

From: Poxvirus (CDC)
Sent: Tue, 14 Jun 2022 19:25:48 +0000
To: Alroy, Karen (CDC health.nyc.gov); Reddy, Sudha (CDC health.nyc.gov); Ruiz, Victoria (CDC health.nyc.gov); Backenson, Bryon (CDC health.ny.gov)
Cc: Poxvirus (CDC); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox case [CDC case ID (b)(6)]
Attachments: Photo Release Form.pdf

Dear Karen,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [CDC case ID (b)(6)] corresponding to the following IDs you provided:

Maven ID (b)(6)

PHL IDs: (b)(6)

We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

We would appreciate if you would please notify MA through your regular reporting mechanism that we will be changing our reporting to reflect the case's state of residence; as a result, and as we work on updating our reporting mechanisms, this case will not be reported today. We ask that you also please share the case ID with MA for reference (CDC case ID (b)(6))

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Demographic information: age, sex assigned at birth, gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date).
- Are there known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, or have any ocular lesions?
- Is this individual a health care worker who was exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel if available.
- Are there any photos of the patient's rash? If so, please send to poxvirus@cdc.gov.
If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:

- a. Collect multiple specimens for preliminary and confirmatory testing as follows:
 - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
 - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

- iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
 - iv. Do not add or store in viral or universal transport media.
- b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
- i. CDC can only test dry swabs, no transport media added.
 - ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
 - iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
 - iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
 - v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter [CDC case ID] (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

2. Please complete the Case Report Form (CRF) at the following link [within 1 week](#):

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox (eocevent570@cdc.gov).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

For antiviral requests: State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

For PEP requests: State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here: [Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,
Grishma

CDC Monkeypox Call Center

Controlled Unclassified Information

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General Photo Release

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I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Tue, 14 Jun 2022 19:25:50 +0000
To: Alroy, Karen (CDC health.nyc.gov); Reddy, Sudha (CDC health.nyc.gov); Ruiz, Victoria (CDC health.nyc.gov); Backenson, Bryon (CDC health.ny.gov)
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Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter [CDC case ID (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

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(b)(6)

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3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC

Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:
<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

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Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

For PEP requests: State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:
[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,
Grishma

CDC Monkeypox Call Center

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CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

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I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Thu, 14 Jul 2022 02:05:45 +0000
To: Traphagen, Elizabeth (DPH); Poxvirus (CDC)
Cc: Brown, Catherine (DPH); Jacoboski, Juliana (DPH); Nguyen, Christine T (DPH); Scotland, Sarah (DPH); Chiumento, Geena M (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox case [MA ID: (b)(6)]
Attachments: CRF Short Form_v1.9_6.30.22.pdf

Good evening,

Thank you. This case is considered a **probable case** (MA ID: (b)(6)) and will be included in CDC case counts tomorrow at 5pm EDT. Please notify Texas through your regular reporting mechanism about this case.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter 26837657 in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

NEW: Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: ASPR will now receive vaccine requests from state/jurisdictions that have a vaccine allocation for Phase 2A – i.e., all states, territories, and DC. As of July 6, 2022, phase 2-A of the National Vaccine Strategy was initiated and ordering of JYNNEOS vaccine for states and jurisdictions with an allocation has transitioned to the Office of the Assistant Secretary for Preparedness and Response (ASPR). Please email mpx.ordering@hhs.gov to request JYNNEOS vaccine from your allocation. Any jurisdiction that did not receive an allocation (US Virgin Islands, Guam, Northern Mariana Islands, American Samoa, Tribal nations, and other federal entities including Department of State) can request PEP through the MPX Clinical Escalations Team (eocevent482@cdc.gov).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
CDC MPX Call Center

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Controlled Unclassified Information

From: Traphagen, Elizabeth (DPH) <elizabeth.traphagen@state.ma.us>
Sent: Wednesday, July 13, 2022 7:16 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Jacoboski, Juliana (DPH) <juliana.a.jacoboski2@state.ma.us>; Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>; Scotland, Sarah (DPH) <sarah.scotland@state.ma.us>; Chiumento, Geena M (DPH) <geena.m.chiumento@state.ma.us>
Subject: SECURE: MA Presumptive Positive Cases 7/13/2022



This is a secure, encrypted message.

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

Please Note: The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

Open the attachment to read your message.

[On Mobile? Click here](#) before 2022-07-27 19:15 EDT to read your message.

[Help?](#)

Disclaimer: This email and its content are confidential and intended solely for the use of the addressee. Please notify the sender if you have received this email in error or simply delete it.

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2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes
- No
- Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes
- No
- Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive
- HIV Negative
- Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes
- No
- Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes
- No
- Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes
- No
- Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

From: Poxvirus (CDC)
Sent: Fri, 8 Jul 2022 01:33:58 +0000
To: DeJesus, Alexandra (DPH); Poxvirus (CDC)
Cc: Brown, Catherine (DPH); Medina, Nicole E (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox case [MA state ID (b)(6)]
Attachments: Photo Release Form.pdf, CRF Short Form_v1.9_6.30.22.pdf

Good evening,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [MA state ID: (b)(6)]. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts tomorrow at 5pm EDT.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

NEW: Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Grishma

CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>
Sent: Thursday, July 7, 2022 8:43 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Medina, Nicole E (DPH) <nicolette.medina@state.ma.us>
Subject: Secure: MA Presumptive Positive



This is a secure, encrypted message.

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

Please Note: The Commonwealth of Massachusetts implemented a new Secure Email System on **06/27/2017**. If this is the first Email you have received via this new system, you will be required to register before reading your message.

Open the attachment to read your message.

[On Mobile? Click here](#) before 2022-07-21 20:43 EDT to read your message.

[Help?](#)

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General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes
- No
- Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes
- No
- Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive
- HIV Negative
- Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes
- No
- Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes
- No
- Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes
- No
- Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

Sensitive but Unclassified

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

From: Poxvirus (CDC)
Sent: Sat, 2 Jul 2022 02:45:16 +0000
To: DeJesus, Alexandra (DPH); Poxvirus (CDC)
Cc: Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox cases (CDC Case ID (b)(6))
Attachments: Photo Release Form.pdf
Categories: Grishma

Dear Alexandra,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** [CDC Case ID (b)(6)]. Please notify **Florida** via your current reporting mechanisms and let them know we will be communicating about this case; if you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with poxvirus@cdc.gov. This case will be included in CDC case counts: **Monday at 5pm EDT**

We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances

- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter **CDC Case ID** (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week**.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

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CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the CDC Case ID # in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: DeJesus, Alexandra (DPH) <alexandra.dejesus@state.ma.us>
Sent: Friday, July 1, 2022 10:22 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Confidential: Presumptive Positive Monkeypox on a [REDACTED] (b)(6)

Good evening,

A [REDACTED] (b)(6) when he developed symptoms and ended up testing positive for Monkeypox. I will notify the FL DOH tomorrow; however, I wanted to send CDC an email.

Age: [REDACTED] (b)(6)
Gender: [REDACTED] (b)(6)

MSM: [REDACTED] (b)(6)
Date of symptom onset and date of rash onset if different: 6/20
Address: [REDACTED] (b)(6)

Please let me know if there is additional information you need since this is not a MA resident.

Thank you,
Alexandra De Jesus MPH, CIC
Epidemiologist II | Pandemic Response Coordinator
Division of Epidemiology
Bureau of Infectious Disease and Laboratory Sciences
Massachusetts Department of Public Health
305 South St.
Jamaica Plain, MA 02130
Ph: 857-301-8812
Alexandra.dejesus@mass.gov



150 YEARS OF ADVANCING **PUBLIC HEALTH**

This email and attachment are intended only for authorized individuals and may contain confidential information. If you have received this message in error and are not the intended recipient, please notify the sender by telephone or by separate email. Please do not press reply, and immediately destroy all paper and electronic copies of this email.

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Sat, 2 Jul 2022 22:00:35 +0000
To: Stanek, Danielle (CDC f1health.gov); Poxvirus (CDC)
Cc: Chacreton, Daniel; Gunke, Megan (CDC f1health.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox cases (CDC Case IDs in table)
Attachments: Photo Release Form.pdf

Good evening,

Thank you for notifying us of these OPX+ samples. These individuals are now considered as having **probable monkeypox cases** [please see **CDC Case IDs** in table below]. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT**.

| FL IDs | CDC case IDs |
|--------|--------------|
| (b)(6) | |

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.

- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.

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- Dry lesion swab specimens
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- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

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- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter the aforementioned **CDC Case IDs** in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE

Atlanta, GA 30329
404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

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CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the CDC Case ID #s in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

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Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Grishma

CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Saturday, July 2, 2022 5:28 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>
Subject: FL Need CDC ID Numbers
Sensitivity: Confidential

You've received an encrypted message from Danielle.Stanek@flhealth.gov

To view your message

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: Poxvirus@cdc.gov

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

 Message encryption by Microsoft Office 365



General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

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I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name _____ Date of Birth _____

Signature _____ Date _____

Address _____

City, State and Zip Code _____

Phone Number _____

IF A MINOR: Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

From: Poxvirus (CDC)
Sent: Fri, 24 Jun 2022 22:51:19 +0000
To: White, Jennifer L (HEALTH); Poxvirus (CDC)
Cc: Anand, Madhu (CDC health.ny.gov); Backenson, Bryon (CDC health.ny.gov); Newman, Alexandra (CDC health.ny.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox cases (b)(6)
Attachments: Photo Release Form.pdf

Dear Jennifer,

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases**:

- (b)(6) has case (b)(6)
- (b)(6) has case (b)(6)

We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts Monday at 5pm EDT or the next business day at 5 pm EDT.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.

CONFIRMATORY MONKEYPOX TESTING AT CDC

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- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

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Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter CDC case ID in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

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 Centers for Disease Control and Prevention
 RDSB/STATT
 ATTN: Laboratory - Poxvirus
 1600 Clifton Road, NE
 Atlanta, GA 30329
 404-639-4129

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TRAVEL

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For more information on treatment of monkeypox, see: [Treatment](#).

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

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At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Lauren

CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: White, Jennifer L (HEALTH) <jennifer.white@health.ny.gov>
Sent: Friday, June 24, 2022 4:46 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Anand, Madhu (CDC health.ny.gov) <Madhu.anand@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: RE: CDC confirmation of probable monkeypox case (b)(6)

As mentioned to Lauren yesterday, the partner of the case noted below was symptomatic and tested orthopox positive by PCR this afternoon at Wadsworth Center.

We had another new case that tested positive today as well at Wadsworth Center. Please feel free to contact me at the cell number below for additional information.

Best,
Jenn

Jennifer L. White, MPH
Director, Vector-borne Disease Unit
Bureau of Communicable Disease Control

New York State Department of Health
Empire State Plaza
Corning Tower Room 651, Albany, NY 12237
518-473-4439 (office)
518-390-8706 (cell)
518-474-7381 (fax)
jennifer.white@health.ny.gov
<http://www.health.ny.gov>

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Thursday, June 23, 2022 5:53 PM
To: White, Jennifer L (HEALTH) <jennifer.white@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Anand, Madhu M (HEALTH) <madhu.anand@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>; Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: CDC confirmation of probable monkeypox case (b)(6)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear Jennifer,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case**. (b)(6) We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information:, sexual orientation
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual immunocompromised?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and **dates of travel**.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

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- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. *Specimens received outside of acceptable temperature ranges will be rejected.*
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts *must be received by CDC within 7 days of collection.*

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the **CDC Case ID # in all notifications in all communications**. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Lauren

CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: White, Jennifer L (HEALTH) <jennifer.white@health.ny.gov>
Sent: Thursday, June 23, 2022 4:02 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Anand, Madhu (CDC health.ny.gov) <Madhu.anand@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>
Subject: RE: Orthopox case- NYS

Additional information on this case reveals that he works at a hair salon and worked while infectious with hand lesions. Is there any information you could provide to us on potential risk to clients?

From: White, Jennifer L (HEALTH)
Sent: Thursday, June 23, 2022 4:40 PM
To: poxvirus@cdc.gov
Cc: Anand, Madhu M (HEALTH) <madhu.anand@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>; Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Subject: Orthopox case- NYS

This note is to report a confirmed orthopox case in a NYS resident; patient was PCR+ for orthopox at Wadsworth Center. Could you kindly provide the current monkeypox case report form? We will complete the form and enter into REDCap but if there is anything additional you need asap, please let me know.

Jennifer L. White, MPH
Director, Vector-borne Disease Unit
Bureau of Communicable Disease Control

New York State Department of Health
Empire State Plaza
Corning Tower Room 651, Albany, NY 12237
518-473-4439 (office)
518-390-8706 (cell)
518-474-7381 (fax)
jennifer.white@health.ny.gov
<http://www.health.ny.gov>

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Fri, 15 Jul 2022 12:39:21 +0000
To: khalil.harbi@dhhs.nc.gov
Cc: Poxvirus (CDC); alexis.barbarin@dhhs.nc.gov; Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox cases [(b)(6)]
Attachments: CRF Short Form_v1.9_6.30.22.pdf, Photo Release Form.pdf

Dear Khalil,

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases** (b)(6). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts today at 5pm EDT.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

NEW: Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: ASPR will now receive vaccine requests from state/jurisdictions that have a vaccine allocation for Phase 2A – i.e., all states, territories, and DC. As of July 6, 2022, phase 2-A of the National Vaccine Strategy was initiated and ordering of JYNNEOS vaccine for states and jurisdictions with an allocation has transitioned to the Office of the Assistant Secretary for Preparedness and Response (ASPR). Please email mpx.ordering@hhs.gov to request JYNNEOS vaccine from your allocation. Any jurisdiction that did not receive an allocation (US Virgin Islands, Guam, Northern Mariana Islands, American Samoa, Tribal nations, and other federal entities including Department of State) can request PEP through the MPX Clinical Escalations Team (eocevent482@cdc.gov).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Allison Siu, DVM

CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Harbi, Khalil <ncdhhs.notification@zixmessagecenter.com>
Sent: Thursday, July 14, 2022 8:13 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: New Monkeypox cases

New ZixCorp secure email message from North Carolina Department of Health and Human Services Secure Email

Open
Message

To view the secure message, click Open Message.

The secure message expires on Sep 13, 2022 @ 02:13 AM (GMT).

Do not reply to this notification message; this message was auto-generated by the sender's security system. To reply to the sender, click Open Message.

If clicking Open Message does not work, copy and paste the link below into your Internet browser address bar.

(b)(6)

Want to send and receive your secure messages transparently?

[Click here](#) to learn more.

2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes
- No
- Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes
- No
- Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive
- HIV Negative
- Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes
- No
- Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes
- No
- Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes
- No
- Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Sat, 25 Jun 2022 21:04:44 +0000
To: Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)
Cc: Chacreton, Daniel; Gunke, Megan (CDC flhealth.gov)
Subject: CDC confirmation of probable monkeypox cases [CDC case IDs: (b)(6) and (b)(6)]

Hi, Danielle!

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases**:

- FL (b)(6) (CDC case ID (b)(6))
- FL (b)(6) (CDC case ID (b)(6))

We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT**.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (*must be received by CDC within 7 days of collection*)

- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection**.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter **CDC case IDs** (b)(6) respectively, in the "Case ID" fields. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the CDC Case ID # in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.

State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC [Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Grishma

CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>

Sent: Saturday, June 25, 2022 3:08 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>

Subject: FL Need two CDC ID Numbers 6.25.2022

Sensitivity: Confidential

You've received an encrypted message from Danielle.Stanek@flhealth.gov

To view your message

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: Poxvirus@cdc.gov

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.



Restricted Use/Recipients Only

From: Poxvirus (CDC)
Sent: Sun, 10 Jul 2022 02:07:00 +0000
To: Traphagen, Elizabeth (DPH); Poxvirus (CDC)
Cc: Brown, Catherine (DPH); Johnson, Hillary (DPH); Cohen, Joyce (DPH); Barungi, Trisha (DPH); Chiumento, Geena M (DPH); Jacoboski, Juliana (DPH); Osborne, Matthew A (DPH); Nguyen, Christine T (DPH); Haddad, Mia (DPH); Scotland, Sarah (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox cases [MA state IDs: (b)(6)
(b)(6)]
Attachments: Photo Release Form.pdf, CRF Short Form_v1.9_6.30.22.pdf

Good evening,

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases** [MA state IDs: (b)(6)]. Please notify (b)(6) [MA state ID: (b)(6)] and (b)(6) MA State ID (b)(6) via your current reporting mechanisms and let them know we will be communicating about this case; if you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with poxvirus@cdc.gov. These cases will be included in CDC case counts **Monday at 5pm EDT**.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
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Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
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- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field, respectively. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

NEW: Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the STATE Case ID # in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Grishma

CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Traphagen, Elizabeth (DPH) <elizabeth.traphagen@state.ma.us>
Sent: Saturday, July 9, 2022 7:16 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Johnson, Hillary (DPH) <hillary.johnson@state.ma.us>; Cohen, Joyce (DPH) <joyce.cohen@state.ma.us>; Barungi, Trisha (DPH) <trisha.barungi@state.ma.us>; Chiumento, Geena M (DPH) <geena.m.chiumento@state.ma.us>; Jacoboski, Juliana (DPH) <juliana.a.jacoboski2@state.ma.us>; Osborne, Matthew A (DPH) <matthew.a.osborne@state.ma.us>; Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>; Haddad, Mia (DPH) <mia.haddad2@state.ma.us>; Scotland, Sarah (DPH) <sarah.scotland@state.ma.us>
Subject: SECURE: MA Presumptive Positive Cases 7/9/2022



This is a secure, encrypted message.

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

Please Note: The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

Open the attachment to read your message.

[On Mobile? Click here](#) before 2022-07-23 19:15 EDT to read your message.

[Help?](#)

Disclaimer: This email and its content are confidential and intended solely for the use of the addressee. Please notify the sender if you have received this email in error or simply delete it.

Secured by Proofpoint Encryption. Copyright © 2009-2021 Proofpoint, Inc. All rights reserved.

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
 Perianal
 Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?
 Yes No Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)
 Yes No Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?
 HIV Positive HIV Negative Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?
 Yes No Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes No Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?
 Yes No Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

Sensitive but Unclassified

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

From: Poxvirus (CDC)
Sent: Tue, 12 Jul 2022 01:07:54 +0000
To: Nguyen, Christine T (DPH); Poxvirus (CDC)
Cc: Brown, Catherine (DPH); Traphagen, Elizabeth (DPH); Scotland, Sarah (DPH); Cumming, Melissa (DPH); CDC IMS 2022 Multi-National MPX Lab Team; Lowe, David (CDC/DDID/NCEZID/DHCPP)
Subject: CDC confirmation of probable monkeypox cases [MA State ID (b)(6)]
(b)(6)
Attachments: CRF Short Form_v1.9_6.30.22.pdf, Photo Release Form.pdf

Good evening,

Thank you for notifying us. These individuals are now considered **probable monkeypox cases** [MA State ID: (b)(6)]. Please inform (b)(6) about case ID (b)(6) through your regular reporting mechanisms.

These cases will be included in CDC case counts **tomorrow (Tuesday) at 5pm EDT**.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**

- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection**.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) (b)(6) in the "Case ID" field, respectively. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

NEW: Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the STATE Case ID # in all notifications in all communications. This helps assure that the

required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you!
Grishma

CDC MPX Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>
Sent: Monday, July 11, 2022 7:31 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Traphagen, Elizabeth (DPH) <elizabeth.traphagen@state.ma.us>; Scotland, Sarah (DPH) <sarah.scotland@state.ma.us>; Cumming, Melissa (DPH) <melissa.cumming@state.ma.us>
Subject: SECURE: MA Presumptive Positive Cases 7/11/2022



This is a secure, encrypted message.

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

Please Note: The Commonwealth of Massachusetts implemented a new Secure EMail System on **06/27/2017**. If this is the first EMail you have received via this new system, you will be required to register before reading your message.

Open the attachment to read your message.

On Mobile? Click here before 2022-07-25 19:31 EDT to read your message.

[Help?](#)

Disclaimer: This email and its content are confidential and intended solely for the use of the addressee. Please notify the sender if you have received this email in error or simply delete it.

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2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
 Perianal
 Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes No Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes No Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive HIV Negative Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes No Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes No Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes No Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
 Breathing problems not requiring mechanical ventilation
 Treatment for secondary infection
 Pain control
 Disseminated disease
 Exacerbation of underlying condition (e.g. autoimmune or skin condition)
 Other

Sensitive but Unclassified

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Tue, 12 Jul 2022 01:43:02 +0000
To: Anand, Madhu (CDC health.ny.gov); Poxvirus (CDC)
Cc: Newman, Alexandra (CDC health.ny.gov); Backenson, Bryon (CDC health.ny.gov); McClenaghan, Michele (HEALTH); White, Jennifer L (HEALTH); CDC IMS 2022 Multi-National MPX Lab Team; Lowe, David (CDC/DDID/NCEZID/DHCPP)
Subject: CDC confirmation of probable monkeypox cases [NYS cases (b)(6)]
and (b)(6)
Attachments: CRF Short Form_v1.9_6.30.22.pdf

Good evening,

Thank you for notifying us. These individuals are now considered **probable monkeypox cases** [NYS cases (b)(6)]. These cases will be included in CDC case counts **tomorrow** (**Tuesday at 5pm EDT**).

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For more information on treatment of monkeypox, see: [Treatment](#).

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For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

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FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you!

Grishma

CDC MPX Call Center

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Controlled Unclassified Information

From: Anand, Madhu M (HEALTH) <madhu.anand@health.ny.gov>
Sent: Monday, July 11, 2022 4:56 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; McClenaghan, Michele (HEALTH) <michele.mcclenaghan@health.ny.gov>; White, Jennifer L (HEALTH) <jennifer.white@health.ny.gov>
Subject: Notification of 2 new orthopox positives - NYS cases [REDACTED] (b)(6)

This note is to report 2 confirmed orthopox cases in NYS (non-NYC) residents; patients were PCR+ for non-variola orthopoxvirus at Wadsworth Center.

State IDs and LRN numbers are included below.

As per request with prior cases, additional epi/clinical info is as follows:

Case 20225910978534

- [REDACTED] (b)(6)
- LRN: [REDACTED] (b)(6)
- Onset 07/04/22
- Rash: hands, thighs, mouth
- Other symptoms: fever, muscle aches, chills,
- No travel

Case [REDACTED] (b)(6)

- [REDACTED] (b)(6)
- LRN [REDACTED] (b)(6)
- Onset Date: unknown at this time
- Rash: unk location
- Other symptoms: self-reported fever, lymphadenopathy,
- Travel to NYC

Please let us know if you have any questions.

Best,
Madhu

Madhu Anand, DrPH
Deputy Director
Regional Epidemiology and Investigations Program
Bureau of Communicable Disease Control, NYSDOH
Ph.: (518) 473-4439; Fax: (518) 486-6895
NEW E-mail: madhu.anand@health.ny.gov

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Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes
- No
- Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes
- No
- Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive
- HIV Negative
- Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes
- No
- Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes
- No
- Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes
- No
- Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

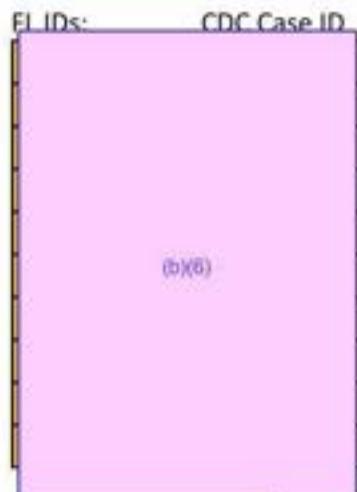
- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

From: Poxvirus (CDC)
Sent: Fri, 1 Jul 2022 01:42:06 +0000
To: Stanek, Danielle (CDC f1health.gov); Poxvirus (CDC)
Cc: Chacreton, Daniel; Gunke, Megan (CDC f1health.gov); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox cases, IDs in email body
Attachments: Photo Release Form.pdf
Categories: Lauren

Dear Danielle,

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases**:

FL IDs: CDC Case ID

(b)(6)

*Please note, Case ID (b)(6) is correct even though it is only 8 digits.

Please let us know if these any of these individuals are not residents of your state and notify us what their state of residence is or if they are a non-resident international traveler; otherwise, we will assume these individuals are residents of your state for reporting purposes. If you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with poxvirus@cdc.gov. If the individual is a resident of another state/territory, please notify that state/territory via your current reporting mechanisms and let them know we will be communicating about this case. Regardless, these cases will be included in CDC case counts tomorrow at 5pm EDT.

We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, state of residence

- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**

- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter CDC Case ID in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the CDC Case ID # in all notifications in all communications.** This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.

State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
Lauren
CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Thursday, June 30, 2022 7:03 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>
Subject: Requesting 10 CDC IDs

We have 10 new cases needing a CDC ID, all involve male MSM. Thanks!

FL IDs:

(b)(6)



General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Fri, 3 Jun 2022 19:08:09 +0000
To: Gunke, Megan (CDC f1health.gov)
Cc: Chacreton, Daniel; Stanek, Danielle (CDC f1health.gov); Poxvirus (CDC); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: CDC confirmation of probable monkeypox CDC case ID (b)(6)

Dear Megan,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

If this email is received before 2pm EST, this case will be included in CDC case counts today at 5pm EST.

If this email is received after 2pm EST, this case will be included in CDC case counts tomorrow at 5pm EST.

If available and not yet already provided, we are asking for the following information about this probable case. I can call if preferred over an encrypted email:

- Demographic information: age, sex assigned at birth, gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), or other symptoms and first prodromal symptom onset date. Are there known co-infections?
- High risk status: are they currently hospitalized, immunocompromised (if yes, please specify), pregnant, or do they have any ocular lesions?
- Is this individual a health care worker?
- Has this individual traveled recently? If so, please provide location and dates of travel if available.

1. Confirmatory monkeypox testing at CDC:

Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.

- a. CDC can only test dry swabs, no transport media added.
- b. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.

- c. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- d. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
- e. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

2. Please complete the Case Report Form at the following link:

(b)(6)

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here: <https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

For antiviral requests: CDC has an IND in place for use of antiviral medical countermeasures (MCM). However, these patients would need to be evaluated on a case-by-case basis (e.g., clinical signs and symptoms, clinical status of the patient, rash photos, and OPX+ laboratory confirmation). Only after that information is available can we evaluate and release MCM. Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

For PEP requests: State health departments can request PEP for contacts of probable monkeypox cases if they fall into a category for which PEP can be considered according to this [risk assessment](#). These contacts also need to be evaluated on a case-by-case basis.

Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation.

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

6. If you haven't done so yet please send lesion photos to our team at poxvirus@cdc.gov.

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,
Todd Smith

CDC Monkeypox Call Center

From: Megan Gumke <Office365@messaging.microsoft.com>
Sent: Friday, June 3, 2022 1:37 PM

To: Stanek, Danielle (CDC flhealth.gov) <Danielle.Stanek@flhealth.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>
Subject: Re: MPX FL PUI 16
Sensitivity: Confidential

You've received an encrypted message from Megan.Gumke@flhealth.gov

To view your message

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: Poxvirus@cdc.gov

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

 Message encryption by Microsoft Office 365



Restricted Use/Recipients Only

From: Poxvirus (CDC)
Sent: Sat, 9 Jul 2022 01:03:25 +0000
To: Nguyen, Christine T (DPH)
Cc: Brown, Catherine (DPH); Fowle, Leslie P. (DPH); Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team; Poxvirus (CDC)
Subject: CDC confirmation of three probable monkeypox cases
Attachments: CRF Short Form_v1.9_6.30.22.pdf, Photo Release Form.pdf

Dear Christine,

Thank you for notifying us of three OPX+ samples this evening. These individuals (**MA Case IDs** (b)(6) are now considered **probable monkeypox cases**. We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

These cases will be included in CDC case counts **Monday at 5pm EDT or the next business day at 5 pm EDT.**

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by email (or by phone with CDC/encrypted email, if preferred)

- **State-assigned ID (top priority)**, LRN specimen ID, age, sex at birth, state of residence
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which captures the information previously requested in this email, is ready. Please see Case Reporting section, below, for additional details.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.

- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. ***Specimens received outside of acceptable temperature ranges will be rejected.***
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts ***must be received by CDC within 7 days of collection.***

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter the **STATE Case ID** in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

NEW: Complete [CDC MPX Short Case Report Form](#) within 1 week.

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. [CDC can receive partial case data](#). Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the [CDC Secure Access Management System \(SAMS\)](#) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. **Please include the STATE Case ID # in all notifications in all communications.** This helps assure that the required

information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Lori Verbrugge

CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: Nguyen, Christine T (DPH) <christine.t.nguyen@state.ma.us>

Sent: Friday, July 8, 2022 7:08 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Brown, Catherine (DPH) <catherine.brown@state.ma.us>; Fowle, Leslie P. (DPH) <leslie.p.fowle@state.ma.us>

Subject: Secure: Presumptive Positive Case in a MA Resident



This is a secure, encrypted message.

You have received a message containing protected information sent through the Commonwealth of Massachusetts' Secure Email Delivery System. Please note that this message has been sent through the Secure Email Delivery System because it is confidential information, improper use or disclosure of which may subject you to civil or criminal fines or imprisonment.

Please Note: The Commonwealth of Massachusetts implemented a new Secure EMail System on 06/27/2017. If this is the first EMail you have received via this new system, you will be required to register before reading your message.
Open the attachment to read your message.

On Mobile? [Click here](#) before 2022-07-22 19:09 EDT to read your message.

[Help?](#)

Disclaimer: This email and its content are confidential and intended solely for the use of the addressee. Please notify the sender if you have received this email in error or simply delete it.

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2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes
- No
- Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes
- No
- Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive
- HIV Negative
- Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes
- No
- Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes
- No
- Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes
- No
- Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

Sensitive but Unclassified

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Sat, 18 Jun 2022 04:01:45 +0000
To: Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)
Cc: Chacreton, Daniel; Gunke, Megan (CDC flhealth.gov)
Subject: CDC monkeypox case consultation, suspect case (b)(6)

Dear Danielle,

Thank you for contacting the Monkeypox Call Center. This individual is currently considered a **suspect case** (b)(6). Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share (b)(6) with the LRN conducting the testing.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Y/ Demographic information: age, sex assigned at birth, gender, sexual orientation, and state of residence
- Y/ Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Y/ Known co-infections? If yes, please specify and include date of diagnosis.
- Y/ Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Y/ Is this individual a health care worker exposed at work?
- Y/ Has this individual traveled recently? If so, please provide location and dates of travel.
- Y/ Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on

- Y/ Dry lesion swab specimens
- Y/ Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Y/ Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for preliminary and confirmatory testing

1. Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
2. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
3. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Y/ Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures $\leq -20^{\circ}\text{C}$ is strongly preferred.
- Y/ Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. **Specimens shipped beyond the listed timeframes will be rejected.**

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov. If/when available, please also share the LRN specimen ID(s) associated with specimen(s) tested at an LRN laboratory.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at LRN@cdc.gov.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

Next Steps

Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

You can request a consultation with the CDC Monkeypox Clinical Team if

1. Test results are pending, but the patient with [suspect disease](#)
 - Y/ Has a serious illness requiring hospitalization
 - Y/ Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)
 - Y/ Has an underlying immunosuppressive condition, including HIV
 - Y/ Is <18 years old
 - Y/ Is pregnant
2. Test results are orthopoxvirus positive, and treatment is desired for the patient

3. Test results are orthopoxvirus positive, and PEP is desired for close contacts
For general questions related to [Post-Exposure Prophylaxis \(PEP\) and Treatment](#), contact the Monkeypox Call Center (poxvirus@cdc.gov).

FOR MORE INFORMATION

[Information for Laboratory Personnel](#)
[2022 Monkeypox: Information for Health Departments](#)
[Information For Healthcare Professionals](#)
[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
Dallas Smith
CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Friday, June 17, 2022 8:08 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>
Subject: MPX FL PUI (b)(6) Request CDC ID
Sensitivity: Confidential

You've received an encrypted message from Danielle.Stanek@flhealth.gov

To view your message

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: Poxvirus@cdc.gov

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.



From: Poxvirus (CDC)
Sent: Thu, 16 Jun 2022 23:50:26 +0000
To: Hopkins, Brandi (DPH); Poxvirus (CDC)
Cc: Jacoboski, Juliana A (DPH); Perez, Carley W. (DPH)
Subject: CDC monkeypox case consultation, suspect case (b)(6)

Dear Brandi,

Thank you for contacting the Monkeypox Call Center. This individual is currently considered a **suspect case** (b)(6). Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share (b)(6) with the LRN conducting the testing.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: sexual orientation, and state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Please provide dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
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Specimen collection procedures for preliminary and confirmatory testing

1. Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
2. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
3. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures $\leq -20^{\circ}\text{C}$ is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. *Specimens shipped beyond the listed timeframes will be rejected.*

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at LRN@cdc.gov.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

Next Steps

Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

You can request a consultation with the CDC Monkeypox Clinical Team if

1. Test results are pending, but the patient with [suspect disease](#)
 - Has a serious illness requiring hospitalization
 - Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)
 - Has an underlying immunosuppressive condition, including HIV
 - Is <18 years old
 - Is pregnant
2. Test results are orthopoxvirus positive, and treatment is desired for the patient

3. Test results are orthopoxvirus positive, and PEP is desired for close contacts
For general questions related to [Post-Exposure Prophylaxis \(PEP\)](#) and [Treatment](#), contact the Monkeypox Call Center (poxvirus@cdc.gov).

FOR MORE INFORMATION

[Information for Laboratory Personnel](#)
[2022 Monkeypox: Information for Health Departments](#)
[Information For Healthcare Professionals](#)
[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
Dallas Smith
CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Hopkins, Brandi (DPH) <brandi.hopkins@state.ma.us>
Sent: Thursday, June 16, 2022 7:25 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Jacoboski, Juliana A (DPH) <juliana.a.jacoboski2@state.ma.us>; Perez, Carley W. (DPH) <carley.w.perez@state.ma.us>
Subject: Presumptive pos MPX case

Hi CDC,

I am emailing to report a presumptive positive MPX case:

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)
Recent travel and location: Yes, to (b)(6)
Date of symptom onset and date of rash onset if different: 6/6, can clarify date of rash

Please send a CaseID:

Thank you,

Brandi Hopkins, MPH
Epidemiologist, Zoonotic and Vector-borne Disease Coordinator
Massachusetts Department of Public Health

Division of Epidemiology
Bureau of Infectious Disease and Laboratory Sciences
305 South St, Jamaica Plain, MA 02130
(main #): 617-983-6800
(mobile) : 781-375-5363



150 YEARS
OF ADVANCING
PUBLIC
HEALTH

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From: Poxvirus (CDC)
Sent: Tue, 21 Jun 2022 23:09:36 +0000
To: Mann, Erin K (DPH); Poxvirus (CDC)
Cc: Jacoboski, Juliana A (DPH)
Subject: CDC monkeypox case consultation, suspect case

(b)(6)

Dear Erin,

Thank you for contacting the Monkeypox Call Center. This individual is currently considered a **suspect case**. Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share (b)(6) with the LRN conducting the testing.

Case 1

(b)(6)

Case 2

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, and state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for preliminary and confirmatory testing

1. Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
2. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
3. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures $\leq -20^{\circ}\text{C}$ is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. **Specimens shipped beyond the listed timeframes will be rejected.**

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov. If/when available, please also share the LRN specimen ID(s) associated with specimen(s) tested at an LRN laboratory.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at LRN@cdc.gov.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

Next Steps

Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

You can request a consultation with the CDC Monkeypox Clinical Team if

1. Test results are pending, but the patient with [suspect disease](#)
 - Has a serious illness requiring hospitalization
 - Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)
 - Has an underlying immunosuppressive condition, including HIV
 - Is <18 years old
 - Is pregnant
2. Test results are orthopoxvirus positive, and treatment is desired for the patient
3. Test results are orthopoxvirus positive, and PEP is desired for close contacts

For general questions related to [Post-Exposure Prophylaxis \(PEP\)](#) and [Treatment](#), contact the Monkeypox Call Center (poxvirus@cdc.gov).

FOR MORE INFORMATION

[Information for Laboratory Personnel](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Dallas Smith

CDC Monkeypox Call Center

Controlled Unclassified Information

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Controlled Unclassified Information

From: Mann, Erin K (DPH) <erin.k.mann@state.ma.us>
Sent: Tuesday, June 21, 2022 6:57 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Jacoboski, Juliana A (DPH) <juliana.a.jacoboski2@state.ma.us>
Subject: Confidential: Presumptive Positive Cases of Monkeypox in MA

Hello,

Two new cases of monkeypox to report:

CASE 1

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset and date of rash onset if different: no symptoms other than rash, rash onset was ~6/14/2022

CASE 2

Age: (b)(6)

Gender: (b)(6)

MSM: (b)(6)

Date of symptom onset/rash onset: ~6/20/2022

Erin Mann, MPH | Epidemiologist
Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Division of Epidemiology
305 South St. | Jamaica Plain, MA 02130
(: (617) 983-6800 | 7: (617) 983-4305

From: Poxvirus (CDC)
Sent: Mon, 27 Jun 2022 16:35:37 +0000
To: Tierney, Dylan (DPH); Poxvirus (CDC)
Subject: CDC monkeypox case consultation, suspect case 647157
Attachments: Photo Release Form.pdf

Dear Dylan,

Attach this form: [Photo release form](#)

Thank you for contacting the Monkeypox Call Center. This individual is currently considered a **suspect case** 647157. Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share 647157 with the LRN conducting the testing.

I will also forward your request for TPOXX to our clinical team.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

Demographic information: state of residence

Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms.

Has this individual traveled recently? If so, please provide location and dates of travel.

Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on

Dry lesion swab specimens

Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)

Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for preliminary and confirmatory testing

Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances

Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures $\leq -20^{\circ}\text{C}$ is strongly preferred.

Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. **Specimens shipped beyond the listed timeframes will be rejected.**

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov. If/when available, please also share the LRN specimen ID(s) associated with specimen(s) tested at an LRN laboratory.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at LRN@cdc.gov.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

Next Steps

Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

You can request a consultation with the CDC Monkeypox Clinical Team if

Test results are pending, but the patient with [suspect disease](#)

Has a serious illness requiring hospitalization

Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)

Has an underlying immunosuppressive condition, including HIV

Is <18 years old

Is pregnant

Test results are orthopoxvirus positive, and treatment is desired for the patient

Test results are orthopoxvirus positive, and PEP is desired for close contacts

For general questions related to [Post-Exposure Prophylaxis \(PEP\)](#) and [Treatment](#), contact the Monkeypox Call Center (poxvirus@cdc.gov).

FOR MORE INFORMATION

[Information for Laboratory Personnel](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
Ahlia
CDC Monkeypox Call Center

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and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

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From: Tierney, Dylan (DPH) <dylan.tierney@state.ma.us>
Sent: Monday, June 27, 2022 12:13 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: Massachusetts Tpoxx request 6/27/22

I don't have a CDC case ID. At what point is the CDC case ID generated?

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Monday, June 27, 2022 12:09 PM
To: Tierney, Dylan (DPH) <Dylan.Tierney@mass.gov>
Subject: RE: Massachusetts Tpoxx request 6/27/22

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hello Dr. Tierney,

Do you have the CDC case ID for this patient?

Thank you,

Mohammed Khan
CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Tierney, Dylan (DPH) <dylan.tierney@state.ma.us>
Sent: Monday, June 27, 2022 11:36 AM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Massachusetts Tpoxx request 6/27/22

Hello.

I would like to request Tpoxx for a MA patient.

Please let me know how to proceed.

I can be reached by email or at my mobile number at 857-383-8161.

Dylan Tierney, MD MPH

Associate Medical Director
Bureau of Infectious Disease and Laboratory Sciences
Massachusetts Department of Public Health

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

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Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Wed, 22 Jun 2022 22:21:58 +0000
To: Stanek, Danielle (CDC f1health.gov)
Cc: Chacreton, Daniel; Gunke, Megan (CDC f1health.gov); Poxvirus (CDC)
Subject: CDC monkeypox case consultation, suspect case [CDC case ID: (b)(6)
11560104]
Attachments: Photo Release Form (1).pdf
Categories: Julia

Hi Dr. Stanek,

Thank you for contacting the Monkeypox Call Center. These 2 individuals are currently considered **suspect cases**: CDC ID (b)(6) (Lab (b)(6) Epi (b)(6)) and CDC ID (b)(6) (Lab (b)(6) Epi (b)(6)). Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share [CDC ID (b)(6)] with the LRN conducting the testing.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Y/ Demographic information: age, sex assigned at birth, gender, sexual orientation, and state of residence
- Y/ Known co-infections? If yes, please specify and include date of diagnosis.
- Y/ Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Y/ Is this individual a health care worker exposed at work?
- Y/ Has this individual traveled recently? If so, please provide location and dates of travel.
- Y/ Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on

- Y/ Dry lesion swab specimens
- Y/ Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Y/ Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for preliminary and confirmatory testing

1. Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
2. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
3. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Y/ Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures $\leq -20^{\circ}\text{C}$ is strongly preferred.
- Y/ Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. **Specimens shipped beyond the listed timeframes will be rejected.**

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov. If/when available, please also share the LRN specimen ID(s) associated with specimen(s) tested at an LRN laboratory.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at LRN@cdc.gov.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

Next Steps

Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

You can request a consultation with the CDC Monkeypox Clinical Team if

1. Test results are pending, but the patient with [suspect disease](#)
 - Y/ Has a serious illness requiring hospitalization
 - Y/ Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)
 - Y/ Has an underlying immunosuppressive condition, including HIV
 - Y/ Is <18 years old
 - Y/ Is pregnant

2. Test results are orthopoxvirus positive, and treatment is desired for the patient

3. Test results are orthopoxvirus positive, and PEP is desired for close contacts

For general questions related to [Post-Exposure Prophylaxis \(PEP\)](#) and [Treatment](#), contact the Monkeypox Call Center (poxvirus@cdc.gov).

FOR MORE INFORMATION

[Information for Laboratory Personnel](#)

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[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Julia Petras
CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>

Sent: Wednesday, June 22, 2022 5:36 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Chacreton, Daniel <Daniel.Chacreton@flhealth.gov>; Gunke, Megan (CDC flhealth.gov) <megan.gumke@flhealth.gov>

Subject: Need CDC IDs-Confidential

Sensitivity: Confidential

You've received an encrypted message from Danielle.Stanek@flhealth.gov

To view your message

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: poxvirus@cdc.gov

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

 Message encryption by Microsoft Office 365



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I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

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I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: Poxvirus (CDC)
Sent: Tue, 28 Jun 2022 01:57:53 +0000
To: Sandhu, Kayleigh (DPH); Poxvirus (CDC)
Cc: Fowle, Leslie P (DPH); Hopkins, Brandi (DPH)
Subject: CDC monkeypox case consultation, suspect case [CDC case ID (b)(6)]
Attachments: Photo Release Form.pdf

Dear Kayleigh Sandhu,

Thank you for contacting the Monkeypox Call Center. This individual is currently considered a **suspect case** [case ID (b)(6)]. Please pursue the recommended preliminary testing at the LRN using the guidance below. Please share [case (b)(6)] with the LRN conducting the testing.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation, and state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

LABORATORY SPECIMEN COLLECTION & REPORTING

Laboratory Response Network (LRN) laboratories can perform orthopoxvirus testing on specimens collected from the lesions of suspect cases. CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for preliminary and confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection.
- Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.

- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. *Specimens shipped beyond the listed timeframes will be rejected.*

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov. If/when available, please also share the LRN specimen ID(s) associated with specimen(s) tested at an LRN laboratory.

More information about laboratory processes can be found here: [Laboratory Process for Monkeypox Virus \(cdc.gov\)](#)

Questions? Use the [Contact Us](#) feature on the [LRN website](#) or email LRN at LRN@cdc.gov.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases. Treatment is available in cases where there is a high suspicion of monkeypox infection even if the diagnosis is not yet confirmed. Base high suspicion of monkeypox on the [presence of typical lesions or a characteristic clinical presentation](#) and a history of [compatible transmission risk factors](#).

Next Steps

Confirm the diagnosis. Patients awaiting confirmatory test results should isolate in a [healthcare facility](#) or at [home](#).

Report all test results (positive or negative) to CDC at poxvirus@cdc.gov.

You can request a consultation with the CDC Monkeypox Clinical Team if

Test results are pending, but the patient with [suspect disease](#)

Has a serious illness requiring hospitalization

Has a [rash](#) involving sensitive mucosal surfaces (genital, anorectal, oral, ocular)

Has an underlying immunosuppressive condition, including HIV

Is <18 years old

Is pregnant

Test results are orthopoxvirus positive, and treatment is desired for the patient

Test results are orthopoxvirus positive, and PEP is desired for close contacts

For general questions related to [Post-Exposure Prophylaxis \(PEP\)](#) and [Treatment](#), contact the Monkeypox Call Center (poxvirus@cdc.gov).

FOR MORE INFORMATION

[Information for Laboratory Personnel](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,
Sancta St. Cyr
CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Sandhu, Kayleigh (DPH) <kayleigh.sandhu@state.ma.us>
Sent: Monday, June 27, 2022 9:00 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Fowle, Leslie P (DPH) <leslie.p.fowle@state.ma.us>; Hopkins, Brandi (DPH) <brandi.hopkins@state.ma.us>
Subject: Presumptive Positive Case Massachusetts
Importance: High

Hello,

Please see below for information on a presumptive positive case in MA, we are seeking a CDC CaseID.

Age: (b)(6)
Gender: (b)(6)
MSM (b)(6)

Date of symptom onset and date of rash onset if different: 06/25/2022 for both.

Thank you,

Kayleigh

Kayleigh Sandhu, MPH (*she, her, hers*)
Epidemiologist II
Internship Program and Training Coordinator
Division of Epidemiology
Bureau of Infectious Disease and Laboratory Sciences
Massachusetts Department of Public Health
(617) 983 – 6800 | 7 (617) 983 – 6813

General Photo Release

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Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

From: PHPR.SNS
Sent: Fri, 22 Jul 2022 20:32:13 +0000
To: Poxvirus (CDC)
Cc: Hernandez, Lynn; Williams, Jeanne F; Cameron, Lisa M;
Angela.Lee@mecklenburgcountync.gov; Ricketts, Erin K; Davis, Timothy; Goodwin, Dawn (CDC
dhhs.nc.gov); Leggett, Ashley P; PHPR.SNS; Filardo, Thomas (Dan) (CDC/DDID/NCHHSTP/DTE)
Subject: Completed Jynneos IND for Pediatric Patient in Mecklenburg County, NC
Attachments: INDJynneos1.pdf
Categories: answered

Good afternoon.

Attached is the completed IND paperwork for the pediatric patient, KW, in Mecklenburg County, NC that needs Jynneos vaccine. The body of the email that accompanied the attachment is below. Please acknowledge receipt of this email and advise us on next steps.

Best,

Dawn Goodwin

Good afternoon,

Here is the IND paperwork on the first contact to the monkeypox case.
I saw mom in the office today. The baby had very high level of high risk contact with the case. Mom has signed the consent in person with me already, Jeanne. (included in attachment).

Thanks all,



Lynn J. Hernandez, MD
Deputy Medical Director
Department of Public Health
Mecklenburg County Government
980-216-0650 | [MeckNC.Gov](#)



Dawn Goodwin, Pharm.D., R.Ph.
Central Regional Pharmacist
Division of Public Health, [Public Health Preparedness and Response Branch](#)
[NC Department of Health and Human Services](#)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](#).

Mobile: 919-210-3186

dawn.goodwin@dhhs.nc.gov

PHP&R 24/7 On-Call: 1-888-820-0520 (For Public Health Emergencies ONLY)

NC DHHS COVID-19 Therapeutics Support: Therapeutics.COVID19@dhhs.nc.gov

225 N. McDowell Street, Cooper Building
1902 Mail Service Center
Raleigh, NC 27699-1900



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**Individual Patient Expanded Access
Investigational New Drug Application (IND)**
(Title 21, Code of Federal Regulations (CFR) Part 312)

Form Approved: OMB No. 0910-0814

Expiration Date: May 31, 2022

See PRA Statement on last page.

| | | |
|---|---------------------------|---|
| 1. Patient's Initials (b)(6) | | 2. Date of Submission (mm/dd/yyyy) 07/22/2022 |
| 3. Type of Submission NOTE: Checking box 3a or 3b will "turn on" ONLY the fields that must be completed. | | |
| 3.a. Initial Submission | 3.b. Follow-Up Submission | Investigational Drug Name <i>Jynneos vaccine</i> |
| 4. Clinical Information Indication Post-exposure prophylaxis (PEP) against monkeypox (MPX) - use of Jynneos in a child Brief Clinical History (Patient's age, gender, weight, allergies, diagnosis, prior therapy, response to prior therapy, reason for request, including an explanation of why the patient lacks other therapeutic options) Child's information: (b)(6) weight approx. (b)(6) no pre-existing conditions, household contact to monkeypox case. Had skin-to-skin contact with index case and had diaper changed by index case. Staying in household with index case for last 8 days, last skin-to-skin contact 07/20/22. Index case information: laboratory confirmed monkeypox, caregiver to child, symptom onset 07/15/22, date of diagnosis 07/20/22, lesions on face, genitals, and extremities. Jynneos was determined as the better PEP option compared to ACAM2000 that is replication-competent with potential risk of auto-inoculation & accidental inoculation of household contacts. Currently, antiviral (tecovirimat) is recommended for treatment but not for PEP of MPX given the limited clinical experience in OPXV-infected individuals and its approval for smallpox treatment based on animal efficacy data, which has its own set of uncertainties and risks. | | |
| 5. Treatment Information Investigational Drug Name Jynneos for use in a child for PEP of MPX Name of the entity that will supply the drug (generally the manufacturer) stockpiled Jynneos from the Strategic National Stockpile FDA Review Division (if known) Division of Vaccines and Related Product Applications Treatment Plan (Including the dose, route and schedule of administration, planned duration, and monitoring procedures. Also include modifications to the treatment plan in the event of toxicity.) Jynneos vaccine: 2 doses of 0.5 mL SQ 4 weeks apart. Monitoring: The patient will be monitored for a minimum of 30 minutes post each vaccination for immediate adverse reactions. The vaccinee will be periodically followed-up by phone, televisit, or in person to assess any serious adverse events, medically attended adverse events and adverse events of special interest (e.g. cardiac related events, symptoms consistent with monkeypox) occurring after the vaccination through 4 weeks after the last vaccination. The parent/guardian of the vaccinee will be advised to report any suspected adverse reactions to their vaccination provider and VAERS. | | |

6. Letter of Authorization (LOA), if applicable (generally obtained from the manufacturer of the drug)

I have attached the LOA. (Attach the LOA; if electronic, use normal PDF functions for file attachments.)

Note: If there is no LOA, consult the Form Instructions.

7. Physician's Qualification Statement (including medical school attended, year of graduation, medical specialty, state medical license number, current employment, and job title. Alternatively, attach the first few pages of physician's curriculum vitae (CV), provided they contain this information. If attaching the CV electronically, use normal PDF functions for file attachments.)

CV included

8. Physician Name, Address, and Contact Information

Physician Name (Sponsor)

(b)(6)

Email Address of Physician

Address 1 (Street address, No P.O. boxes)

(b)(6)

(b)(6)

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

(b)(6)

State

NC

Telephone Number of Physician

(b)(6)

ZIP Code

(b)(6)

Faxsimile (FAX) Number of Physician

(b)(6)

9. Contents of Submission

This submission contains the following materials, which are attached to this form (select all that apply). If none of the following apply to the follow-up communications, use Form FDA 1571 for your submission.

- | | |
|---|--|
| <input type="checkbox"/> Initial Written IND Safety Report | <input type="checkbox"/> Change in Treatment Plan |
| <input type="checkbox"/> Follow-up to a Written IND Safety Report | <input type="checkbox"/> General Correspondence |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Response to FDA Request for Information |
| <input type="checkbox"/> Summary of Expanded Access Use (treatment completed) | <input type="checkbox"/> Response to Clinical Hold |

10.a. Request for Authorization to Use Form FDA 3926

I request authorization to submit this Form FDA 3926 to comply with FDA's requirements for an individual patient expanded access IND.

10.b. Request for Authorization to Use Alternative IRB Review Procedures

I request authorization to obtain concurrence by the Institutional Review Board (IRB) chairperson or by a designated IRB member, before the treatment use begins, in order to comply with FDA's requirements for IRB review and approval. This concurrence would be in lieu of review and approval at a convened IRB meeting at which a majority of the members are present.

11. Certification Statement: I will not begin treatment until 30 days after FDA's receipt of a completed application and all required materials unless I receive earlier notification from FDA that treatment may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold. I also certify that I will obtain informed consent, and that an Institutional Review Board (IRB) will be responsible for initial and continuing review and approval of this treatment use, consistent with applicable FDA requirements. I understand that in the case of an emergency request, treatment may begin without prior IRB approval, provided the IRB is notified of the emergency treatment within 5 working days of treatment. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.

WARNING: A willfully false statement is a criminal offense (U.S.C. Title 18, Sec. 1001).

Signature of Physician

(b)(6)

Date

07/22/2022

To enable the signature
which have not yet been

For FDA Use Only

Date of FDA Receipt

Is this an emergency individual patient IND?

IND Number

Yes No

Is this indication for a rare disease (prevalence < 200,000 in the U.S.)?

Yes No

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 45 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

Informed Consent/Parental Permission Form
Emergency Use of Jynneos Vaccine in Children to Prevent Infection from Poxviruses

Jynneos vaccine is being offered for your child under a single-patient, emergency Investigational New Drug (IND) use (also known as “compassionate use”), authorized by the Food and Drug Administration (FDA). Your child has or may have been exposed to a poxvirus such as monkeypox virus. Please read this consent form carefully and ask any questions you/your child may have. If you choose for your child to get Jynneos, you will be asked to sign this consent form. You will receive a copy of the signed consent form to keep.

What are poxviruses?

Poxviruses are a family of viruses that can cause serious diseases such as smallpox, monkeypox and cowpox. These viruses can cause serious illnesses in people. Poxviruses can spread from animals to humans and sometimes from one person to another. Monkeypox (MPX) causes fever, headache, backache, and swollen lymph nodes, followed by a blister-like rash in humans. Other symptoms may develop before the rash appears which may spread and become raised bumps and pus-filled blisters (called lesions). They usually crust, scab, and fall off after about 2-4 weeks, leaving a pitted scar.

What is Jynneos vaccine?

Jynneos (also known as Imvamune, Imvanex, MVA-BN) is a FDA-approved vaccine for the prevention of smallpox and MPX in high-risk adults (≥ 18 years of age). It can be given after being exposed to the virus, known as post-exposure prophylaxis (PEP), or in adults at high risk of occupational exposure to the virus, known as pre-exposure prophylaxis (PrEP). It is currently the only FDA-approved vaccine for the prevention of MPX. It works by causing your immune system to produce its own protection (antibodies) against the virus. Although a live vaccine, Jynneos is different from traditional smallpox vaccines such as ACAM2000. Jynneos is made with a virus that is not able to spread to other parts of the body or other people (including close contacts). It can be used for vaccination in people with certain immune deficiencies or conditions.

Because the vaccine is not approved for children (< 18 years), the vaccine is being provided under a single-patient, emergency use and requires informed consent/parental permission.

Why is Jynneos vaccine being offered?

Your child may have been exposed to MPX virus, or your child may be at high risk for exposure to the MPX virus. Jynneos vaccine may help to prevent MPX in children who may come into contact or have been in contact with someone who has MPX or may have been exposed to MPX virus.

What are the benefits?

We do not know for certain if your child will benefit from Jynneos. The vaccine may help protect children from getting MPX. Adults who received Jynneos were not considered protected until 2 weeks after the second dose.

What happens if I choose for my child to receive Jynneos?

If you choose for your child to be vaccinated under this program, they will get the vaccine to reduce their risk of MPX infection. However, it is very important for you to know the risks and benefits of the vaccine and ask questions of your healthcare provider for any concerns you may have.

Pre-exposure Prophylaxis (PrEP)

Jynneos can be given to children at high risk for potential exposure to MPX virus **before** an exposure to an infected person or animal occurs. This would be done to help prevent illness if an exposure were to happen. The vaccination is given as **two doses given 4 weeks apart** (one dose at week 0 and a second dose at week 4). It is not known whether Jynneos can protect your child against monkeypox before the two dose series is complete.

Post-exposure Prophylaxis (PEP)

Jynneos can be given to children **after** an exposure to an infected person or animal with MPX. It may help prevent your child from disease or make it less severe. The vaccination is given as **two doses given 4 weeks apart**. The ability of Jynneos to be able to protect your child after they have been exposed to MPX virus is unknown.

How is Jynneos vaccine given?

Your child will receive an injection under the skin (not in muscle), preferably in the upper arm. Children less than 1 year of age will receive the vaccination under the skin on their thigh muscle.

Your child will be monitored for about 30 minutes after the vaccination to make sure there are no side effects. You should report any side effects to your healthcare provider as soon as possible, including after your return home and in the following weeks.

Children will need to return **4 weeks after the first dose to receive their second and final dose of Jynneos vaccine.**

What are the risks/side effects of Jynneos?

Information on side effects is from healthy adults with and without previous history of smallpox vaccination. Most commonly reported side effects include:

- pain, redness, discoloration, swelling, hardening, bruising, small bump, or itching at shot site
- headache
- fever
- muscle pain
- tiredness
- extremity pain
- chills
- joint pain
- nausea
- change in appetite

The number of side effects among adults with HIV infection and adults with atopic dermatitis was similar to those observed in healthy adults. Therefore, it may be reasonable to anticipate similar side effects among children.

A list of side effects can also be found in the [Jynneos Package Insert](#).

If your child experiences serious side effects, please contact your healthcare provider as soon as possible. You can also report any side effects online at <https://vaers.hhs.gov/reportevent.html>.

Who should not get Jynneos?

If your child has not been exposed to MPX and is not at risk of becoming ill with MPX, or your child is not at high-risk of possible exposure to MPX, they may not need Jynneos. Speak to your healthcare provider if they have a fever, allergy to egg or chicken proteins, allergy to antibiotics such as gentamicin or ciprofloxacin, or tromethamine). Children with weak immune systems, including those receiving immunosuppressive therapy, can receive Jynneos, but may have a weaker immune response to the vaccine.

What other choices do I have instead of Jynneos?

Another vaccine, ACAM2000, is FDA-approved to prevent smallpox disease for persons at high risk for smallpox infection including children and adults. ACAM2000 is also available under a CDC-sponsored expanded access IND protocol for PEP use of ACAM2000 for MPX in adults and children. ACAM2000 is effective at protecting people against poxvirus when given before your child is in contact with another person or animal that has a poxvirus infection. Vaccination with ACAM2000 after exposure to MPXV may help prevent your child from disease or make it less severe. Because ACAM2000 vaccine virus is a live virus that replicates, it can spread to other parts of the body and to other people if you do not care for the vaccination site properly. If the virus is spread to someone with health problems, it can cause serious illness. Additionally, some people with

skin or immune system problems may have uncontrolled spread of the vaccine virus to other parts of their body. Some people have experienced serious heart problems after vaccination with ACAM2000. Talk to your healthcare provider if you have questions about which vaccine may be right for your child.

If your child has been exposed to a person or animal with MPX, you should closely monitor them for any symptoms of MPX such as fever, muscle aches, headache, and rash. If they develop MPX symptoms or symptoms that are concerning to you, you should seek medical care and isolate them from others. There are no FDA-approved drugs to treat MPX. Two drugs are FDA-approved for treatment of smallpox (tecovirimat and brincidofovir). Although they don't have an FDA-approval for MPX, tecovirimat is available under a CDC-held expanded access IND protocol (compassionate use) to treat monkeypox. Vaccinia Immune Globulin Intravenous (VIGIV) is approved by FDA for treatment of complications from smallpox vaccine. Use of VIGIV for treatment of MPX is also available under a CDC-held expanded access IND protocol. You should talk to your healthcare provider about any questions you may have on treatment options that may be available.

What if I decide for my child not to get vaccinated with Jynneos?

It is your choice for your child to be vaccinated or not. You can decide for your child not to continue the vaccine dose series at any time. However, one dose of vaccine is not expected to provide protection. If you do not want your child to be vaccinated against MPX and they are exposed to the MPX virus, they might develop MPX that may lead to serious illness. Your child should avoid contact with anyone who has MPX.

What if my child is pregnant, breastfeeding or may become pregnant?

Jynneos may involve risks to pregnant people or to the embryo or fetus of a person who may become pregnant. There is not enough data on the safety of Jynneos in pregnant persons. It is not known whether Jynneos is excreted in human milk or what the impact of Jynneos is on milk production. Talk to your healthcare provider if your child is pregnant or breastfeeding to decide whether they should receive Jynneos.

What are the costs?

Jynneos is provided at no cost. Choosing to get the vaccine should not affect any health insurance that you have. This includes private insurance, Medicare, or Medicaid you use for routine medical costs not related to this program.

What about my privacy?

We will keep all facts about you and your child private to the extent allowed by applicable law. People who work for CDC, FDA, U.S. Department of Health and Human Services, local/state health authorities, and the vaccine manufacturer, may look at your child's information related to Jynneos administration, including their name and personal information, to ensure and monitor the appropriate and safe use of Jynneos. If this information is shared with anyone else, your and your child's name and personal information will not be used or listed. This includes reports or any publications such as articles in scientific journals. We may contact you using the contact information you provided to follow-up with you on how your child is doing.

What if your child is harmed or have problems or questions?

If your child is harmed as a result of being in this program, they will be treated. You or your insurer, Medicare, or Medicaid will have to pay for their care. If you have questions or feel your child was harmed as a result of participation in this program, please contact your healthcare provider who administered the vaccine.

Name of Healthcare Provider:

(b)(6)

Phone #:

(b)(6)

Written Informed Consent:

I have read this form, or it has been read to me. I have had a chance to ask questions and they were answered. I agree for my child to get Jynneos vaccine. I have been given a copy of this consent form. I have been told that I and my child will not lose any legal rights by being in this program.

| | | | | |
|--------|---|----|--------|--|
| (b)(6) | Child's Name (Printed) | // | (b)(6) | Child's Date of Birth (mm/dd/yy) |
| (b)(6) | /Parent/Legal Guardian's Name (Printed) | | (b)(6) | Signature of Parent/Legal |
| (b)(6) | Printed Name of Person Conducting Consent Interview | | (b)(6) | Signature of Person Conducting Consent Interview |
| | | | | 07/22/2022 |
| | | | | Date |
| | | | | 07/22/2022 |
| | | | | Date |

Translator Documentation (if applicable)

Translator to document if informed consent process was given in another language other than English.

Name of Translator

Language

Signature of Translator

Date

From: Mann, Erin K (DPH)
Sent: Tue, 21 Jun 2022 22:56:46 +0000
To: Poxvirus (CDC)
Cc: Jacoboski, Juliana A (DPH)
Subject: Confidential: Presumptive Positive Cases of Monkeypox in MA
Categories: Dallas

Hello,

Two new cases of monkeypox to report:

CASE 1

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: no symptoms other than rash, rash onset was ~6/14/2022

CASE 2

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset/rash onset: ~6/20/2022

Erin Mann, MPH | Epidemiologist
Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Division of Epidemiology
305 South St. | Jamaica Plain, MA 02130
(: (617) 983-6800 | 7: (617) 983-4305

From: Poxvirus (CDC)
Sent: Sun, 29 May 2022 23:46:32 +0000
To: Smole, Sandra (DPH); 'catherine.brown@state.ma.us'
Cc: Poxvirus (CDC)
Subject: Final report 2022-003
Attachments: 2022-003.pdf

Attached is the final report concerning monkeypox testing performed here at CDC. Please forward a copy to the provider as no point of contact was listed on the paperwork. The file password will follow in a separate email.

Let me know if you have any questions.

Whitni

Whitni Davidson, MPH
Poxvirus and Rabies Branch

From: Poxvirus (CDC)
Sent: Sun, 29 May 2022 23:53:31 +0000
To: DLBPHL_CDCReports@flhealth.gov; Stanek, Danielle (CDC flhealth.gov)
Cc: Poxvirus (CDC)
Subject: Final reports 2022-005 and 2022-006
Attachments: 2022-005.pdf, 2022-006.pdf

Attached you'll find the final reports concerning monkeypox testing performed here at CDC. Please forward a copy to the provider as no point of contact was provided on the paperwork. The file passwords will follow in a separate email.

Let me know if you have any questions.

Whitni

Whitni Davidson, MPH
Poxvirus and Rabies Branch

From: Troelstrup, Thomas
Sent: Thu, 14 Jul 2022 18:31:49 +0000
To: CDC IMS 2022 Multi-National MPX Informatics; Poxvirus (CDC)
Subject: Florida data
Importance: High

Good afternoon,

The data for Florida on the CDC's website is currently showing 72 cases. Florida currently has 139 cases as of 7/13/2022.

Please let me know if you need anything else.

Thomas C. Troelstrup, MPH

Section Administrator
Surveillance Section | Bureau of Epidemiology
Division of Disease Control and Health Protection
Florida Department of Health

4025 Esplanade Way, Room 240T (physical)
Tallahassee, FL 32311

(O) Phone: (850) 901-6802
(M) Phone: (850) 519-3427

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Green, Jamilla (CDC/DDPHSIS/CPR/DSLR) <gwg7@cdc.gov>
Sent: Thursday, July 14, 2022 9:20 AM
To: Blackmore, Carina <Carina.Blackmore@flhealth.gov>; Doyle, Tim <Tim.Doyle@flhealth.gov>; Bendle, Thomas M <Thomas.Bendle@flhealth.gov>; Bass, Leah <Leah.Bass@flhealth.gov>; Anspaugh-Naples, Stephanie <Stephanie.Anspaugh-Naples@flhealth.gov>
Cc: CDC IMS 2019 NCOV Response Health Dept Liaison Unit (CDC) <eocevent375@cdc.gov>
Subject: [FL]: 2B ALLOCATION FOR JURISDICTIONS
Importance: High

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Good morning, Florida Health Partners,

Thank you for your collaboration and partnership on the monkeypox emergency response. While the timeline is not yet final, we are pleased to share that the Phase 2B allocations will be coming very soon. To assure the greatest equity in allocation of the available vaccine doses in Phase 2B, we

anticipate that CDC will use case counts submitted to CDC by jurisdictions **by Friday, July 15 at 2 pm** to determine the allocations.

- We would like you to continue to share data with CDC as routinely done by your jurisdiction.
- To minimize any discrepancies in numbers used for the allocations, please review CDC's [website](#) for the latest monkeypox case count to ensure our case counts are consistent with your jurisdiction's counts.
- We would encourage you to check your case counts against those reported on the CDC [website](#) by today (Thursday, July 14) at 5 PM to ensure that your numbers before that time are aligning with what is reflected on the CDC website.
- If you identify discrepancies between your system and the CDC Website, please email EOCEVENT570@cdc.gov and Poxvirus@cdc.gov and we will work with you to address the discrepancies.
- For additional questions, please contact your STLT Task Force health department liaison (add name/email) .

Thank you,

Jamilla

Jamilla Green, DrPH, MPH, CPH
Public Health Advisor
Team Lead, Regions 4 & 6
Health Department Liaison Officer (FL & KY)
State, Tribal, Local, and Territorial Support Task Force
2022 Multinational Monkeypox and COVID-19 Emergency Responses
Centers for Disease Control and Prevention
Phone: Cell (678) 575-8410
Personal inbox: gwg7@cdc.gov
Functional inbox: eocevent375@cdc.gov

From: Newman, Alexandra P (HEALTH)
Sent: Wed, 29 Jun 2022 15:27:53 +0000
To: Poxvirus (CDC)
Subject: FW: CDC confirmation of probable monkeypox case
Categories: Dshi

(b)(6)

(b)(6) is a NYC case. They have been made aware.

From: Newman, Alexandra P (HEALTH)
Sent: Wednesday, June 29, 2022 8:55 AM
To: Haena Waechter <hwaechte@health.nyc.gov>; Sudha Reddy - NYC DOHMH <vreddy@health.nyc.gov> <vreddy@health.nyc.gov>; Ellen Lee <eleee4@health.nyc.gov>
Subject: RE: CDC confirmation of probable monkeypox case

(b)(6)

- 44 yo M has case ID (b)(6) – currently listed as (b)(6) – but may be a NYC case.
(b)(6) trying to determine usual residence

This was the case tested at PHL yesterday. We will let you know.

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 28, 2022 6:13 PM
To: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Haena Waechter <hwaechte@health.nyc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: CDC confirmation of probable monkeypox case

(b)(6)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Dear Andie,

Thank you for notifying us of these OPX+ samples. These individuals are now considered **probable monkeypox cases**.

- (b)(6) has case ID (b)(6)
- (b)(6) has case ID (b)(6)

We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts tomorrow at 5pm EDT.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: gender, sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

A shortened case report form, which will capture the information requested in this email, is in the process of being finalized. Soon, we will only ask for age, sex, and state ID for positive cases via email.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (*must be received by CDC within 7 days of collection*)
- Lesion crusts (*must be received by CDC within 7 days of collection*)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice.
Specimens received outside of acceptable temperature ranges will be rejected.
-

Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

- Lesion swabs in viral transport media and lesion crusts
must be received by CDC within 7 days of collection.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC](#)

[50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter CDC case ID in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) within 1 week.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see:

[Monitoring](#)

[People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding

[CDC](#)

[Quarantine Station](#) as per standard reporting processes.

Please include the CDC Case ID # in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.

State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease

(e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team

on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see:
[Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see:

[Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Lauren

CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Tuesday, June 28, 2022 3:27 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Haena Waechter <hwaechte@health.nyc.gov>
Subject: 2 new cases for NYS

Good evening –

We have 2 new cases to report from NYS.

- (b)(6) tested at Wadsworth Center
- Also, accession number (b)(6) (b)(6) were tested at the NYC lab, but the case resides in (b)(6) outside of NYC.

-a

Andie Newman, DVM, MPH, DACVPM
State Public Health Veterinarian

New York State Department of Health
Bureau of Communicable Disease Control
Corning Tower Room 651
Empire State Plaza
Albany, NY 12237
518-473-4439 (office)
518-527-7361 (cell)

866-881-2809 (after hours)
518-474-7381 (fax)
alexandra.newman@health.ny.gov
<http://health.ny.gov>

From: Poxvirus (CDC)
Sent: Tue, 14 Jun 2022 15:32:43 +0000
To: Poxvirus (CDC)
Cc: Backenson, Bryon (CDC health.ny.gov); Alroy, Karen (CDC health.nyc.gov)
Subject: FW: CDC confirmation of probable monkeypox case (b)(6)

For your awareness we will be assigning 4 OPX+ CDC case IDs from NYC OPX+ cases to NY today. We are waiting on CDC leadership to determine how to assign the two MA and CA cases.

Ahlia MonkeyPox Call Center

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 14, 2022 11:24 AM
To: Alroy, Karen (CDC health.nyc.gov) <kalroy@health.nyc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Ruiz, Victoria (CDC health.nyc.gov) <vruiz@health.nyc.gov>; Reddy, Sudha (CDC health.nyc.gov) <vreddy@health.nyc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: CDC confirmation of probable monkeypox case (b)(6)

Dear Karen,

Thank you for notifying us of this OPX+ sample. This individual (**Maven ID:** (b)(6)) is now considered a **probable monkeypox case Case ID:** (b)(6). We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts today at 5pm EST.

If available, we are asking for the following information about this probable case. I can call if preferred over sending an encrypted email:

- Demographic information:
- Clinical information: fever (onset date), lymphadenopathy (onset date), and first prodromal monkeypox symptom (onset date).
- Are there any photos of the patient's rash? If so, please send to poxvirus@cdc.gov.

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:
 - a. Collect multiple specimens for preliminary and confirmatory testing as follows:

- i.More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
 - ii.Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
 - iii.Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
 - iv.Do not add or store in viral or universal transport media.
- b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
 - i.CDC can only test dry swabs, no transport media added.
 - ii.Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
 - iii.Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
 - iv.Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
 - v.Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter **CDC Case ID** (b)(6) in the "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE

Atlanta, GA 30329
404-639-4129

2. Please complete the Case Report Form (CRF) at the following link within 1 week:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox (eocevent570@cdc.gov).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

For antiviral requests: State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

For PEP requests: State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,
Ahlia

CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Karen A. Alroy <kalroy@health.nyc.gov>
Sent: Tuesday, June 14, 2022 10:53 AM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <epcevent482@cdc.gov>
Cc: Ruiz, Victoria (CDC health.nyc.gov) <yruiz@health.nyc.gov>; Reddy, Sudha (CDC health.nyc.gov) <yreddy@health.nyc.gov>
Subject: Presumptive positive MPX tests at NYC DOHMH

Dear CDC Colleagues,

We wanted to report 6 PUIs that have tested positive for orthopoxvirus at the NYC Public Health laboratory. Two of these individuals reside in other jurisdictions and we are in the process of doing those notifications. Please, if possible, share with us the assigned CDC ID you'd like us to use for each of these individuals.

Many thanks,

Karen

Maven ID: (b)(6)

PHL IDs: (b)(6)

CDC ID: Not Provided

Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus*

**The report for specimen (b)(6) will be released tonight, but the report for (b)(6) will be released tomorrow.*

(b)(6) 1 month ago, presented conjunctivitis and fever to ophthalmologist, diagnosed as gonorrhea and treated with ceftriazone and doxy. 6/2, developed rash and seen by ID physician. No fever, conjunctivitis was not improved, three lesion on arms, deep seated, pustular in nature and ulceration on the scrotum. HSV and VZV-negative. (b)(6) Received second course of ceftriaxone. CD4 dropped to 282 (last time check- 540). 6/8, patient reported that more rash on the back. ID physician saw (b)(6) again on 6/9, two lesions on the arm since last week, two new vesicular lesions on back and two vesicular lesions on the face. No travel history. Have 4 stable male partners. Had sexual and close contact with multiple men recently. As far as (b)(6) know, none of them were ill or had travel h/o. But some of the contacts, (b)(6) did not know them well. (b)(6)

Maven ID: (b)(6)

PHL IDs: (b)(6)

CDC ID: Not Provided

Result:

Specimen (b)(6) right arm): presumptive positive identification of non-variola orthopoxvirus

Specimen (b)(6) (left arm): negative for all analytes

Patient and his partner (CDC ID: (b)(6)) were at (b)(6) in Chicago 2 weeks ago (5/27/22-5/29/22). Patient reports (b)(6) and his partner had sexual contact over that weekend with other conference attendees which included a couple from Belgium who had also recently visited Circuit Party in Amsterdam. No recent travel of patient or (b)(6) main partner outside of the US. They returned to NYC and the partner presented to a medical provider for evaluation of penile ulceration and marked cervical and inguinal adenopathy. Partner was treated for presumptive Primary Syphilis; and this patient was also treated as an asymptomatic contact to syphilis (their syphilis serologic results are pending). Partner returned to (b)(6) and the patient remained here in NYC. The patient reports that over the last 24 hours around 6/9 (b)(6) developed multiple non-pruritic, minimally-tender pustules on face and forearms as well as "bumps"/swelling at anus along with tenesmus (anal GC/Chlamydia testing pending). (b)(6) reports fatigue but no other systemic symptoms. Patient reports that (b)(6) partner has been noticing new skin lesions and unspecified systemic symptoms since being evaluated which include pustules on genitals and arms, moist lesions on oral mucous membranes.

Maven ID: (b)(6)

PHL IDs: (b)(6)

CDC ID: Not Provided

Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus

(b)(6)

presented on 6/9 with one week of body aches, sore throat, cough, low grade fever to 100.4, inguinal LAD. Several sexual partners in the last month, last exposure was several weeks ago – condomless anal insertive/receptive. Today (6/9), developed pustules (1cm) on arms/hands/calf/groin, as well as anal rash. No recent travel, in regards to health or travel history of partner(s) – unknown. Isolating at home, lives with others in the apartment, unclear if he is in his own room.

Maven ID

(b)(6)

PHL IDs

(b)(6)

CDC ID: Not Provided

Result: Presumptive positive identification of non-variola orthopoxvirus

(b)(6) with 5 days of perirectal pain and fever. Has seen several MDs and has been negative for herpes and syphilis. Reports anal receptive sexual encounter over Memorial Day weekend with a man from the (b)(6). Has fever to 101F, fatigue, myalgia and pain. Living situation not known. PUI has anal sores since 06/04, followed by fever, chills, myalgia, rectal pain (10/10) & Itchy, constipation, bright red/pink mucous during defecation. PUI also mentioned tongue ulcer since 06/04 which (b)(6) considered is "stress" related. PUI lives alone in 1B1B apartment, no travel plan (b)(6) has two sexual partners from 05/20 and 05/27 respectively, known via Grindr. The one from 05/27 is from (b)(6) arrived at around 05/25). PUI have no further contact with them and is unknown their infectious status.

Maven ID

(b)(6)

PHL IDs

(b)(6)

CDC ID: Not Provided

Result:

Specimen (b)(6) (left neck): presumptive positive identification of non-variola orthopoxvirus

Specimen (b)(6) (right wrist): Negative for non-variola orthopox and orthopox, inconclusive for VZV**

**The report for this specimen (b)(6) will not be released until tomorrow, but the report for (b)(6) will be released tonight.

(b)(6) with fever, chills and myalgia for 5days, rash for 2days presented 6/13. Rash on the face, near the eyes, abdomen and chest pustular from day 1, no crusts, one umbilicated lesion cervical lymph nodes enlarged and tender, inguinal lymph nodes tender, patient is MSM, last sexual encounter 3-4wks ago with only one anonymous partner. This is a (b)(6) resident, and we are in the process of doing the notification to our colleagues in that jurisdiction.

Maven ID:

(b)(6)

PHL IDs

(b)(6)

CDC ID: Not Provided

Result: For both specimens, presumptive positive identification of non-variola orthopoxvirus

Patient had (b)(6) home address but currently in NY, plans to be here for a month. Was recently in Mexico and a week ago Friday attended a dance party at Mantamar Beach Club in Puerto Vallarta, recently in the news for being associated with a monkeypox outbreak. Had multiple anonymous sex partners that day. The following Thursday (b)(6) had fever, chills, body aches, fatigue which have since resolved, but that same Thursday (b)(6) also noticed a blister on his arm and then the next day blisters around his anus. Since then has also noticed scattered blisters on face, hairline, behind R ear, back on neck on L, L shoulder. Rash is itchy, painful; some of his skin itches even without rash. Defecation is painful (b)(6) thinks due to the blisters. Rash currently consists of 'blisters' and pustules, some with a little black dot at the center, and some scab-like

bumps. No lymphadenopathy. No hx of immunocompromising conditions. Currently living alone, no new sexual partners since becoming ill. Was with (b)(6) sister and niece since returning from Mexico but before (b)(6) felt sick.
This is a (b)(6) resident, and we are in the process of doing the notification to our colleagues in that jurisdiction.

Karen Ann Alroy, DVM MPH DACVPM | She/Her/Hers
Medical Epidemiologist
Bureau of Communicable Diseases
New York City Department of Health & Mental Hygiene
Desk. 347.396.2917
Mobile. 917.675.2811
kalroy@health.nyc.gov

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From: Ethier, Shannon M (HEALTH)
Sent: Mon, 18 Jul 2022 21:11:17 +0000
To: CDC IMS 2022 Multi-National MPX Vaccine; Poxvirus (CDC); Monkeypox Vaccine Ordering (HHS/ASPR)
Subject: FW: NYS phase 2b allocation
Categories: FYI

Please the question below. NYS is ready to place our Phase 2b Jynneos vaccine allocation order but need an answer to the below.

If NYS wishes to provide a subset of our phase 2b allocation to NYC, could that quantity be shipped direct to NYC with their allocation for phase 2b and allow NYS to maintain 5 additional ship to locations outside of NYC?

Thank you!

Shannon M. Ethier, MSW
Deputy Director, Office of Health Emergency Preparedness

New York State Department of Health
800 N Pearl Street
Menands, NY 12204
(518) 474-2893 (w) | (518) 858-5905 (c) | shannon.ethier@health.ny.gov

www.health.ny.gov

From: Ethier, Shannon M (HEALTH)
Sent: Monday, July 18, 2022 4:40 PM
To: Monkeypox Vaccine Ordering (HHS/ASPR) <MPX.Ordering@hhs.gov>
Subject: NYS phase 2b allocation

I have a question around the phase 2b allocation for NYS—if NYS wished to provide a portion of our allocation to NYC, could that be distributed direct to NYC and NYS still be allowed 5 different ship to locations outside of NYC? Please let me know our options.

Get [Outlook for iOS](#)

From: Poxvirus (CDC)
Sent: Mon, 18 Jul 2022 21:59:02 +0000
To: ashley.wardpeluso@dhhs.nc.gov
Cc: Poxvirus (CDC)
Subject: FW: [External] Re: VAC Form Question
Categories: answered

Good evening Ashley,

Please see response from our SME:

1. How do providers receive this form (e.g. CDC emails LHD vaccine contact directly, form comes with the vaccine shipment, etc.)? Is state MCM responsible for distribution of the blank form to administering providers and collecting forms weekly for CDC reporting? **The Jynneos Vaccine Accountability Form is provided when vaccine is sent from SNS to the POCs included on the initial vaccine request made to SNS.** If vaccine is further distributed, we ask that the distributing entity please be sure to include a copy of the Jynneos Vaccine Accountability Form for the vaccine administrator to complete. The vaccine administrator can then provide the form directly to CDC at regaffairs@cdc.gov.
2. Is PHI information (e.g. name) required? Is recipient PHI required for vaccine administration reporting to CDC? Top section of the form includes instructions to ask the recipient if they are willing to participate in a CDC survey using their PHI. (Please ask if the vaccinees agree to providing CDC their name and contact information for receiving vaccine survey(s).) Is this section optional or required for reporting? **While it is preferred to obtain this individual-level information to allow for follow-up vaccine surveys, including safety surveys, we understand if a recipient is not willing to provide this information. In these cases, please complete the demographic information that the recipient is willing to provide as well as the remaining fields for accountability purposes.** If the recipient is willing to provide a cell phone number without providing their name, **that would still be helpful to allow for post-vaccination surveys.**
3. If NC is not legally allowed to share information in the form to CDC, should LHDs record the information, but hold the form internally? If individuals do not wish to provide their PHI or if NC is not legally allowed to share with CDC information on the form, LHDs can opt to use the form to record the information or other method for collecting information on vaccinated individuals to record and track individual vaccinees' administration dates, doses administered, and ability to recall individuals for second dose reminders and safety follow-up.
4. Could NC report aggregate data from NCIR as opposed to each site submitting the accountability form? NCIR does not collect the below information and cannot collect d/t legal reasons. **CDC is in the process of finalizing an amendment to the current COVID Data Use Agreement with the jurisdictions that will include monkeypox, with the same elements that are asked to report for COVID vaccination. We expect that data transfer methods will be similar to the methods currently used to communicate COVID vaccine data. So, the fillable PDF Jynneos accountability will be phased out as the transition of reporting methods begin. Until then, we ask that vaccine administrators please complete the Jynneos Vaccine Accountability Form to provide CDC visibility on vaccine used and disposed of, including if data can only be provided as aggregated data. Visibility on the number of vaccinations/individuals vaccinated is important including for assessing adverse events/safety signals.**

From: Ward, Ashley E <ashley.wardpeluso@dhhs.nc.gov>
Sent: Monday, July 11, 2022 4:09 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: FW: [External] Re: VAC Form Question

Please see below. Thanks you- Ashley

From: Parkinson, Elizabeth (OS/ASPR/EMMO) <Elizabeth.Parkinson@hhs.gov>
Sent: Monday, July 11, 2022 3:47 PM
To: Ward, Ashley E <ashley.wardpeluso@dhhs.nc.gov>
Cc: Meadows, Beth <beth.meadows@dhhs.nc.gov>; Holmes, Wendy <wendy.holmes@dhhs.nc.gov>;
Helton, Caroline <caroline.helton@dhhs.nc.gov>; Leggett, Ashley P <ashley.leggett@dhhs.nc.gov>;
Goodwin, Dawn M <dawn.goodwin@dhhs.nc.gov>
Subject: [External] Re: VAC Form Question

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).

North Carolina team,

Unfortunately, I'm going to point you all to poxvirus@cdc.gov for these questions. If you don't get the response you need from them I can pull a direct contact for you but these technical questions are still being worked out by the CDC IM structure at this time so I will redirect to them.

Elizabeth S. Parkinson

HHS/ASPR/EMMO/DFOR (Division of Field Operations and Response)

Elizabeth.Parkinson@hhs.gov | (202)836-3703

From: Ward, Ashley E <ashley.wardpeluso@dhhs.nc.gov>
Sent: Monday, July 11, 2022 3:26 PM
To: Parkinson, Elizabeth (OS/ASPR/EMMO) <Elizabeth.Parkinson@hhs.gov>
Cc: Meadows, Beth <beth.meadows@dhhs.nc.gov>; Holmes, Wendy <wendy.holmes@dhhs.nc.gov>;
Helton, Caroline <caroline.helton@dhhs.nc.gov>; Leggett, Ashley P <ashley.leggett@dhhs.nc.gov>;
Goodwin, Dawn M <dawn.goodwin@dhhs.nc.gov>
Subject: VAC Form Question

Hello Biz,

I am still working on the justification for my earlier question about hub sites. Our Immunization Branch Staff have some questions about the VAC form. Their questions are below. Please let me know if this needs to go to another contact. As always, we appreciate your assistance.

1. How do providers receive this form (e.g. CDC emails LHD vaccine contact directly, form comes with the vaccine shipment, etc.)? Is state MCM responsible for distribution of the blank form to administering providers and collecting forms weekly for CDC reporting?
2. Is PHI information (e.g. name) required? Is recipient PHI required for vaccine administration reporting to CDC? Top section of the form includes instructions to ask the recipient if they are willing to participate in a CDC survey using their PHI. (Please ask if the vaccinees agree to providing CDC their name and contact information for receiving vaccine survey(s).) Is this section optional or required for reporting?
3. If NC is not legally allowed to share information in the form to CDC, should LHDs record the information, but hold the form internally?
4. Could NC report aggregate data from NCIR as opposed to each site submitting the accountability form? NCIR does not collect the below information and cannot collect d/t legal reasons.

| Indicated Use | | Occupational Risk Groups | | Non-occupational Risk Groups | |
|---------------|------|---------------------------------|-------------------|-------------------------------------|-------|
| PEP | PrEP | Healthcare Worker/ Responder | Laboratory Worker | Contact of Confirmed MPX Case | Other |
| | | | | | |

Not a question, but a comment from Immunization Branch: We need to give the LHDs guidance on this as soon as possible, especially if we do not want them to submit (following the instructions on the form).

Thanks,

Ashley Ward Peluso; PharmD, MSCR
 Pharmacist, Cities Readiness Initiative Region
 Division of Public Health, Epidemiology Section
Public Health Preparedness and Response Branch
NC Department of Health and Human Services

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at MySpot.nc.gov

704-302-3271 Mobile
 980-282-7885 Office
ashley.wardpeluso@dhhs.nc.gov
1-888-820-0520 PHPR 24/7 On-Call

5801 Executive Center Drive, Suite 200
 Charlotte, NC 28212



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From: Poxvirus (CDC)
Sent: Wed, 15 Jun 2022 13:19:24 +0000
To: kalvroy@health.nyc.gov; Wong, Marcia (CDC health.nyc.gov); Alroy, Karen (CDC health.nyc.gov); Lee, Ellen (CDC health.nyc.gov); Ruiz, Victoria (CDC health.nyc.gov); Slavinski, Sally (CDC health.nyc.gov); Foote, Mary (CDC health.nyc.gov); Backenson, Bryon (CDC health.ny.gov); Connelly, Kara M (HEALTH)
Cc: Poxvirus (CDC)
Subject: Important: Confirming State of Residence for MPX Case Reporting
Attachments: New York cases.xlsx, Photo Release Form.pdf, 2022 Monkeypox Outbreak Case Reporting _ REDCap_2022.06.07 (1).pdf

New York partners,

Thank you for your continued work in the US monkeypox response. We have received feedback from our state partners on how to improve our reporting on cases occurring in the US. Starting today, we are asking that cases be reported from the **state of residence**. This change will allow states to follow established workflows that have been used for nationally notifiable diseases. There are a few things to note with this change:

1. We (CDC Monkeypox Call Center) expect that we will still receive notifications from the state that performed the orthopoxvirus testing. When we are notified, we will provide that state with the CDC case ID number assigned to the person who was tested. We ask that this number be communicated to the **state of residence** by the **testing state** so we can better track lab results and case report forms.
2. After testing is complete at LRN, the **state of residence** will work with the individual and/or **testing state** to get information to submit the CDC case report form. We are working on shortening this form, but the information in this form is extremely helpful in helping us guide public health communications and understand these cases both clinically and epidemiologically.
3. If the case is in an **international visitor** to the US, we still ask the **testing state** to report this case to us as an "international" case and help us by completing the CRF for this individual.
 1. These "Non-US resident cases" **will not** be included in your state's official case count but will be included in the US aggregate case count.

New York has 17 persons classified as having probable/confirmed monkeypox cases as of 8pm on 6/14/2022. Please see the file attachment and let us know if these individuals are **residents of New York, residents of other states** (with a notation of which state), or **international residents** (with notation of country, if available). If possible, please let us know by **4:00 PM EDT today, Wednesday, June 15th**, so that we can update state-level case counts at CDC. If we do not hear back by 4:00 PM EDT, these individuals will remain in **New York** case counts for our 5:00 PM EDT website update today.

Photos

A common request we are getting from clinicians and public health partners is for rash photos for recent patients experiencing monkeypox. We have attached a photo release form for you to use if the cases in your state are interested in allowing us to use their non-identifiable rash photos for clinician outreach and/or public outreach. Having a good set of example photos will really help with case identification moving forward. If cases in your state are willing to allow their photos to be used, please reply to poxvirus@cdc.gov with the photo release form and the corresponding CDC Case ID.

To enable timely reporting of Monkeypox case data to CDC, jurisdictions have the following options available:

- Case Report Form (See attached)
 - Submit case information through CDC's REDCap Case Report Form - please contact eocevent570@cdc.gov if you have any issues accessing the CRF link provided to you by the Call Center.
 - Implement CDC's REDCap Case Report Form in your jurisdiction's local REDCap instance. Please contact eocevent570@cdc.gov to obtain the necessary files from the CDC Monkeypox Response Informatics Team.
 - To transmit data to CDC, jurisdictions have the following options
 - Bulk upload of CSV data via DCIPHER
 - Direct import to DCIPHER via the REDCap API
 - Case Report Form data can be viewed via DCIPHER (At this time, jurisdictions can only see their own submitted data.)
 - Contact tracing aggregate data: Data entry form via DCIPHER

To provide timely access to view data submitted to CDC and prepare for case and contact tracing metrics reporting, please provide names and email addresses for staff in your jurisdiction who should have access to CDC's REDCap and DCIPHER via SAMS. Please prioritize your top four users and list your primary and secondary POC for the Informatics team in slots 1 and 2. The completed table below for initial user onboarding should be emailed to the informatics inbox: eocevent570@cdc.gov by **12:00 PM EDT today**. Additional staff may be onboarded later as needed.

Jurisdiction:

Thanks again for your help!

CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

| CDC Case ID | State of Diagnosis | State of Residence |
|-------------|--------------------|--------------------|
| (b)(6) | NY | |
| (b)(6) | | (b)(6) |
| (b)(6) | | |

General Photo Release

I hereby agree to allow photographic images of my arms, hands, chest, and back to be used publicly for educational purposes by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

I do not give consent to publicly share images of other body parts not mentioned above. These may, however, be used for clinical education.

I understand that **these images will not reveal any** personal identifying information or identifiers about me; nor will they be able to be linked back to me in any way.

CDC may use my photograph, at its discretion (except for clauses stated above) and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

Name

Date of Birth

Signature

Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Data Dictionary Codebook

06/07/2022 8:19am

| # | Variable / Field Name | Field Label Field Note | Field Attributes (Field Type, Validation, Choices, Calculations, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|--|--|---|---------|---|--------|---|----------------|---|---------|---|----------|---|------------|----|-------------------------|---|----------|---|-------------|---|----------|----|----------------------|----|---------|----|---------|----|------|----|--------|----|-------------|----|-------|----|----------|----|---------|----|------|----|--------|----|----------|----|------------------------|----|-----------|----|-------|----|------------------|----|----------|----|---------------|----|----------|----|------------|----|-----------|----|-------------|
| Instrument: Case Report Form (case_report_form)  Enabled as survey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | [record_id] | Record ID | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | [crf_intro_omb] | <p>Form Approved OMB No. 0920-1011 Exp. Date 01/31/2023</p> <p>Case Report Form 2022 Monkeypox Outbreak</p> <p>Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)</p> | descriptive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | [int_state] | <p>Section Header: 1. Interviewer Information</p> <p>(FOR INTERVIEWER) Reporting State/Territory</p> | dropdown (autocomplete), Required <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1</td><td>Alabama</td></tr> <tr><td>2</td><td>Alaska</td></tr> <tr><td>3</td><td>American Samoa</td></tr> <tr><td>4</td><td>Arizona</td></tr> <tr><td>5</td><td>Arkansas</td></tr> <tr><td>6</td><td>California</td></tr> <tr><td>58</td><td>Chicago-Cook County, IL</td></tr> <tr><td>7</td><td>Colorado</td></tr> <tr><td>8</td><td>Connecticut</td></tr> <tr><td>9</td><td>Delaware</td></tr> <tr><td>10</td><td>District of Columbia</td></tr> <tr><td>11</td><td>Florida</td></tr> <tr><td>12</td><td>Georgia</td></tr> <tr><td>13</td><td>Guam</td></tr> <tr><td>14</td><td>Hawaii</td></tr> <tr><td>60</td><td>Houston, TX</td></tr> <tr><td>15</td><td>Idaho</td></tr> <tr><td>16</td><td>Illinois</td></tr> <tr><td>17</td><td>Indiana</td></tr> <tr><td>18</td><td>Iowa</td></tr> <tr><td>19</td><td>Kansas</td></tr> <tr><td>20</td><td>Kentucky</td></tr> <tr><td>57</td><td>Los Angeles County, CA</td></tr> <tr><td>21</td><td>Louisiana</td></tr> <tr><td>22</td><td>Maine</td></tr> <tr><td>64</td><td>Marshall Islands</td></tr> <tr><td>23</td><td>Maryland</td></tr> <tr><td>24</td><td>Massachusetts</td></tr> <tr><td>25</td><td>Michigan</td></tr> <tr><td>63</td><td>Micronesia</td></tr> <tr><td>26</td><td>Minnesota</td></tr> <tr><td>27</td><td>Mississippi</td></tr> </table> | 1 | Alabama | 2 | Alaska | 3 | American Samoa | 4 | Arizona | 5 | Arkansas | 6 | California | 58 | Chicago-Cook County, IL | 7 | Colorado | 8 | Connecticut | 9 | Delaware | 10 | District of Columbia | 11 | Florida | 12 | Georgia | 13 | Guam | 14 | Hawaii | 60 | Houston, TX | 15 | Idaho | 16 | Illinois | 17 | Indiana | 18 | Iowa | 19 | Kansas | 20 | Kentucky | 57 | Los Angeles County, CA | 21 | Louisiana | 22 | Maine | 64 | Marshall Islands | 23 | Maryland | 24 | Massachusetts | 25 | Michigan | 63 | Micronesia | 26 | Minnesota | 27 | Mississippi |
| 1 | Alabama | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Alaska | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | American Samoa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Arizona | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | California | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | Chicago-Cook County, IL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Colorado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Connecticut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Delaware | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | District of Columbia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Georgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Guam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Hawaii | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | Houston, TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Idaho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Illinois | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Indiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Iowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Kansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Kentucky | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | Los Angeles County, CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Louisiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Maine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | Marshall Islands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Maryland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Massachusetts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Michigan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | Micronesia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Minnesota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Mississippi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 28 | Missouri |
| 29 | Montana |
| 30 | Nebraska |
| 31 | Nevada |
| 32 | New Hampshire |
| 33 | New Jersey |
| 34 | New Mexico |
| 35 | New York |
| 56 | New York City, NY |
| 36 | North Carolina |
| 37 | North Dakota |
| 61 | Northern Mariana Islands |
| 38 | Ohio |
| 39 | Oklahoma |
| 40 | Oregon |
| 62 | Palau |
| 41 | Pennsylvania |
| 59 | Philadelphia, PA |
| 42 | Puerto Rico |
| 43 | Rhode Island |
| 44 | South Carolina |
| 45 | South Dakota |
| 46 | Tennessee |
| 47 | Texas |
| 65 | Tribal Area |
| 48 | Utah |
| 49 | Vermont |
| 51 | Virgin Islands |
| 50 | Virginia |
| 52 | Washington |
| 53 | West Virginia |
| 54 | Wisconsin |
| 55 | Wyoming |

Question number: 1

| | | | | | | | |
|---|---|---|---|---|-----|---|----|
| 4 | [int_tribal] Show the field ONLY if: [int_state] = '65' | (FOR INTERVIEWER) If a Tribal Area, specify. | text, Required | | | | |
| 5 | [int_date] | (FOR INTERVIEWER) Date of interview | text (date_mdy), Required Question number: 2 Field Annotation: @TODAY | | | | |
| 6 | [int_agency] | (FOR INTERVIEWER) Interviewer agency | text, Required Question number: 3 | | | | |
| 7 | [int_report] | (FOR INTERVIEWER) Are you reporting a confirmed case of orthopoxvirus infection or monkeypox? | yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> Question number: 4 Stop actions on 0 | 1 | Yes | 0 | No |
| 1 | Yes | | | | | | |
| 0 | No | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|---|-------------|---|---------|---|------------|---|---------|---|--------|---|---------------------|---|-----------|---|---------|---|-----------|----|---------|----|------------|----|--------------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-----------------|
| 8 | [dem_stateid] | <p>Section Header: 2. Patient Demographics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS)</p> <p>Thank you for speaking with me today. As you may be aware, we are conducting this interview as you have recently been diagnosed with either orthopoxvirus infection or monkeypox. We understand that this may be a difficult time, and we greatly appreciate your participation. The information you provide me today will help inform public health interventions that can identify risk factors and prevent disease spread. This interview should take about 60 minutes to complete. We encourage you to be as honest as possible. If at any time you feel uncomfortable or tired, let me know and we can skip the question or stop or take a break and continue again when you are ready. Do you have any questions for me before we begin? (FOR INTERVIEWER: PAUSE FOR QUESTIONS)</p> <p>Great, let's begin. First, we will begin with some questions to capture key demographic information.</p> <p>(FOR INTERVIEWER) State assigned case ID (disease event-level identifier; if available, use NNDSS local record ID or case ID) (priority)</p> | text Question number: 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | [dem_cdcid] | (FOR INTERVIEWER) CDC assigned case ID (from initial consult with the call center) (priority) | text Question number: 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | [dem_localid] | (FOR INTERVIEWER) Patient ID (person-level identifier; if available, use NNDSS local subject ID) (priority) | text Question number: 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | [dem_othlab] | (FOR INTERVIEWER) Is the patient a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 8 | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | [dem_othlab_patid] Show the field ONLY if: [dem_othlab] = '1' | (FOR INTERVIEWER) If the patient is a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case, please list the patient ID(s) (person-level identifier; if available, use NNDSS local subject ID) of the other case or cases (i.e. patient ID of the index case(s)). (comma separated) (priority) | text Question number: 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | [dem_cont_tracing] Show the field ONLY if: [dem_othlab] = '1' | (FOR INTERVIEWER) If the patient is a contact of another laboratory confirmed orthopoxvirus infection or monkeypox case, was the patient been identified through contact tracing? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 10 | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | [dem_primeres] | What is your primary country of residence? (priority) | dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas, The</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> <tr><td>16</td><td>Belarus</td></tr> <tr><td>17</td><td>Belgium</td></tr> <tr><td>18</td><td>Belize</td></tr> <tr><td>19</td><td>Benin (Dahomey)</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Australia | 10 | Austria | 11 | Azerbaijan | 12 | Bahamas, The | 13 | Bahrain | 14 | Bangladesh | 15 | Barbados | 16 | Belarus | 17 | Belgium | 18 | Belize | 19 | Benin (Dahomey) |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Australia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bahamas, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Benin (Dahomey) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|----------------------------------|
| 20 | Bolivia |
| 21 | Bosnia and Herzegovina |
| 22 | Botswana |
| 23 | Brazil |
| 24 | Brunei |
| 25 | Brunswick and Lüneburg |
| 26 | Bulgaria |
| 27 | Burkina Faso (Upper Volta) |
| 28 | Burma |
| 29 | Burundi |
| 30 | Cabo Verde |
| 31 | Cambodia |
| 32 | Cameroon |
| 33 | Canada |
| 34 | Cayman Islands, The |
| 35 | Central African Republic |
| 36 | Chad |
| 37 | Chile |
| 38 | China |
| 39 | Colombia |
| 40 | Comoros |
| 41 | Congo Free State, The |
| 42 | Costa Rica |
| 43 | Côte d'Ivoire (Ivory Coast) |
| 44 | Croatia |
| 45 | Cuba |
| 46 | Cyprus |
| 47 | Czechia |
| 48 | Czechoslovakia |
| 49 | Democratic Republic of the Congo |
| 50 | Denmark |
| 51 | Djibouti |
| 52 | Dominica |
| 53 | Dominican Republic |
| 54 | Ecuador |
| 55 | Egypt |
| 56 | El Salvador |
| 57 | Equatorial Guinea |
| 58 | Eritrea |
| 59 | Estonia |
| 60 | Eswatini |
| 61 | Ethiopia |
| 62 | Fiji |
| 63 | Finland |
| 64 | France |
| 65 | Gabon |
| 66 | Gambia, The |
| 67 | Georgia |

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| 68 | Germany |
| 69 | Ghana |
| 70 | Greece |
| 71 | Grenada |
| 72 | Guatemala |
| 73 | Guinea |
| 74 | Guinea-Bissau |
| 75 | Guyana |
| 76 | Haiti |
| 77 | Holy See |
| 78 | Honduras |
| 79 | Hungary |
| 80 | Iceland |
| 81 | India |
| 82 | Indonesia |
| 83 | Iran |
| 84 | Iraq |
| 85 | Ireland |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kiribati |
| 94 | Korea |
| 95 | Kosovo |
| 96 | Kuwait |
| 97 | Kyrgyzstan |
| 98 | Laos |
| 99 | Latvia |
| 100 | Lebanon |
| 101 | Lesotho |
| 102 | Liberia |
| 103 | Libya |
| 104 | Liechtenstein |
| 105 | Lithuania |
| 106 | Luxembourg |
| 107 | Madagascar |
| 108 | Malawi |
| 109 | Malaysia |
| 110 | Maldives |
| 111 | Mali |
| 112 | Malta |
| 113 | Marshall Islands |
| 114 | Mauritania |
| 115 | Mauritius |

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| 116 | Mexico |
| 117 | Micronesia |
| 118 | Moldova |
| 119 | Monaco |
| 120 | Mongolia |
| 121 | Montenegro |
| 122 | Morocco |
| 123 | Mozambique |
| 124 | Namibia |
| 125 | Nauru |
| 126 | Nepal |
| 127 | Netherlands, The |
| 128 | New Zealand |
| 129 | Nicaragua |
| 130 | Niger |
| 131 | Nigeria |
| 132 | North Macedonia |
| 133 | Norway |
| 134 | Oman |
| 135 | Pakistan |
| 136 | Palau |
| 137 | Panama |
| 138 | Papua New Guinea |
| 139 | Paraguay |
| 140 | Peru |
| 141 | Philippines |
| 142 | Poland |
| 143 | Portugal |
| 144 | Qatar |
| 145 | Republic of Korea (South Korea) |
| 146 | Republic of the Congo |
| 147 | Romania |
| 148 | Russia |
| 149 | Rwanda |
| 150 | Saint Kitts and Nevis |
| 151 | Saint Lucia |
| 152 | Saint Vincent and the Grenadines |
| 153 | Samoa |
| 154 | San Marino |
| 155 | Sao Tome and Principe |
| 156 | Saudi Arabia |
| 157 | Senegal |
| 158 | Serbia |
| 159 | Seychelles |
| 160 | Sierra Leone |
| 161 | Singapore |
| 162 | Slovakia |
| 163 | Slovenia |

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| 164 | Solomon Islands, The |
| 165 | Somalia |
| 166 | South Africa |
| 167 | South Sudan |
| 168 | Spain |
| 169 | Sri Lanka |
| 170 | Sudan |
| 171 | Suriname |
| 172 | Sweden |
| 173 | Switzerland |
| 174 | Syria |
| 175 | Tajikistan |
| 176 | Tanzania |
| 177 | Thailand |
| 178 | Timor-Leste |
| 179 | Togo |
| 180 | Tonga |
| 181 | Trinidad and Tobago |
| 182 | Tunisia |
| 183 | Turkey |
| 184 | Turkmenistan |
| 185 | Tuvalu |
| 186 | Uganda |
| 187 | Ukraine |
| 188 | United Arab Emirates, The |
| 189 | United Kingdom, The |
| 190 | United States |
| 191 | Uruguay |
| 192 | Uzbekistan |
| 193 | Vanuatu |
| 194 | Venezuela |
| 195 | Vietnam |
| 196 | Yemen |
| 197 | Zambia |
| 198 | Zimbabwe |

