Case Investigation Form

Monkeypox Case Investigation Form

(ICD 10 –CM Code: B04)

Name of DRU:	Date of investigation: *(mm/dd/yyyy)*
Address of DRU:	Type: ☐ C/MHO ☐ Gov't Hospital ☐ Private Hospital ☐ Airport ☐ Seaport ☐ Gov't laboratory ☐ Private Laboratory

I. PATIENT INFORMATION: Patient Number: | Patient's First Name | Middle Name | Last Name/Suffix

COMPLETE CURRENT ADDRESS House Number/Purok/Sitio/: Street Name: Municipality: Province: Region:	**Laboratory ID**	
	Sex assigned at birth: ☐Male ☐Female	Date of Birth: MM / DD / YYYY Age: ☐Days ☐Months ☐Years
COMPLETE PERMANENT ADDRESS House Number/Purok/Sitio/: Street Name: Municipality: Province: Region:	Nationality:	IP Group? ☐Yes ☐No If Yes, Specify:_____
	Occupation: Contact Number:	Contact No.:
Name Workplace	Address of Workplace:	
Name of Informant:	Relationship with Patient:	Contact No. of Informant:

II. PATIENT STATUS

Date Admitted/ Seen/Consult (MM / DD / YYYY)

Admission:
ER: ☐Yes ☐No ☐Unknown
Ward: ☐Yes ☐No ☐Unknown
ICU: ☐Yes ☐No ☐Unknown

Pregnant? ☐Yes ☐No # of weeks:____

Any other known medical information:
_____

Blood Donation/Transfusion History:
☐Donor ☐Recipient

Place of Donation/Transfusion:
_____

Date of Donation/ Transfusion: _____/___/____
mm / dd / yyyy

III. CLINICAL HISTORY/PRESENTATION

Date onset of illness (mm/dd/yyyy) _____

1. Does the patient have a cutaneous rash?
☐Yes ☐ No If yes, date of onset for the rash: _____/___/____
mm / dd / yyyy

2. Did the patient have fever?
☐Yes ☐ No If yes, date of onset for the fever: _____/___/____
mm / dd / yyyy
Duration of fever (___ days)

3. If there is active disease,
3.1 Lesions are in the same state of development on the body?
☐Yes ☐ No
3.2 Are all of the lesions the same size?
☐Yes ☐ No
3.3 Are the lesions deep and profound?
☐Yes ☐ No
3.4 Did the patient develop ulcers ?
☐Yes ☐ No

4. Type of lesions:
☐Macule ☐ Papule ☐Vesicle ☐Pustule ☐Scab

5. Localization of the lesions:
☐ Face ☐ Palms of the hands ☐ Thorax ☐ Arms
☐ Legs ☐ Soles of the feet ☐ Genitals
☐ All over the body

List other areas : _____

SIGNS AND SYMPTOMS

Check all that apply:

- ☐ Vomiting/nausea
- ☐ Headache
- ☐ Cough
- ☐ Muscle pain (myalgia)
- ☐ Asthenia (weakness)
- ☐ Fatigue
- ☐ Conjunctivitis
- ☐ Chills or sweats
- ☐ Sensitivity to light
- ☐ Sore throat when swallowing
- ☐ Oral ulcers
- ☐ Lymphadenopathy, localization:
  - ☐ Cervical ☐ Axillary ☐ Inguinal

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IV. HISTORY OF EXPOSURE

1. Did the patient travel anytime in the three weeks before becoming ill?: ☐Yes ☐ No
   If yes, please specify: _____
   Date of travel: (mm/dd/yyyy) ____/_____/_____
   Flight/Vessel #:_____
   Date of arrival:(mm/dd/yyyy) ____/_____/_____
   Point of entry and exit:_____

2. Did the patient travel during illness?: ☐Yes ☐ No
   If yes, please specify: _____
   Date of travel: (mm/dd/yyyy) ____/_____/_____
   Flight/Vessel #:_____
   Date of arrival:(mm/dd/yyyy) ____/_____/_____
   Point of entry and exit:_____

3 Within 21 days before symptom onset, did the patient have contact with one or more persons who had similar symptoms? ☐Yes ☐ No

   If Yes, accomplish Appendix A "Monkeypox Contact listing Form"

4. Did the patient touch a domestic or wild animal within 21 days before symptom onset? ☐Yes ☐ No

If Yes, what kind of animal: _____

Date of first exposure/contact: (mm/dd/yyyy) ____/_____/_____

Date of last exposure/contact: (mm/dd/yyyy) ____/_____/_____

Type of contact (check all that apply)
- ☐ Rodents alive in the house
- ☐ Dead animal found in the forest
- ☐ Alive animal living in the forest
- ☐ Animal bought for meat
- ☐ Others: _____

5. Patients Gender Identity:
   - ☐Man
   - ☐Woman
   - ☐In the middle
   - ☐Non binary

6. Did the patient engage in sex (vaginal, oral, or anal) within 21 days before symptom onset?
   ☐Yes ☐No (skip, answer next question)

	History of sexual activity or close intimate contact	No. of sexual partners
Male to male	☐ Yes ☐ No	
Male to female	☐ Yes ☐ No	
Unknown	☐ Yes ☐ No	

6. Did the patient experience close intimate contact (cuddling, kissing, mutual masturbation, sharing sex toys) within 21 days before symptom onset? ☐ Yes ☐ No

7. Sharing of items (e.g. towels, beddings, food, utensils etc.) with your sexual partners within 21 days before symptom onset? ?
☐ Yes ☐ No ☐ Refuse to answer

8. Did the patient have sex and/or close intimate contact with someone who had recently traveled outside of your city or community within 21 days before symptom onset?

- ☐ No
- ☐ Yes, to another country (please specify) _____
- ☐ Yes, to another province
- ☐ Yes, to another city within my province
- ☐ Unknown

V. LABORATORY TESTS (*Note: Collect at least two types of specimens from each patient. For each specimen: place a label on this form and a label on the specimen tube. Ensure that the two labels have the same name/number of the specimen.*)

Test Done* (check all that apply)	Date Collected*	Laboratory	Results	Date Released
☐ Nasopharyngeal or oropharyngeal swab				
☐ Lesion Fluid				
☐ Lesion Roof				
☐ Lesion Crust				
☐ Serum				

VI. HEALTH STATUS

☐ Active (Currently admitted or in isolation/ quarantine)

☐ Discharged

Date Discharged : _____/____/_____
mm / dd / yyyy

Final Diagnosis: _____

Outcome:

☐ Recovered
Date Recovered: _____/____/_____
mm / dd / yyyy

☐ Died
Date Died: _____/____/_____
mm / dd / yyyy

Cause of death: _____

_____

☐ Unknown

☐ HAMA ☐ Lost to follow-up

☐ Transferred to other healthcare setting

Case Classification:

- ☐ Suspect
- ☐ Probable
- ☐ Confirmed
- ☐ Contact
- ☐ Discarded

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Case Classification	Case Definition
Suspected Case	A person of any age presenting with an unexplained acute rash **AND** One or more of the following signs or symptoms: • Headache; • Acute onset of fever (>38.5°C); • Myalgia; • Back pain; • Asthenia; • Lymphadenopathy; **AND** For which the following common causes of acute rash do not explain the clinical picture: varicella zoster, herpes zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcal infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants); and any other locally relevant common causes of papular or vesicular rash. As per WHO, it is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected.
Probable Case	A person meeting the case definition for a suspected case **AND** One or more of the following: • has an epidemiological link (face-to-face exposure, including health care workers without respiratory protection; direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils) to a probable or confirmed case of monkeypox in the 21 days before symptom onset; • reported travel history to a monkeypox endemic country in the 21 days before symptom onset; • has had multiple sexual partners in the 21 days before symptom onset is hospitalized due to the illness.
Confirmed Case	A case meeting the definition of either a suspected or probable case and is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or whole genome sequencing.
Contact	A contact is defined as a person who, in the period beginning with the onset of the source case's first symptoms, and ending when all scabs have fallen off, has had one or more of the following exposures with a probable or confirmed case of monkeypox: • face-to-face exposure (including health care workers without appropriate PPE); • direct physical contact, including sexual contact; • contact with contaminated materials such as clothing or bedding.
Discarded Case	A case meeting the definition of either a suspected or a probable case but tested negative for monkeypox virus through RT-PCR or WGS.

Appendix A. Monkeypox Contact Listing Form

Name of Case:_____

Full Name	Age	Sex	Date of Birth	Contact #	Occupation	Relation to case	No. of house-hold members	Address	Date of first contact with case	Date of last contact with case	Type of contact	Laboratory Done
Indicate Last Name, First Name, Middle Name	***Age*: Indicate** **D - days** **M - months** **Yr. - years** ***Sex*:** **F - Female** **M - Male**		**mm/dd/yyyy**	**Specify contact information**	**Please Specify Occupation**	**Specify relationship with case**	**Specify total number**	**Specify House # Street/Purok/ Subdivision, Barangay, Munici-pality/City, Province, Region**	**mm/dd/yyyy**	**mm/dd/yyyy**	**Type 1** **Type 2** **Type 3**	**Y-yes** **N-no** **If yes. Specify test and result**

Types of contact:
Type 1– Direct contact with skin lesions of a confirmed MPX case - vesicles, pustules, crusts etc. (including sexual contact) OR direct contact with a confirmed animal case.
Type 2 – Direct contact with body fluids of confirmed monkeypox case (blood, urine, vomitus, feces, stool, sputum etc.)
Type 3 – Sharing of common space with case (e.g. vehicle, household, shared room/workstation, flight, etc.)