the case?
 Yes, approx. onset date: ___ / ___ / ___ No Unknown

Section 4c: Sexual exposure

Did the case report any of the following sexual exposures* during the exposure period? *Based on case's sex at birth*

- Male only Female only Male and female Other (specify):
 Unknown No sexual exposure [\[move to Section 4d\]](#)

Type of sexual encounter? *Select all that apply*

- Casual partner Regular partner Sex worker Client of sex worker Unknown

Where was the sexual contact? *Select all that apply*

- NSW Interstate, specify:
 Overseas, specify:

Did the case attend any high-risk sexual settings?

- SOPV(s), specify: Brothel(s), specify:
 Other, specify:

Notes on sexual exposure(s) *i.e., condomless sex, multiple partners, group sex*

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Section 4d: Other high-risk encounters (non-sexual)

Did the case have other high-risk non-sexual encounters? *i.e., massage, physio, prolonged skin touching*

- Yes, specify: No Unknown

Refer to APPENDIX for contact tracing line list

SECTION 5: Additional demographics

Email:

Does the case identify as being of Aboriginal and/or Torres Strait Islander origin?

- Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander
 Non-Indigenous Unknown Not stated

Country of birth:

Ethnicity [refer to ABS](#):

Occupation:

SECTION 6: Laboratory investigations

Test: PCR (MPXV) Detected Not detected Pending Not done

Collection date(s)	Specimen site(s)	Laboratory	Specimen ID(s)

If required, specimen referred to for typing Yes, specify date: ___ / ___ / ___ No

SECTION 7: Attempts to contact case

Date	Time	Comments

Blank area for notes.

APPENDIX: Contact tracing

Contact type: i.e. dating app, household, party, SOPV, workplace	Contact name	Contact details: i.e. phone/email/social media name/handle	Case consents to		Date of last contact dd/mm/yyyy	Contact vaccinated Yes/No/Unk	Symptoms Yes/No/Unk	Risk assessment High/Med/Low and Up/Downstream	Info provided Yes/No	Notes
			PHU can contact this contact? Yes/No/Unk	PHU can disclose case identify to contact? Yes/No/Unk						

MPOX Public Health Unit Checklist

Contact the patient and/or the patient's doctor

<p>Case interviewed:</p> <ul style="list-style-type: none"><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	<p>Notes:</p>
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<ul style="list-style-type: none"><input type="checkbox"/> Follow up with GP or SHC to ensure case is in care:	<p>Notes:</p>
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Contact the contact(s)

<p>Ensure contact tracing has commenced:</p> <ul style="list-style-type: none"><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	<p>Notes:</p>
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Contact the laboratory

<ul style="list-style-type: none"><input type="checkbox"/> If required request further testing	<p>Notes:</p>
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Confirm case

<ul style="list-style-type: none"><input type="checkbox"/> Assess case information against case definition	<p>Notes:</p>
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<ul style="list-style-type: none"><input type="checkbox"/> Update NCIMS, including attaching case interview	<p>Notes:</p>
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Communications

<ul style="list-style-type: none"><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	<p>Notes:</p>
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