Question number: 11

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|----|---------------|---|--|---|---------------|------|---|---------------|--------|---|---------------|------------------|---|---------------|--------------------|---|---------------|-------------------------|---|---------------|---------|
| 15 | [dem_age] | What is your age, in years? (priority) If < 1 year old, input "0". | text (integer, Min: 0, Max: 110) Question number: 12 | | | | | | | | | | | | | | | | | | |
| 16 | [dem_gender] | Do you currently describe yourself as male, female, or transgender? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>dem_gender__1</td><td>Male</td></tr> <tr><td>2</td><td>dem_gender__2</td><td>Female</td></tr> <tr><td>3</td><td>dem_gender__3</td><td>Transgender male</td></tr> <tr><td>4</td><td>dem_gender__4</td><td>Transgender female</td></tr> <tr><td>5</td><td>dem_gender__5</td><td>Another gender identity</td></tr> <tr><td>6</td><td>dem_gender__6</td><td>Refused</td></tr> </table> Question number: 13 | 1 | dem_gender__1 | Male | 2 | dem_gender__2 | Female | 3 | dem_gender__3 | Transgender male | 4 | dem_gender__4 | Transgender female | 5 | dem_gender__5 | Another gender identity | 6 | dem_gender__6 | Refused |
| 1 | dem_gender__1 | Male | | | | | | | | | | | | | | | | | | | |
| 2 | dem_gender__2 | Female | | | | | | | | | | | | | | | | | | | |
| 3 | dem_gender__3 | Transgender male | | | | | | | | | | | | | | | | | | | |
| 4 | dem_gender__4 | Transgender female | | | | | | | | | | | | | | | | | | | |
| 5 | dem_gender__5 | Another gender identity | | | | | | | | | | | | | | | | | | | |
| 6 | dem_gender__6 | Refused | | | | | | | | | | | | | | | | | | | |

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|----|-------------------------------|---|--|---|--------------------|----------------------------------|-------------------------------|---------------------|------------|---------------------|------------------|---------------------------|----------------------|---------------------|---|---|-------------|-------|---------------------|
| 17 | [dem_sex] | What sex were you assigned at birth, on your original birth certificate? | radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> <tr><td>3</td><td>Refused</td></tr> </table> | 1 | Male | 2 | Female | 3 | Refused | Question number: 14 | | | | | | | | | |
| 1 | Male | | | | | | | | | | | | | | | | | | |
| 2 | Female | | | | | | | | | | | | | | | | | | |
| 3 | Refused | | | | | | | | | | | | | | | | | | |
| 18 | [dem_female_preg] | Are you currently pregnant? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know | Question number: 15 | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | |
| 19 | [dem_female_bf] | Are you currently breast feeding? (priority) | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | Question number: 16 | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | |
| 20 | [dem_sexorient] | Which of the following best represents how you think of yourself? (priority) | radio <table border="1"> <tr><td>1</td><td>Lesbian or gay</td></tr> <tr><td>2</td><td>Straight (not gay or lesbian)</td></tr> <tr><td>3</td><td>Bisexual</td></tr> <tr><td>4</td><td>A different term</td></tr> <tr><td>5</td><td>Prefer not to answer</td></tr> </table> | 1 | Lesbian or gay | 2 | Straight (not gay or lesbian) | 3 | Bisexual | 4 | A different term | 5 | Prefer not to answer | Question number: 17 | | | | | |
| 1 | Lesbian or gay | | | | | | | | | | | | | | | | | | |
| 2 | Straight (not gay or lesbian) | | | | | | | | | | | | | | | | | | |
| 3 | Bisexual | | | | | | | | | | | | | | | | | | |
| 4 | A different term | | | | | | | | | | | | | | | | | | |
| 5 | Prefer not to answer | | | | | | | | | | | | | | | | | | |
| 21 | [dem_sexorient_oth] | You mentioned you prefer a different term, can you specify? Show the field ONLY if: [dem_sexorient] = '4' | text Question number: 18 | | | | | | | | | | | | | | | | |
| 22 | [dem_race] | What is your race? (select all that apply) (priority) | checkbox <table border="1"> <tr><td>1</td><td>dem_race__1</td><td>American Indian or Alaska Native</td></tr> <tr><td>2</td><td>dem_race__2</td><td>Asian</td></tr> <tr><td>3</td><td>dem_race__3</td><td>Black or African American</td></tr> <tr><td>4</td><td>dem_race__4</td><td>Native Hawaiian or Other Pacific Islander</td></tr> <tr><td>5</td><td>dem_race__5</td><td>White</td></tr> </table> | 1 | dem_race__1 | American Indian or Alaska Native | 2 | dem_race__2 | Asian | 3 | dem_race__3 | Black or African American | 4 | dem_race__4 | Native Hawaiian or Other Pacific Islander | 5 | dem_race__5 | White | Question number: 19 |
| 1 | dem_race__1 | American Indian or Alaska Native | | | | | | | | | | | | | | | | | |
| 2 | dem_race__2 | Asian | | | | | | | | | | | | | | | | | |
| 3 | dem_race__3 | Black or African American | | | | | | | | | | | | | | | | | |
| 4 | dem_race__4 | Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | |
| 5 | dem_race__5 | White | | | | | | | | | | | | | | | | | |
| 23 | [dem_race_alan] | You mentioned your race as American Indian or Alaska Native, what is your tribal affiliation? Show the field ONLY if: [dem_race(1)] = '1' | text Question number: 20 | | | | | | | | | | | | | | | | |
| 24 | [dem_ethnicity] | What is your ethnicity? (priority) | radio <table border="1"> <tr><td>1</td><td>Hispanic or Latino</td></tr> <tr><td>2</td><td>Non-Hispanic or Latino</td></tr> </table> | 1 | Hispanic or Latino | 2 | Non-Hispanic or Latino | Question number: 21 | | | | | | | | | | | |
| 1 | Hispanic or Latino | | | | | | | | | | | | | | | | | | |
| 2 | Non-Hispanic or Latino | | | | | | | | | | | | | | | | | | |
| 25 | [dem_hcw] | Are you a healthcare worker? (priority) | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | Question number: 22 | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | |

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|----|---|---|---|---|---------|---|--------|---|----------------|---|---------|---|----------|---|------------|----|-------------------------|---|----------|---|-------------|---|----------|----|----------------------|----|---------|----|---------|----|------|----|--------|----|-------------|----|-------|----|----------|----|---------|----|------|----|--------|----|----------|----|------------------------|----|-----------|----|-------|----|------------------|----|----------|----|---------------|----|----------|----|------------|----|-----------|----|-------------|----|----------|----|---------|----|----------|----|--------|----|---------------|----|------------|----|------------|----|----------|----|-------------------|----|----------------|----|--------------|
| 26 | [hh_usres] | <p>Section Header: 3. Household demographics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) <i>We are now going to discuss qualities of your household and your residence.</i> For this section, residence will refer to where you spend most of your time.</p> <p>Do you reside in the US? (priority)</p> | <p>yesno</p> <table border="1" data-bbox="1054 122 1127 192"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Question number: 23</p> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | [hh_state] Show the field ONLY if: [hh_usres] = '1' | <p>What state or territory do you reside in? (in other words, the state/territory used in your address) (priority)</p> | <p>dropdown (autocomplete)</p> <table border="1" data-bbox="1054 276 1334 2008"> <tr><td>1</td><td>Alabama</td></tr> <tr><td>2</td><td>Alaska</td></tr> <tr><td>3</td><td>American Samoa</td></tr> <tr><td>4</td><td>Arizona</td></tr> <tr><td>5</td><td>Arkansas</td></tr> <tr><td>6</td><td>California</td></tr> <tr><td>58</td><td>Chicago-Cook County, IL</td></tr> <tr><td>7</td><td>Colorado</td></tr> <tr><td>8</td><td>Connecticut</td></tr> <tr><td>9</td><td>Delaware</td></tr> <tr><td>10</td><td>District of Columbia</td></tr> <tr><td>11</td><td>Florida</td></tr> <tr><td>12</td><td>Georgia</td></tr> <tr><td>13</td><td>Guam</td></tr> <tr><td>14</td><td>Hawaii</td></tr> <tr><td>60</td><td>Houston, TX</td></tr> <tr><td>15</td><td>Idaho</td></tr> <tr><td>16</td><td>Illinois</td></tr> <tr><td>17</td><td>Indiana</td></tr> <tr><td>18</td><td>Iowa</td></tr> <tr><td>19</td><td>Kansas</td></tr> <tr><td>20</td><td>Kentucky</td></tr> <tr><td>57</td><td>Los Angeles County, CA</td></tr> <tr><td>21</td><td>Louisiana</td></tr> <tr><td>22</td><td>Maine</td></tr> <tr><td>64</td><td>Marshall Islands</td></tr> <tr><td>23</td><td>Maryland</td></tr> <tr><td>24</td><td>Massachusetts</td></tr> <tr><td>25</td><td>Michigan</td></tr> <tr><td>63</td><td>Micronesia</td></tr> <tr><td>26</td><td>Minnesota</td></tr> <tr><td>27</td><td>Mississippi</td></tr> <tr><td>28</td><td>Missouri</td></tr> <tr><td>29</td><td>Montana</td></tr> <tr><td>30</td><td>Nebraska</td></tr> <tr><td>31</td><td>Nevada</td></tr> <tr><td>32</td><td>New Hampshire</td></tr> <tr><td>33</td><td>New Jersey</td></tr> <tr><td>34</td><td>New Mexico</td></tr> <tr><td>35</td><td>New York</td></tr> <tr><td>56</td><td>New York City, NY</td></tr> <tr><td>36</td><td>North Carolina</td></tr> <tr><td>37</td><td>North Dakota</td></tr> </table> | 1 | Alabama | 2 | Alaska | 3 | American Samoa | 4 | Arizona | 5 | Arkansas | 6 | California | 58 | Chicago-Cook County, IL | 7 | Colorado | 8 | Connecticut | 9 | Delaware | 10 | District of Columbia | 11 | Florida | 12 | Georgia | 13 | Guam | 14 | Hawaii | 60 | Houston, TX | 15 | Idaho | 16 | Illinois | 17 | Indiana | 18 | Iowa | 19 | Kansas | 20 | Kentucky | 57 | Los Angeles County, CA | 21 | Louisiana | 22 | Maine | 64 | Marshall Islands | 23 | Maryland | 24 | Massachusetts | 25 | Michigan | 63 | Micronesia | 26 | Minnesota | 27 | Mississippi | 28 | Missouri | 29 | Montana | 30 | Nebraska | 31 | Nevada | 32 | New Hampshire | 33 | New Jersey | 34 | New Mexico | 35 | New York | 56 | New York City, NY | 36 | North Carolina | 37 | North Dakota |
| 1 | Alabama | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Alaska | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | American Samoa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Arizona | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | California | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | Chicago-Cook County, IL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Colorado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Connecticut | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Delaware | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | District of Columbia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Georgia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Guam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Hawaii | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | Houston, TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Idaho | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Illinois | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Indiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Iowa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Kansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Kentucky | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | Los Angeles County, CA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Louisiana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Maine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | Marshall Islands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Maryland | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Massachusetts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Michigan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | Micronesia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Minnesota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Mississippi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Missouri | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Montana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Nebraska | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Nevada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | New Hampshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | New Jersey | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | New Mexico | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | New York | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 | New York City, NY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | North Carolina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | North Dakota | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|--------------------------|
| 61 | Northern Mariana Islands |
| 38 | Ohio |
| 39 | Oklahoma |
| 40 | Oregon |
| 62 | Palau |
| 41 | Pennsylvania |
| 59 | Philadelphia, PA |
| 42 | Puerto Rico |
| 43 | Rhode Island |
| 44 | South Carolina |
| 45 | South Dakota |
| 46 | Tennessee |
| 47 | Texas |
| 65 | Tribal Area |
| 48 | Utah |
| 49 | Vermont |
| 51 | Virgin Islands |
| 50 | Virginia |
| 52 | Washington |
| 53 | West Virginia |
| 54 | Wisconsin |
| 55 | Wyoming |

Question number: 24

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|----|---|--|---|---|-------------|---|---------|---|---------|---|---------|---|--------|---|---------------------|---|-----------|---|---------|---|-----------|----|---------|----|------------|----|--------------|----|---------|----|------------|----|----------|----|---------|
| 28 | [hh_tribal] Show the field ONLY if: [hh_state] = '65' | You mentioned you reside in a Tribal Area, please specify. (priority) | text, Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | [hh_county] Show the field ONLY if: [hh_usres] = '1' | What county do you reside in? (in other words, the county used in your address) (priority) | text Question number: 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | [hh_city] Show the field ONLY if: [hh_usres] = '0' | You mentioned that you don't live in the US, so what city do you reside in? | text Question number: 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | [hh_country] Show the field ONLY if: [hh_usres] = '0' | You mentioned that you don't live in the US, so what country do you reside in? (priority) | dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas, The</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> <tr><td>16</td><td>Belarus</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Australia | 10 | Austria | 11 | Azerbaijan | 12 | Bahamas, The | 13 | Bahrain | 14 | Bangladesh | 15 | Barbados | 16 | Belarus |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Australia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bahamas, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 17 | Belgium |
| 18 | Belize |
| 19 | Benin (Dahomey) |
| 20 | Bolivia |
| 21 | Bosnia and Herzegovina |
| 22 | Botswana |
| 23 | Brazil |
| 24 | Brunei |
| 25 | Brunswick and Lüneburg |
| 26 | Bulgaria |
| 27 | Burkina Faso (Upper Volta) |
| 28 | Burma |
| 29 | Burundi |
| 30 | Cabo Verde |
| 31 | Cambodia |
| 32 | Cameroon |
| 33 | Canada |
| 34 | Cayman Islands, The |
| 35 | Central African Republic |
| 36 | Chad |
| 37 | Chile |
| 38 | China |
| 39 | Colombia |
| 40 | Comoros |
| 41 | Congo Free State, The |
| 42 | Costa Rica |
| 43 | Côte d'Ivoire (Ivory Coast) |
| 44 | Croatia |
| 45 | Cuba |
| 46 | Cyprus |
| 47 | Czechia |
| 48 | Czechoslovakia |
| 49 | Democratic Republic of the Congo |
| 50 | Denmark |
| 51 | Djibouti |
| 52 | Dominica |
| 53 | Dominican Republic |
| 54 | Ecuador |
| 55 | Egypt |
| 56 | El Salvador |
| 57 | Equatorial Guinea |
| 58 | Eritrea |
| 59 | Estonia |
| 60 | Eswatini |
| 61 | Ethiopia |
| 62 | Fiji |
| 63 | Finland |
| 64 | France |

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| 65 | Gabon |
| 66 | Gambia, The |
| 67 | Georgia |
| 68 | Germany |
| 69 | Ghana |
| 70 | Greece |
| 71 | Grenada |
| 72 | Guatemala |
| 73 | Guinea |
| 74 | Guinea-Bissau |
| 75 | Guyana |
| 76 | Haiti |
| 77 | Holy See |
| 78 | Honduras |
| 79 | Hungary |
| 80 | Iceland |
| 81 | India |
| 82 | Indonesia |
| 83 | Iran |
| 84 | Iraq |
| 85 | Ireland |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kiribati |
| 94 | Korea |
| 95 | Kosovo |
| 96 | Kuwait |
| 97 | Kyrgyzstan |
| 98 | Laos |
| 99 | Latvia |
| 100 | Lebanon |
| 101 | Lesotho |
| 102 | Liberia |
| 103 | Libya |
| 104 | Liechtenstein |
| 105 | Lithuania |
| 106 | Luxembourg |
| 107 | Madagascar |
| 108 | Malawi |
| 109 | Malaysia |
| 110 | Maldives |
| 111 | Mali |
| 112 | Malta |

| | |
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| 113 | Marshall Islands |
| 114 | Mauritania |
| 115 | Mauritius |
| 116 | Mexico |
| 117 | Micronesia |
| 118 | Moldova |
| 119 | Monaco |
| 120 | Mongolia |
| 121 | Montenegro |
| 122 | Morocco |
| 123 | Mozambique |
| 124 | Namibia |
| 125 | Nauru |
| 126 | Nepal |
| 127 | Netherlands, The |
| 128 | New Zealand |
| 129 | Nicaragua |
| 130 | Niger |
| 131 | Nigeria |
| 132 | North Macedonia |
| 133 | Norway |
| 134 | Oman |
| 135 | Pakistan |
| 136 | Palau |
| 137 | Panama |
| 138 | Papua New Guinea |
| 139 | Paraguay |
| 140 | Peru |
| 141 | Philippines |
| 142 | Poland |
| 143 | Portugal |
| 144 | Qatar |
| 145 | Republic of Korea (South Korea) |
| 146 | Republic of the Congo |
| 147 | Romania |
| 148 | Russia |
| 149 | Rwanda |
| 150 | Saint Kitts and Nevis |
| 151 | Saint Lucia |
| 152 | Saint Vincent and the Grenadines |
| 153 | Samoa |
| 154 | San Marino |
| 155 | Sao Tome and Principe |
| 156 | Saudi Arabia |
| 157 | Senegal |
| 158 | Serbia |
| 159 | Seychelles |
| 160 | Sierra Leone |

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|-----|---------------------------|
| 161 | Singapore |
| 162 | Slovakia |
| 163 | Slovenia |
| 164 | Solomon Islands, The |
| 165 | Somalia |
| 166 | South Africa |
| 167 | South Sudan |
| 168 | Spain |
| 169 | Sri Lanka |
| 170 | Sudan |
| 171 | Suriname |
| 172 | Sweden |
| 173 | Switzerland |
| 174 | Syria |
| 175 | Tajikistan |
| 176 | Tanzania |
| 177 | Thailand |
| 178 | Timor-Leste |
| 179 | Togo |
| 180 | Tonga |
| 181 | Trinidad and Tobago |
| 182 | Tunisia |
| 183 | Turkey |
| 184 | Turkmenistan |
| 185 | Tuvalu |
| 186 | Uganda |
| 187 | Ukraine |
| 188 | United Arab Emirates, The |
| 189 | United Kingdom, The |
| 190 | Uruguay |
| 191 | Uzbekistan |
| 192 | Vanuatu |
| 193 | Venezuela |
| 194 | Vietnam |
| 195 | Yemen |
| 196 | Zambia |
| 197 | Zimbabwe |

