

# MPOX CASE QUESTIONNAIRE

## SUMMARY

<b>Date of notification:</b>	<b>NCIMS ID:</b>
<b>Date of interview:</b> ____ / ____ / ____	<b>Interviewer:</b>
<b>Person interviewed if not case:</b>	<b>NCIMS updated:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>High risk group</b> refer to <a href="#">Mpox Control Guidelines</a> , examples: health care worker, hostels	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Case classification</b> refer to case definition	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspected
<b>Where was the case’s most likely source of infection?</b>	
<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):	
<b>Is there an epidemiological link?</b>	<b>Outbreak ID if applicable:</b>
<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>
<b>Case status:</b> <input type="checkbox"/> Alive <input type="checkbox"/> Died due to mpox <input type="checkbox"/> Died due to other / unknown cause <input type="checkbox"/> Unknown	
<b>Cause of death if known:</b>	<b>Date of death:</b> ____ / ____ / ____

## SECTION 1: Initial demographics

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

## 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 4c: Sexual exposure	
<p><b>Did the case report any of the following sexual exposures* during the exposure period? Based on case's sex at birth</b></p> <p> <input type="checkbox"/> Male only                      <input type="checkbox"/> Female only                      <input type="checkbox"/> Male and female                      <input type="checkbox"/> Other (specify):  <input type="checkbox"/> Unknown                      <input type="checkbox"/> No sexual exposure [<a href="#">move to Section 4d</a>]             </p>	
<p><b>Type of sexual encounter? Select all that apply</b></p> <p> <input type="checkbox"/> Casual partner                      <input type="checkbox"/> Regular partner                      <input type="checkbox"/> Sex worker                      <input type="checkbox"/> Client of sex worker                      <input type="checkbox"/> Unknown             </p>	
<p><b>Where was the sexual contact? Select all that apply</b></p> <p> <input type="checkbox"/> NSW                      <input type="checkbox"/> Interstate, specify:  <input type="checkbox"/> Overseas, specify:             </p>	
<p><b>Did the case attend any high-risk sexual settings?</b></p> <p> <input type="checkbox"/> SOPV(s), specify:                      <input type="checkbox"/> Brothel(s), specify:  <input type="checkbox"/> Other, specify:             </p>	
<p><b>Notes on sexual exposure(s) i.e., condomless sex, multiple partners, group sex</b></p>   	
Section 4d: Other high-risk encounters (non-sexual)	
<p><b>Did the case have other high-risk non-sexual encounters? i.e., massage, physio, prolonged skin touching</b></p> <p> <input type="checkbox"/> Yes, specify:                      <input type="checkbox"/> No                      <input type="checkbox"/> Unknown             </p>	
<p><b>Refer to APPENDIX for contact tracing line list</b></p>	

SECTION 5: Additional demographics
<p><b>Email:</b></p>
<p><b>Does the case identify as being of Aboriginal and/or Torres Strait Islander origin?</b></p> <p> <input type="checkbox"/> Aboriginal                      <input type="checkbox"/> Torres Strait Islander                      <input type="checkbox"/> Both Aboriginal and Torres Strait Islander  <input type="checkbox"/> Non-Indigenous                      <input type="checkbox"/> Unknown                      <input type="checkbox"/> Not stated             </p>
<p><b>Country of birth:</b></p>
<p><b>Ethnicity <a href="#">refer to ABS</a>:</b></p>
<p><b>Occupation:</b></p>

SECTION 6: Laboratory investigations				
<p><b>Test: PCR (MPXV)</b></p>	<input type="checkbox"/> Detected	<input type="checkbox"/> Not detected	<input type="checkbox"/> Pending	<input type="checkbox"/> Not done
Collection date(s)	Specimen site(s)	Laboratory	Specimen ID(s)	
<p><b>If required, specimen referred for typing:</b>                      <input type="checkbox"/> Yes, specify date: ___ / ___ / ___                      <input type="checkbox"/> No             </p>				

SECTION 7: Attempts to contact case		
Date	Time (24 hrs; HH:MM)	Comments

**Section 8: Notes**

Blank area for notes.



<b>MPOX Public Health Unit Checklist</b>	
<b>Contact the patient and/or the patient's doctor</b>	
<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:
<b>Contact the contact(s)</b>	
<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:
<b>Contact the laboratory</b>	
<input type="checkbox"/> If required request further testing	Notes:
<b>Confirm case</b>	
<input type="checkbox"/> Assess case information against case definition	Notes:
<input type="checkbox"/> Update NCIMS, including attaching case interview	Notes:
<b>Communications</b>	
<input type="checkbox"/> Send CD On Call case notification: <ul style="list-style-type: none"> <li><input type="checkbox"/> Highlight any cross jurisdictional issues (e.g. interstate or overseas exposures or normal place of residence)</li> <li><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</li> </ul> <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: