

MPOX CASE QUESTIONNAIRE

SUMMARY						
Date of notification:	NCIMS ID:					
Date of interview:	Interviewer:					
Person interviewed if not case:	NCIMS updated: ☐ Yes ☐ No					
High risk group refer to Mpox Control Guidelines,	□ Yes					
examples: health care worker, hostels	□ No					
Case classification refer to case definition	□ Confirmed □ Probable □ Suspected					
Where was the case's most likely source of infection	on?					
☐ Locally acquired in NSW ☐ Acquired interstate ☐ Unknown ☐ Acquired overseas (
Is there an epidemiological link? Outbrea	ak ID if applicable:					
_	ole, provide (s) NCIMS no:					
Case status: ☐ Alive ☐ Died due to mpox	\square Died due to other / unknown cause \square Unknown					
Cause of death if known:	Date of death: / /					
SECTION 1: Initial demographics						
First name:						
Last name:						
Date of birth:/ Age (ye	ears):					
Sex at birth: ☐ Male ☐ Female ☐ Anoth	ner term (specify):					
Current gender: ☐ Male ☐ Female ☐ Non-b	oinary ☐ 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? ☐ No ☐ Yes, spec	cify language:					
Treating clinician's details						
Name of treating clinician:	Name of clinic:					
Clinic address: Clinic phone number:						
SECTION 2: Illness						
Section 2a: Prodromal symptoms						
Arthalgia (sore joints)	□ No □ Unknown Onset: / /					
Back pain ☐ Yes [□ No □ Unknown Onset: / /					
Fever (incl chills)	□ No □ Unknown Onset: / /					
Headache	□ No □ Unknown Onset: / /					
Lymphadenopathy	□ No □ Unknown Onset: / /					
Myalgia (muscle aches)	□ No □ Unknown Onset: / /					

Section 2b: Rash symptoms	Rash stage:	Rash location:		Onset date:		
	☐ Macules			//		
	□ Vesicles			//		
Describe rash stage,	☐ Papules			//		
location, and appearance:	□ Scabs			//		
	□ Healed			//		
	☐ No rash					
Section 2c: Other symptoms	and notes i.e., si	gnificant sequelae like	e keratitis			
Clinical history						
Is the case immunocomprom	ised? □ Ye	es □ N	lo 🗆 Uı	nknown		
Is the case pregnant?		es, how many weeks: ost-birth (i.e. mpox de	□ Netected at or after o			
Was case hospitalised due to	o mpox? □ Ye	es, specify date: _ discharge date: _		l:		
	□ N	o 🗆 Unknown				
Was the case admitted to IC mpox?	U due to □ Ye	es, specify date:	/ / □ N	o □ Unknown		
SECTION 3: Vaccination						
Previously received mpox/sr	nallpox vaccine?	? ☐ Yes, specify b	elow 🗆 N	o □ Unknown		
Dose 1 brand:	Date:	_// □ S	elf-reported □ Dr	/Practice record □ AIR		
Dose 2 brand:	Date:	_// □ S	elf-reported □ Dr	/Practice record □ AIR		
SECTION 4: Risk factors						
Exposure period (-21 days) Start date: / /		onset (0 days) / /	•	od (until lesions crust over)		
Start date: / Date: / End date: / Section 4a: Travel						
Is the case a visitor or travel	ler to NSW?					
☐ International traveller	□ Interst	tate traveller	□ No, NSW resid	lent		
Did the case spend any of the	eir exposure per	iod outside of NSW?				
☐ Overseas, list countries:			□ Uı	nknown		
☐ Interstate, list states/territ	ories:		□ Ne	[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 if known: Travel contact's return date if known:						
Did the travel contact have any symptoms similar to the case?						
☐ Yes, approx. onset date:	///	_	☐ Unknown			

Section 4c: Sexual expos	sure					
Did the case report any o	of the following sexu	ıal exposı	ıres* durir	ng the exposure p	eriod? <i>Base</i>	d on case's sex at
	nale only	ale and fer		☐ Other (specify)	:	
			tion 4uj			
Type of sexual encounte		-				
•	Regular partner	□ Sex	worker	☐ Client of sex	worker	☐ Unknown
Where was the sexual co ☐ NSW ☐ Intersta	ntact <i>? Select all tha</i> ate, specify:	ат арріу				
	as, specify:					
Did the case attend any h		tings?				
☐ SOPV(s), specify:		□Br	othel(s), s	pecify:		
☐ Other, specify:		1				
Notes on sexual exposur	e(s) i.e., condomless	sex, multi	ple partne	rs, group sex		
Section 4d: Other high-ri	isk ancounters (non-	-cevual)				
Did the case have other h	-		ers?ie m	assage physio pro	longed skin	touching
☐ Yes, specify:	iigii iiok iioii ocxuu	Cilodant	5101 1.0., 1111	□ No		known
Refer to APPENDIX for c	ontact tracing line l	ist				
SECTION 5: Additional d	emographics					
Email:						
Does the case identify as	being of Aboriginal	l and/or T	orres Stra	it Islander origin?		
□ Aboriginal□ Non-Indigenous						
Country of birth:						
Ethnicity <u>refer to ABS</u> :						
Occupation:						
OFOTION O. I. I						
SECTION 6: Laboratory i	Detected	□ Ned	detected	□ Donalin	~	Not done
Test: PCR (MPXV) Collection date(s)	Specimen site(s)		Laborato	☐ Pending	Specimen	
Cottection date(s)	Specimen site(s)	<u> </u>	Laborate	л у	Specimen	110(5)
If required, specimen referred for typing:						
SECTION 7: Attompts to	contact case					
SECTION 7: Attempts to Date	Time (24 hrs; H	H·MM)	Commer	nte		
Date	1 IIII (2 + III 5, FI	1.141141	Comme	11.3		

ection 8: Notes	

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

MPOX Public Health Unit Checklist	
Contact the patient and/or the patient's doctor	
Case interviewed:	Notes:
☐ Confirm results of relevant pathology tests	
☐ Confirm onset of symptoms (if any)	
□ Obtain case's risk exposure history (including travel, sexual and high-risk exposures)	
☐ Ask smallpox/mpox vaccination history	
☐ Identify likely source of infection	
☐ Identify upstream and downstream contacts	
☐ Seek permission to speak to identified contacts	
□ Confirm where case is recovering, if not usual residence	
☐ Ensure case has been informed of prevention	
activities i.e. exclusion for high-risk settings	
☐ Ensure that the case is aware of diagnosis/provide case factsheet	
☐ Clearance advice provided to case, if appropriate	
☐ Follow up with GP or SHC to ensure case is in care	Notes:
Contact the contact(s)	
Ensure contact tracing has commenced:	Notes:
☐ Interview contacts and inform them of their exposure	
☐ Check if contacts have any symptoms	
☐ Confirm contacts vaccination status	
☐ Advise testing as required	
☐ Advise PEP vaccination as required	
☐ Ensure contact monitoring as per Control	
Guidelines	
☐ Refer complex contact(s) to SHIL if appropriate	
☐ Contact(s) provided with contact factsheet	
Contact the laboratory	
☐ If required request further testing	Notes:
Confirm case	
☐ Assess case information against case definition	Notes:
Assess case information against case definition	1.0.000
□ Update NCIMS, including attaching case interview	Notes:
Communications	
☐ Send CD On Call case notification:	Notes:
☐ Highlight any cross jurisdictional issues (e.g. interstate or overseas exposures or normal place	
of residence)	
☐ 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	
☐ If required inform infection control team	
☐ If required establish communications pathway with	
treating team	
☐ If high-risk settings identified inform venue of perceived risk e.g., SOPV, liaise with ACON via CD	
on Call	