Question number: 27

| | | | | | | | | | |
|----|------------|--|---|---|-----|---|----|---|------------|
| 32 | [hh_pets] | Do any pets live in your household? (priority) | radio | | | | | | |
| | | | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know |
| 1 | Yes | | | | | | | | |
| 2 | No | | | | | | | | |
| 3 | Don't know | | | | | | | | |
| | | | Question number: 28 | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|---|----------------|------------------------|----|----------------|-----------------------|---|----------------|-------------|---|----------------|---|----|-----------------|---------------------------|----|------------|-------|
| 33 | [hh_pets_type] Show the field ONLY if: [hh_pets] = '1' | You mentioned that pets live in your household, which type of animal(s) are they? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>hh_pets_type_1</td><td>Dog</td></tr> <tr><td>2</td><td>hh_pets_type_2</td><td>Cat</td></tr> <tr><td>3</td><td>hh_pets_type_3</td><td>Prairie dog</td></tr> <tr><td>4</td><td>hh_pets_type_4</td><td>Other small rodent (rat, mouse, guinea pig, sugar glider, hamster)</td></tr> <tr><td>99</td><td>hh_pets_type_99</td><td>Other</td></tr> </table> | 1 | hh_pets_type_1 | Dog | 2 | hh_pets_type_2 | Cat | 3 | hh_pets_type_3 | Prairie dog | 4 | hh_pets_type_4 | Other small rodent (rat, mouse, guinea pig, sugar glider, hamster) | 99 | hh_pets_type_99 | Other | | | |
| 1 | hh_pets_type_1 | Dog | | | | | | | | | | | | | | | | | | | |
| 2 | hh_pets_type_2 | Cat | | | | | | | | | | | | | | | | | | | |
| 3 | hh_pets_type_3 | Prairie dog | | | | | | | | | | | | | | | | | | | |
| 4 | hh_pets_type_4 | Other small rodent (rat, mouse, guinea pig, sugar glider, hamster) | | | | | | | | | | | | | | | | | | | |
| 99 | hh_pets_type_99 | Other | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 29 | | | | | | | | | | | | | | | | | | |
| 34 | [hh_pets_type_oth] | You mentioned some other pet, can you specify? | text Question number: 30 | | | | | | | | | | | | | | | | | | |
| 35 | [hh_pets_out] Show the field ONLY if: [hh_pets] = '1' | You mentioned that pets live in your household, are any of the pets allowed to go outside unsupervised (i.e. not supervised or out of sight for any period of time even if in a fenced yard)? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 31 | | | | | | | | | | | | | | | | | | |
| 36 | [hh_type] | In the three weeks before your illness onset, what type of dwelling were you in? (select all that apply) (priority) | checkbox <table border="1"> <tr><td>1</td><td>hh_type_1</td><td>Single family dwelling</td></tr> <tr><td>2</td><td>hh_type_2</td><td>Multi-family dwelling</td></tr> <tr><td>3</td><td>hh_type_3</td><td>Hotel</td></tr> <tr><td>4</td><td>hh_type_4</td><td>Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail)</td></tr> <tr><td>5</td><td>hh_type_5</td><td>Unsheltered (no dwelling)</td></tr> <tr><td>99</td><td>hh_type_99</td><td>Other</td></tr> </table> | 1 | hh_type_1 | Single family dwelling | 2 | hh_type_2 | Multi-family dwelling | 3 | hh_type_3 | Hotel | 4 | hh_type_4 | Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail) | 5 | hh_type_5 | Unsheltered (no dwelling) | 99 | hh_type_99 | Other |
| 1 | hh_type_1 | Single family dwelling | | | | | | | | | | | | | | | | | | | |
| 2 | hh_type_2 | Multi-family dwelling | | | | | | | | | | | | | | | | | | | |
| 3 | hh_type_3 | Hotel | | | | | | | | | | | | | | | | | | | |
| 4 | hh_type_4 | Congregate housing (e.g., hostels, homeless shelter, university (dormitory) housing, prison/jail) | | | | | | | | | | | | | | | | | | | |
| 5 | hh_type_5 | Unsheltered (no dwelling) | | | | | | | | | | | | | | | | | | | |
| 99 | hh_type_99 | Other | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 32 | | | | | | | | | | | | | | | | | | |
| 37 | [hh_type_oth] | You mentioned you reside in some other type of dwelling, can you describe the type of dwelling? | text Question number: 33 | | | | | | | | | | | | | | | | | | |
| 38 | [ptx_deceased] | <p>Section Header: 4. Patient illness characteristics (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now we are going to talk a bit more about your illness.</p> <p>(FOR INTERVIEWER) Is the patient deceased? (priority)</p> | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table> | 1 | Yes | 2 | No | 3 | Unknown | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | |
| 3 | Unknown | | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 34 | | | | | | | | | | | | | | | | | | |
| 39 | [ptx_deceased_mpx] | If deceased, did they die from this illness? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table> | 1 | Yes | 2 | No | 3 | Unknown | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | |
| 3 | Unknown | | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 35 | | | | | | | | | | | | | | | | | | |
| 40 | [ptx_deceased_dt] | (FOR INTERVIEWER) If deceased, date of death. (priority) | text (date_mdy) Question number: 36 | | | | | | | | | | | | | | | | | | |
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|---------------------|---------------|---|---|---|------------|-------|---|------------|------|---|------------|----------------------|---|------------|-------|---|------------|-------------|---|------------|----------------|---|------------|----------------|---|------------|--------------------|---|------------|--------------------|----|-------------|------------|----|-------------|---|----|-------------|------------------------|----|-------------|----------|----|-------------|------------------------------|----|-------------|-------------|----|-------------|-----------------|----|-------------|-----------|----|-------------|------------------------|----|-------------|--------|
| 41 | [ptx_stx] | What symptoms did you experience during course of your illness? (FOR INTERVIEWER: probe for each listed symptom) (select all that apply) (priority) | checkbox | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <table border="1"> <tr><td>1</td><td>ptx_stx__1</td><td>Fever</td></tr> <tr><td>2</td><td>ptx_stx__2</td><td>Rash</td></tr> <tr><td>3</td><td>ptx_stx__3</td><td>Enlarged lymph nodes</td></tr> <tr><td>4</td><td>ptx_stx__4</td><td>Cough</td></tr> <tr><td>5</td><td>ptx_stx__5</td><td>Eye lesions</td></tr> <tr><td>6</td><td>ptx_stx__6</td><td>Conjunctivitis</td></tr> <tr><td>7</td><td>ptx_stx__7</td><td>Abdominal pain</td></tr> <tr><td>8</td><td>ptx_stx__8</td><td>Pruritis (itching)</td></tr> <tr><td>9</td><td>ptx_stx__9</td><td>Vomiting or nausea</td></tr> <tr><td>10</td><td>ptx_stx__10</td><td>Runny nose</td></tr> <tr><td>21</td><td>ptx_stx__21</td><td>Malaise (general feeling of illness/weakness)</td></tr> <tr><td>22</td><td>ptx_stx__22</td><td>Myalgia (muscle aches)</td></tr> <tr><td>23</td><td>ptx_stx__23</td><td>Headache</td></tr> <tr><td>24</td><td>ptx_stx__24</td><td>Tenesmus/urgency to defecate</td></tr> <tr><td>25</td><td>ptx_stx__25</td><td>Rectal pain</td></tr> <tr><td>26</td><td>ptx_stx__26</td><td>Rectal bleeding</td></tr> <tr><td>27</td><td>ptx_stx__27</td><td>Back pain</td></tr> <tr><td>28</td><td>ptx_stx__28</td><td>Pus or blood on stools</td></tr> <tr><td>29</td><td>ptx_stx__29</td><td>Chills</td></tr> <tr><td>99</td><td>ptx_stx__99</td><td>Other</td></tr> </table> | 1 | ptx_stx__1 | Fever | 2 | ptx_stx__2 | Rash | 3 | ptx_stx__3 | Enlarged lymph nodes | 4 | ptx_stx__4 | Cough | 5 | ptx_stx__5 | Eye lesions | 6 | ptx_stx__6 | Conjunctivitis | 7 | ptx_stx__7 | Abdominal pain | 8 | ptx_stx__8 | Pruritis (itching) | 9 | ptx_stx__9 | Vomiting or nausea | 10 | ptx_stx__10 | Runny nose | 21 | ptx_stx__21 | Malaise (general feeling of illness/weakness) | 22 | ptx_stx__22 | Myalgia (muscle aches) | 23 | ptx_stx__23 | Headache | 24 | ptx_stx__24 | Tenesmus/urgency to defecate | 25 | ptx_stx__25 | Rectal pain | 26 | ptx_stx__26 | Rectal bleeding | 27 | ptx_stx__27 | Back pain | 28 | ptx_stx__28 | Pus or blood on stools | 29 | ptx_stx__29 | Chills |
| 1 | ptx_stx__1 | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ptx_stx__2 | Rash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ptx_stx__3 | Enlarged lymph nodes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ptx_stx__4 | Cough | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ptx_stx__5 | Eye lesions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ptx_stx__6 | Conjunctivitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ptx_stx__7 | Abdominal pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ptx_stx__8 | Pruritis (itching) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ptx_stx__9 | Vomiting or nausea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ptx_stx__10 | Runny nose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ptx_stx__21 | Malaise (general feeling of illness/weakness) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ptx_stx__22 | Myalgia (muscle aches) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ptx_stx__23 | Headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ptx_stx__24 | Tenesmus/urgency to defecate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | ptx_stx__25 | Rectal pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | ptx_stx__26 | Rectal bleeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | ptx_stx__27 | Back pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | ptx_stx__28 | Pus or blood on stools | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | ptx_stx__29 | Chills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | ptx_stx__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Question number: 37 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | [ptx_stx_oth] | You mentioned you had some other symptom, please describe. Show the field ONLY if: [ptx_stx(99)] = "1" | <p>text</p> <p>Question number: 38</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 43 | [ptx_stx_first] Show the field ONLY if: [ptx_stx(1)]='1' or [ptx_stx(2)]='1' or [ptx_stx(3)]='1' or [ptx_stx(4)]='1' or [ptx_stx(5)]='1' or [ptx_stx(6)]='1' or [ptx_stx(7)]='1' or [ptx_stx(8)]='1' or [ptx_stx(9)]='1' or [ptx_stx(10)]='1' or [ptx_stx(21)]='1' or [ptx_stx(22)]='1' or [ptx_stx(23)]='1' or [ptx_stx(24)]='1' or [ptx_stx(25)]='1' or [ptx_stx(26)]='1' or [ptx_stx(27)]='1' or [ptx_stx(28)]='1' or [ptx_stx(29)]='1' or [ptx_stx(99)]='1' | You mentioned you had one or more symptoms, what was your first symptom? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>ptx_stx_first__1</td><td>Fever</td></tr> <tr><td>2</td><td>ptx_stx_first__2</td><td>Rash</td></tr> <tr><td>3</td><td>ptx_stx_first__3</td><td>Enlarged lymph nodes</td></tr> <tr><td>4</td><td>ptx_stx_first__4</td><td>Cough</td></tr> <tr><td>5</td><td>ptx_stx_first__5</td><td>Eye lesions</td></tr> <tr><td>6</td><td>ptx_stx_first__6</td><td>Conjunctivitis</td></tr> <tr><td>7</td><td>ptx_stx_first__7</td><td>Abdominal pain</td></tr> <tr><td>8</td><td>ptx_stx_first__8</td><td>Pruritis (itching)</td></tr> <tr><td>9</td><td>ptx_stx_first__9</td><td>Vomiting or nausea</td></tr> <tr><td>10</td><td>ptx_stx_first__10</td><td>Runny nose</td></tr> <tr><td>21</td><td>ptx_stx_first__21</td><td>Malaise (general feeling of illness/weakness)</td></tr> <tr><td>22</td><td>ptx_stx_first__22</td><td>Myalgia (muscle aches)</td></tr> <tr><td>23</td><td>ptx_stx_first__23</td><td>Headache</td></tr> <tr><td>24</td><td>ptx_stx_first__24</td><td>Tenesmus/urgency to defecate</td></tr> <tr><td>25</td><td>ptx_stx_first__25</td><td>Rectal pain</td></tr> <tr><td>26</td><td>ptx_stx_first__26</td><td>Rectal bleeding</td></tr> <tr><td>27</td><td>ptx_stx_first__27</td><td>Back pain</td></tr> <tr><td>28</td><td>ptx_stx_first__28</td><td>Pus or blood on stools</td></tr> <tr><td>29</td><td>ptx_stx_first__29</td><td>Chills</td></tr> <tr><td>99</td><td>ptx_stx_first__99</td><td>Other</td></tr> </table> | 1 | ptx_stx_first__1 | Fever | 2 | ptx_stx_first__2 | Rash | 3 | ptx_stx_first__3 | Enlarged lymph nodes | 4 | ptx_stx_first__4 | Cough | 5 | ptx_stx_first__5 | Eye lesions | 6 | ptx_stx_first__6 | Conjunctivitis | 7 | ptx_stx_first__7 | Abdominal pain | 8 | ptx_stx_first__8 | Pruritis (itching) | 9 | ptx_stx_first__9 | Vomiting or nausea | 10 | ptx_stx_first__10 | Runny nose | 21 | ptx_stx_first__21 | Malaise (general feeling of illness/weakness) | 22 | ptx_stx_first__22 | Myalgia (muscle aches) | 23 | ptx_stx_first__23 | Headache | 24 | ptx_stx_first__24 | Tenesmus/urgency to defecate | 25 | ptx_stx_first__25 | Rectal pain | 26 | ptx_stx_first__26 | Rectal bleeding | 27 | ptx_stx_first__27 | Back pain | 28 | ptx_stx_first__28 | Pus or blood on stools | 29 | ptx_stx_first__29 | Chills | 99 | ptx_stx_first__99 | Other |
| 1 | ptx_stx_first__1 | Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ptx_stx_first__2 | Rash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ptx_stx_first__3 | Enlarged lymph nodes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ptx_stx_first__4 | Cough | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ptx_stx_first__5 | Eye lesions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ptx_stx_first__6 | Conjunctivitis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ptx_stx_first__7 | Abdominal pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ptx_stx_first__8 | Pruritis (itching) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ptx_stx_first__9 | Vomiting or nausea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ptx_stx_first__10 | Runny nose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | ptx_stx_first__21 | Malaise (general feeling of illness/weakness) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | ptx_stx_first__22 | Myalgia (muscle aches) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | ptx_stx_first__23 | Headache | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | ptx_stx_first__24 | Tenesmus/urgency to defecate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | ptx_stx_first__25 | Rectal pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | ptx_stx_first__26 | Rectal bleeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | ptx_stx_first__27 | Back pain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | ptx_stx_first__28 | Pus or blood on stools | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | ptx_stx_first__29 | Chills | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | ptx_stx_first__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | [ptx_stx_dt] | What was the date of your illness onset (in other words, the date when any of the symptoms you mentioned first appeared) (priority) | text (date_mdy) Question number: 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | [ptx_stx_fvr_dt] Show the field ONLY if: [ptx_stx(1)] = "1" | You mentioned you had a fever, what was the date of fever onset (in other words, the date the fever first appeared)? (priority) | text (date_mdy) Question number: 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | [ptx_stx_fvr_temp] Show the field ONLY if: [ptx_stx(1)] = "1" | Was the fever ever measured to be 100.4°F or greater (38°C)? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 41 | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | [ptx_stx_rash_dt] Show the field ONLY if: [ptx_stx(2)] = "1" | You mentioned you had a rash, what was the date of rash onset (in other words, the date the rash first appeared)? (priority) | text (date_mdy) Question number: 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 48 | [ptx_stx_rash_loc] Show the field ONLY if: [ptx_stx(2)] = "1" | You mentioned you had a rash, where on your body did the rash begin? (select all that apply) (priority) | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>ptx_stx_rash_loc__1</td><td>Face</td></tr> <tr><td>2</td><td>ptx_stx_rash_loc__2</td><td>Head</td></tr> <tr><td>3</td><td>ptx_stx_rash_loc__3</td><td>Neck</td></tr> <tr><td>4</td><td>ptx_stx_rash_loc__4</td><td>Mouth, lips, or oral mucosa</td></tr> <tr><td>5</td><td>ptx_stx_rash_loc__5</td><td>Trunk</td></tr> <tr><td>6</td><td>ptx_stx_rash_loc__6</td><td>Arms</td></tr> <tr><td>7</td><td>ptx_stx_rash_loc__7</td><td>Legs</td></tr> <tr><td>8</td><td>ptx_stx_rash_loc__8</td><td>Palms of hands</td></tr> <tr><td>9</td><td>ptx_stx_rash_loc__9</td><td>Soles of feet</td></tr> <tr><td>10</td><td>ptx_stx_rash_loc__10</td><td>Genitals</td></tr> <tr><td>11</td><td>ptx_stx_rash_loc__11</td><td>Perianal</td></tr> <tr><td>99</td><td>ptx_stx_rash_loc__99</td><td>Other location</td></tr> </table> | 1 | ptx_stx_rash_loc__1 | Face | 2 | ptx_stx_rash_loc__2 | Head | 3 | ptx_stx_rash_loc__3 | Neck | 4 | ptx_stx_rash_loc__4 | Mouth, lips, or oral mucosa | 5 | ptx_stx_rash_loc__5 | Trunk | 6 | ptx_stx_rash_loc__6 | Arms | 7 | ptx_stx_rash_loc__7 | Legs | 8 | ptx_stx_rash_loc__8 | Palms of hands | 9 | ptx_stx_rash_loc__9 | Soles of feet | 10 | ptx_stx_rash_loc__10 | Genitals | 11 | ptx_stx_rash_loc__11 | Perianal | 99 | ptx_stx_rash_loc__99 | Other location |
| 1 | ptx_stx_rash_loc__1 | Face | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ptx_stx_rash_loc__2 | Head | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ptx_stx_rash_loc__3 | Neck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ptx_stx_rash_loc__4 | Mouth, lips, or oral mucosa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ptx_stx_rash_loc__5 | Trunk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ptx_stx_rash_loc__6 | Arms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ptx_stx_rash_loc__7 | Legs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ptx_stx_rash_loc__8 | Palms of hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ptx_stx_rash_loc__9 | Soles of feet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ptx_stx_rash_loc__10 | Genitals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ptx_stx_rash_loc__11 | Perianal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | ptx_stx_rash_loc__99 | Other location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Question number: 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | [ptx_stx_rash_loc_oth] | You mentioned you had a rash in some other location, can you please specify? | text | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Question number: 45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 | [ptx_stx_rash_loc_2] Show the field ONLY if: [ptx_stx(2)] = "1" | You mentioned you had a rash on your [ptx_stx_rash_loc], where on your body did the rash spread during the course of your illness? (select all that apply) (priority) | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>ptx_stx_rash_loc_2__1</td><td>Face</td></tr> <tr><td>2</td><td>ptx_stx_rash_loc_2__2</td><td>Head</td></tr> <tr><td>3</td><td>ptx_stx_rash_loc_2__3</td><td>Neck</td></tr> <tr><td>4</td><td>ptx_stx_rash_loc_2__4</td><td>Mouth, lips, or oral mucosa</td></tr> <tr><td>5</td><td>ptx_stx_rash_loc_2__5</td><td>Trunk</td></tr> <tr><td>6</td><td>ptx_stx_rash_loc_2__6</td><td>Arms</td></tr> <tr><td>7</td><td>ptx_stx_rash_loc_2__7</td><td>Legs</td></tr> <tr><td>8</td><td>ptx_stx_rash_loc_2__8</td><td>Palms of hands</td></tr> <tr><td>9</td><td>ptx_stx_rash_loc_2__9</td><td>Soles of feet</td></tr> <tr><td>10</td><td>ptx_stx_rash_loc_2__10</td><td>Genitals</td></tr> <tr><td>11</td><td>ptx_stx_rash_loc_2__11</td><td>Perianal</td></tr> <tr><td>99</td><td>ptx_stx_rash_loc_2__99</td><td>Other location</td></tr> </table> | 1 | ptx_stx_rash_loc_2__1 | Face | 2 | ptx_stx_rash_loc_2__2 | Head | 3 | ptx_stx_rash_loc_2__3 | Neck | 4 | ptx_stx_rash_loc_2__4 | Mouth, lips, or oral mucosa | 5 | ptx_stx_rash_loc_2__5 | Trunk | 6 | ptx_stx_rash_loc_2__6 | Arms | 7 | ptx_stx_rash_loc_2__7 | Legs | 8 | ptx_stx_rash_loc_2__8 | Palms of hands | 9 | ptx_stx_rash_loc_2__9 | Soles of feet | 10 | ptx_stx_rash_loc_2__10 | Genitals | 11 | ptx_stx_rash_loc_2__11 | Perianal | 99 | ptx_stx_rash_loc_2__99 | Other location |
| 1 | ptx_stx_rash_loc_2__1 | Face | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | ptx_stx_rash_loc_2__2 | Head | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | ptx_stx_rash_loc_2__3 | Neck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | ptx_stx_rash_loc_2__4 | Mouth, lips, or oral mucosa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | ptx_stx_rash_loc_2__5 | Trunk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | ptx_stx_rash_loc_2__6 | Arms | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | ptx_stx_rash_loc_2__7 | Legs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | ptx_stx_rash_loc_2__8 | Palms of hands | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | ptx_stx_rash_loc_2__9 | Soles of feet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | ptx_stx_rash_loc_2__10 | Genitals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | ptx_stx_rash_loc_2__11 | Perianal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | ptx_stx_rash_loc_2__99 | Other location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Question number: 46 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 51 | [ptx_stx_rash_loc_oth_2] Show the field ONLY if: [ptx_stx_rash_loc_2(99)] = "1" | You mentioned the rash spread to some other location, can you please specify? | text Question number: 47 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 52 | [ptx_stx_rash_lesion] Show the field ONLY if: [ptx_stx(2)] = "1" | You mentioned you had a rash, when the rash was at its worst, approximately how many lesions were there on your body? (choose one) | <p>radio</p> <table border="1"> <tr><td>1</td><td>1 - 9</td></tr> <tr><td>2</td><td>10 - 49</td></tr> <tr><td>3</td><td>50 - 99</td></tr> <tr><td>4</td><td>>= 100</td></tr> <tr><td>5</td><td>Don't know</td></tr> </table> | 1 | 1 - 9 | 2 | 10 - 49 | 3 | 50 - 99 | 4 | >= 100 | 5 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 - 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 10 - 49 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 50 - 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | >= 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Question number: 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | [ptx_hosp] | Have you ever been hospitalized for this illness? (priority) | <p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Question number: 49</p> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|----|---|--|--|---|--------------|---|-------------|---|------------|---|------------|
| 54 | [ptx_hosp_dur] Show the field ONLY if: [ptx_hosp] = '1' | You mentioned you were hospitalized for this illness, approximately how long, in days, were you hospitalized? | text (integer, Min: 0) Question number: 50 | | | | | | | | |
| 55 | [ptx_iso_start_dt] | (FOR INTERVIEWER) If known, start date of patient isolation. (priority) | text (date_mdy) Question number: 51 | | | | | | | | |
| 56 | [ptx_iso_end_dt] | (FOR INTERVIEWER) If known, end date of patient isolation (all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed). (priority) | text (date_mdy) Question number: 52 | | | | | | | | |
| 57 | [ptx_antiorthropoxviral] | (FOR INTERVIEWER) Did this patient receive anti-orthopoxviral treatment? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 53 | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |
| 58 | [ptx_post_prophylaxis] | (FOR INTERVIEWER) Did the patient receive post-exposure prophylaxis? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes ACAM2000</td></tr> <tr><td>2</td><td>Yes JYNNEOS</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table> Question number: 54 | 1 | Yes ACAM2000 | 2 | Yes JYNNEOS | 3 | No | 4 | Don't know |
| 1 | Yes ACAM2000 | | | | | | | | | | |
| 2 | Yes JYNNEOS | | | | | | | | | | |
| 3 | No | | | | | | | | | | |
| 4 | Don't know | | | | | | | | | | |
| 59 | [ptx_post_prophylaxis_days] Show the field ONLY if: [ptx_post_prophylaxis] = '1' [ptx_post_prophylaxis] = '2' | Approximately how many days after initial exposure did the patient receive post-exposure prophylaxis? | text Question number: 55 | | | | | | | | |
| 60 | [hist_immuno] | Section Header: 5. Patient medical history (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS). Thank you. The next few questions relate to your medical history. Do you have any known immunocompromising conditions or take immunosuppressive medications? Immunocompromising conditions can include diseases like HIV/AIDS, diabetes, lupus, organ transplants, stem cell transplants, and cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system. (priority) | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 56 | 1 | Yes | 0 | No | | | | |
| 1 | Yes | | | | | | | | | | |
| 0 | No | | | | | | | | | | |
| 61 | [hist_immuno_cond] Show the field ONLY if: [hist_immuno] = '1' | You mentioned you are immunocompromised, please describe the associated condition or treatment. | text Question number: 57 | | | | | | | | |
| 62 | [hist_spx_doc] | (FOR INTERVIEWER) Is there documented administration of smallpox vaccine prior May 1st, 2022? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 58 | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |
| 63 | [hist_spx_doc_year] Show the field ONLY if: [hist_spx_doc] = '1' | If there is documented administration of smallpox vaccine prior to May 1st, 2022, then when was the patient vaccinated? Indicate all dates (year(s), separated by commas). | text Question number: 59 | | | | | | | | |
| 64 | [hist_spx_pt_report] Show the field ONLY if: [hist_spx_doc] = '2' | (IF NO DOCUMENTED ADMINISTRATION OF SMALLPOX VACCINE PRIOR TO MAY 1ST, 2022, THEN ASK THE PATIENT THE FOLLOWING:) do you know if you have been vaccinated for smallpox? Vaccine scars do not count. | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 60 | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |
| 65 | [hist_spx_pt_report_year] | You mentioned you remember being vaccinated, what year(s) were you vaccinated? | text Question number: 61 | | | | | | | | |

| | | | | | | | | | | | |
|----|-----------------------|---|---|---|-----|---|-------|---|-----------------------|---|---------|
| 66 | [illcont_event] | <p>Section Header: 6. Ill person contacts (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now we are going to speak a bit more about your recent contact with other persons.</p> <p>In the three weeks before your first symptom appeared (also called symptom onset), have you attended any large public or private events? For example, like concerts, weddings, festivals, or parades. (priority)</p> | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Question number: 62</p> | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |
| 67 | [illcont_event_notes] | <p>Show the field ONLY if: [illcont_event] = '1'</p> <p>You mentioned that you attended a large event or large events in the three weeks before your symptom onset, can you specify the date of attendance, name and location of this event(s)? (priority)</p> | notes <p>Question number: 63</p> | | | | | | | | |
| 68 | [illcont_inst] | <p>Now we are going to talk about persons who were ill at the time you interacted with them or have become ill since you interacted with them.</p> | descriptive | | | | | | | | |
| 69 | [illcont_hadsymp] | <p>Let's focus on the three weeks before your first symptom appeared (also called symptom onset). During this time, have you had any interaction with anyone who had symptoms of monkeypox or monkeypox-related illness when you interacted with them? (priority)</p> | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Question number: 64</p> | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |
| 70 | [illcont_devsymp] | <p>Again, let's focus on the three weeks before your first symptom appeared (also called symptom onset). During this time, have you had any interaction with anyone who has developed any symptoms of monkeypox or monkeypox-related illness since the time you interacted with them? (priority)</p> | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Question number: 65</p> | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |
| 71 | [illcont_inst_2] | <p>Show the field ONLY if: [illcont_hadsymp] = '1' [illcont_devsymp] = '1'</p> <p>(FOR INTERVIEWER: IF YES TO EITHER OF THE ABOVE, CONTINUE TO THE FOLLOWING QUESTIONS CONCERNING THESE ADDITIONAL ILL PERSONS. BE SURE TO PROBE FOR ALL ILL CONTACTS.)</p> <p>You mentioned that, in the three weeks before your symptoms first appeared, you either interacted with someone who had symptoms of monkeypox or monkeypox-related illness when you interacted with them and/or they developed symptoms of monkeypox or monkeypox-related illness since you interacted with them. The next set of questions relate to the person or persons you interacted with.</p> | descriptive | | | | | | | | |
| 72 | [illcont_1_date] | <p>Show the field ONLY if: [illcont_hadsymp] = '1' [illcont_devsymp] = '1'</p> <p>On what date did you interact with this person? (priority)</p> | text (date_mdy) <p>Question number: 66</p> | | | | | | | | |
| 73 | [illcont_1_sex] | <p>Show the field ONLY if: [illcont_hadsymp] = '1' [illcont_devsymp] = '1'</p> <p>What was the current sex of this person? (priority)</p> | radio <table border="1"> <tr><td>1</td><td>Men</td></tr> <tr><td>2</td><td>Women</td></tr> <tr><td>3</td><td>Other gender identity</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> <p>Question number: 67</p> | 1 | Men | 2 | Women | 3 | Other gender identity | 4 | Unknown |
| 1 | Men | | | | | | | | | | |
| 2 | Women | | | | | | | | | | |
| 3 | Other gender identity | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | |
| 74 | [illcont_1_age] | <p>Show the field ONLY if: [illcont_hadsymp] = '1' [illcont_devsymp] = '1'</p> <p>How old is this person, in years?</p> | text (integer, Min: 0) <p>Question number: 68</p> | | | | | | | | |
| 75 | [illcont_1_mpx] | <p>Show the field ONLY if: [illcont_hadsymp] = '1' [illcont_devsymp] = '1'</p> <p>Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider?</p> | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Question number: 69</p> | 1 | Yes | 2 | No | 3 | Don't know | | |
| 1 | Yes | | | | | | | | | | |
| 2 | No | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|-----------------------------|---|--|---|-------------|---|---------|---|---------|---|---------|---|--------|---|---------------------|---|-----------|---|---------|---|-----------|----|---------|----|------------|----|--------------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-----------------|----|---------|----|------------------------|----|----------|----|--------|----|--------|----|------------------------|----|----------|----|----------------------------|----|-------|----|---------|----|------------|----|----------|----|----------|----|--------|----|---------------------|----|--------------------------|----|------|----|-------|----|-------|----|----------|----|---------|----|-----------------------|----|------------|----|-----------------------------|----|---------|----|------|----|--------|----|---------|----|----------------|
| 76 | [illcont_1_loc] | In which country did you interact with them? | dropdown (autocomplete) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Show the field ONLY if: [illcont_hadsymp] = '1' [illcont_devsymp] = '1' | <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas, The</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> <tr><td>16</td><td>Belarus</td></tr> <tr><td>17</td><td>Belgium</td></tr> <tr><td>18</td><td>Belize</td></tr> <tr><td>19</td><td>Benin (Dahomey)</td></tr> <tr><td>20</td><td>Bolivia</td></tr> <tr><td>21</td><td>Bosnia and Herzegovina</td></tr> <tr><td>22</td><td>Botswana</td></tr> <tr><td>23</td><td>Brazil</td></tr> <tr><td>24</td><td>Brunei</td></tr> <tr><td>25</td><td>Brunswick and Lüneburg</td></tr> <tr><td>26</td><td>Bulgaria</td></tr> <tr><td>27</td><td>Burkina Faso (Upper Volta)</td></tr> <tr><td>28</td><td>Burma</td></tr> <tr><td>29</td><td>Burundi</td></tr> <tr><td>30</td><td>Cabo Verde</td></tr> <tr><td>31</td><td>Cambodia</td></tr> <tr><td>32</td><td>Cameroon</td></tr> <tr><td>33</td><td>Canada</td></tr> <tr><td>34</td><td>Cayman Islands, The</td></tr> <tr><td>35</td><td>Central African Republic</td></tr> <tr><td>36</td><td>Chad</td></tr> <tr><td>37</td><td>Chile</td></tr> <tr><td>38</td><td>China</td></tr> <tr><td>39</td><td>Colombia</td></tr> <tr><td>40</td><td>Comoros</td></tr> <tr><td>41</td><td>Congo Free State, The</td></tr> <tr><td>42</td><td>Costa Rica</td></tr> <tr><td>43</td><td>Côte d'Ivoire (Ivory Coast)</td></tr> <tr><td>44</td><td>Croatia</td></tr> <tr><td>45</td><td>Cuba</td></tr> <tr><td>46</td><td>Cyprus</td></tr> <tr><td>47</td><td>Czechia</td></tr> <tr><td>48</td><td>Czechoslovakia</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Australia | 10 | Austria | 11 | Azerbaijan | 12 | Bahamas, The | 13 | Bahrain | 14 | Bangladesh | 15 | Barbados | 16 | Belarus | 17 | Belgium | 18 | Belize | 19 | Benin (Dahomey) | 20 | Bolivia | 21 | Bosnia and Herzegovina | 22 | Botswana | 23 | Brazil | 24 | Brunei | 25 | Brunswick and Lüneburg | 26 | Bulgaria | 27 | Burkina Faso (Upper Volta) | 28 | Burma | 29 | Burundi | 30 | Cabo Verde | 31 | Cambodia | 32 | Cameroon | 33 | Canada | 34 | Cayman Islands, The | 35 | Central African Republic | 36 | Chad | 37 | Chile | 38 | China | 39 | Colombia | 40 | Comoros | 41 | Congo Free State, The | 42 | Costa Rica | 43 | Côte d'Ivoire (Ivory Coast) | 44 | Croatia | 45 | Cuba | 46 | Cyprus | 47 | Czechia | 48 | Czechoslovakia |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Australia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bahamas, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Benin (Dahomey) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Bolivia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Bosnia and Herzegovina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Botswana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Brazil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Brunei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Brunswick and Lüneburg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Bulgaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Burkina Faso (Upper Volta) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Burma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Burundi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Cabo Verde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Cambodia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | Cameroon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | Canada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34 | Cayman Islands, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | Central African Republic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 36 | Chad | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | Chile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 38 | China | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | Colombia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 | Comoros | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | Congo Free State, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 42 | Costa Rica | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | Côte d'Ivoire (Ivory Coast) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 44 | Croatia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | Cuba | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46 | Cyprus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | Czechia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 48 | Czechoslovakia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 49 | Democratic Republic of the Congo |
| 50 | Denmark |
| 51 | Djibouti |
| 52 | Dominica |
| 53 | Dominican Republic |
| 54 | Ecuador |
| 55 | Egypt |
| 56 | El Salvador |
| 57 | Equatorial Guinea |
| 58 | Eritrea |
| 59 | Estonia |
| 60 | Eswatini |
| 61 | Ethiopia |
| 62 | Fiji |
| 63 | Finland |
| 64 | France |
| 65 | Gabon |
| 66 | Gambia, The |
| 67 | Georgia |
| 68 | Germany |
| 69 | Ghana |
| 70 | Greece |
| 71 | Grenada |
| 72 | Guatemala |
| 73 | Guinea |
| 74 | Guinea-Bissau |
| 75 | Guyana |
| 76 | Haiti |
| 77 | Holy See |
| 78 | Honduras |
| 79 | Hungary |
| 80 | Iceland |
| 81 | India |
| 82 | Indonesia |
| 83 | Iran |
| 84 | Iraq |
| 85 | Ireland |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kiribati |
| 94 | Korea |
| 95 | Kosovo |
| 96 | Kuwait |

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| 97 | Kyrgyzstan |
| 98 | Laos |
| 99 | Latvia |
| 100 | Lebanon |
| 101 | Lesotho |
| 102 | Liberia |
| 103 | Libya |
| 104 | Liechtenstein |
| 105 | Lithuania |
| 106 | Luxembourg |
| 107 | Madagascar |
| 108 | Malawi |
| 109 | Malaysia |
| 110 | Maldives |
| 111 | Mali |
| 112 | Malta |
| 113 | Marshall Islands |
| 114 | Mauritania |
| 115 | Mauritius |
| 116 | Mexico |
| 117 | Micronesia |
| 118 | Moldova |
| 119 | Monaco |
| 120 | Mongolia |
| 121 | Montenegro |
| 122 | Morocco |
| 123 | Mozambique |
| 124 | Namibia |
| 125 | Nauru |
| 126 | Nepal |
| 127 | Netherlands, The |
| 128 | New Zealand |
| 129 | Nicaragua |
| 130 | Niger |
| 131 | Nigeria |
| 132 | North Macedonia |
| 133 | Norway |
| 134 | Oman |
| 135 | Pakistan |
| 136 | Palau |
| 137 | Panama |
| 138 | Papua New Guinea |
| 139 | Paraguay |
| 140 | Peru |
| 141 | Philippines |
| 142 | Poland |
| 143 | Portugal |
| 144 | Qatar |

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| 145 | Republic of Korea (South Korea) |
| 146 | Republic of the Congo |
| 147 | Romania |
| 148 | Russia |
| 149 | Rwanda |
| 150 | Saint Kitts and Nevis |
| 151 | Saint Lucia |
| 152 | Saint Vincent and the Grenadines |
| 153 | Samoa |
| 154 | San Marino |
| 155 | Sao Tome and Principe |
| 156 | Saudi Arabia |
| 157 | Senegal |
| 158 | Serbia |
| 159 | Seychelles |
| 160 | Sierra Leone |
| 161 | Singapore |
| 162 | Slovakia |
| 163 | Slovenia |
| 164 | Solomon Islands, The |
| 165 | Somalia |
| 166 | South Africa |
| 167 | South Sudan |
| 168 | Spain |
| 169 | Sri Lanka |
| 170 | Sudan |
| 171 | Suriname |
| 172 | Sweden |
| 173 | Switzerland |
| 174 | Syria |
| 175 | Tajikistan |
| 176 | Tanzania |
| 177 | Thailand |
| 178 | Timor-Leste |
| 179 | Togo |
| 180 | Tonga |
| 181 | Trinidad and Tobago |
| 182 | Tunisia |
| 183 | Turkey |
| 184 | Turkmenistan |
| 185 | Tuvalu |
| 186 | Uganda |
| 187 | Ukraine |
| 188 | United Arab Emirates, The |
| 189 | United Kingdom, The |
| 190 | United States |
| 191 | Uruguay |
| 192 | Uzbekistan |

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| 193 | Vanuatu |
| 194 | Venezuela |
| 195 | Vietnam |
| 196 | Yemen |
| 197 | Zambia |
| 198 | Zimbabwe |

Question number: 70

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|----|---|---|--|---|-------------------|------------|----|-------------------|----------------|---|-------------------|----------------------------------|---|-------------------|-----------------|---|-------------------|--|---|-------------------|---|---|-------------------|--|---|-------------------|---|----|--------------------|-------|
| 77 | [illcont_1_travel] Show the field ONLY if: [illcont_hadsymp] = "1" [illcont_devsymp] = "1" | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78 | [illcont_1_trvl_loc] | You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one. | notes Question number: 72 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 79 | [illcont_1_type] Show the field ONLY if: [illcont_hadsymp] = "1" [illcont_devsymp] = "1" | What type of interaction did you have with them? (select all that apply) (priority) | checkbox <table border="1"> <tr><td>1</td><td>illcont_1_type__1</td><td>Caregiving</td></tr> <tr><td>2</td><td>illcont_1_type__2</td><td>Sexual contact</td></tr> <tr><td>3</td><td>illcont_1_type__3</td><td>Shared food, utensils, or dishes</td></tr> <tr><td>4</td><td>illcont_1_type__4</td><td>Shared clothing</td></tr> <tr><td>5</td><td>illcont_1_type__5</td><td>Shared towels or bedding either at home or at another location</td></tr> <tr><td>6</td><td>illcont_1_type__6</td><td>Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)</td></tr> <tr><td>7</td><td>illcont_1_type__7</td><td>Shared bathrooms (toilets, sinks, showers) either at home or at another location</td></tr> <tr><td>8</td><td>illcont_1_type__8</td><td>Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)</td></tr> <tr><td>99</td><td>illcont_1_type__99</td><td>Other</td></tr> </table> | 1 | illcont_1_type__1 | Caregiving | 2 | illcont_1_type__2 | Sexual contact | 3 | illcont_1_type__3 | Shared food, utensils, or dishes | 4 | illcont_1_type__4 | Shared clothing | 5 | illcont_1_type__5 | Shared towels or bedding either at home or at another location | 6 | illcont_1_type__6 | Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) | 7 | illcont_1_type__7 | Shared bathrooms (toilets, sinks, showers) either at home or at another location | 8 | illcont_1_type__8 | Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask) | 99 | illcont_1_type__99 | Other |
| 1 | illcont_1_type__1 | Caregiving | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | illcont_1_type__2 | Sexual contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | illcont_1_type__3 | Shared food, utensils, or dishes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | illcont_1_type__4 | Shared clothing | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | illcont_1_type__5 | Shared towels or bedding either at home or at another location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | illcont_1_type__6 | Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | illcont_1_type__7 | Shared bathrooms (toilets, sinks, showers) either at home or at another location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | illcont_1_type__8 | Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | illcont_1_type__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 80 | [illcont_1_transport] | You mentioned that you shared transportation with them, can you please specify the type of transportation? | text Question number: 74 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 81 | [illcont_1_other] | You mentioned some other type of interaction with them, can you describe? | text Question number: 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|--|--|--|---|--|---|-------------------------------------|---|-------------------------------------|---|---|---|------------|---|---------------------|---|-----------|---|---------|---|-----------|----|---------|----|------------|----|--------------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-----------------|
| 82 | [illcont_1_masks] Show the field ONLY if: [illcont_1_type(6)] = "1" | You mentioned that you shared transportation with them, were masks used? | radio <table border="1"> <tr><td>1</td><td>Yes, both patient and contact wore masks</td></tr> <tr><td>2</td><td>Partially, only patient wore a mask</td></tr> <tr><td>3</td><td>Partially, only contact wore a mask</td></tr> <tr><td>4</td><td>No, neither patient nor contact wore a mask</td></tr> <tr><td>5</td><td>Don't know</td></tr> </table> | 1 | Yes, both patient and contact wore masks | 2 | Partially, only patient wore a mask | 3 | Partially, only contact wore a mask | 4 | No, neither patient nor contact wore a mask | 5 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes, both patient and contact wore masks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Partially, only patient wore a mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Partially, only contact wore a mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | No, neither patient nor contact wore a mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 83 | [illcont_2] Show the field ONLY if: [illcont_hadsymp] = "1" [illcont_devsymp] = "1" | Do you have any additional interactions with other persons to share? <i>If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.</i> | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 84 | [illcont_2_date] Show the field ONLY if: [illcont_2] = "1" | On what date did you interact with this person? (priority) | text (date_mdy) Question number: 78 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 85 | [illcont_2_sex] Show the field ONLY if: [illcont_2] = "1" | What was the current sex of this person? (priority) | radio <table border="1"> <tr><td>1</td><td>Men</td></tr> <tr><td>2</td><td>Women</td></tr> <tr><td>3</td><td>Other gender identity</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> | 1 | Men | 2 | Women | 3 | Other gender identity | 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Men | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other gender identity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 86 | [illcont_2_age] Show the field ONLY if: [illcont_2] = "1" | How old is this person, in years? | text (integer, Min: 0) Question number: 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 87 | [illcont_2_mpx] Show the field ONLY if: [illcont_2] = "1" | Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 88 | [illcont_2_loc] Show the field ONLY if: [illcont_2] = "1" | In which country did you interact with them? | dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas, The</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> <tr><td>16</td><td>Belarus</td></tr> <tr><td>17</td><td>Belgium</td></tr> <tr><td>18</td><td>Belize</td></tr> <tr><td>19</td><td>Benin (Dahomey)</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Australia | 10 | Austria | 11 | Azerbaijan | 12 | Bahamas, The | 13 | Bahrain | 14 | Bangladesh | 15 | Barbados | 16 | Belarus | 17 | Belgium | 18 | Belize | 19 | Benin (Dahomey) |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Australia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bahamas, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Benin (Dahomey) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 20 | Bolivia |
| 21 | Bosnia and Herzegovina |
| 22 | Botswana |
| 23 | Brazil |
| 24 | Brunei |
| 25 | Brunswick and Lüneburg |
| 26 | Bulgaria |
| 27 | Burkina Faso (Upper Volta) |
| 28 | Burma |
| 29 | Burundi |
| 30 | Cabo Verde |
| 31 | Cambodia |
| 32 | Cameroon |
| 33 | Canada |
| 34 | Cayman Islands, The |
| 35 | Central African Republic |
| 36 | Chad |
| 37 | Chile |
| 38 | China |
| 39 | Colombia |
| 40 | Comoros |
| 41 | Congo Free State, The |
| 42 | Costa Rica |
| 43 | Côte d'Ivoire (Ivory Coast) |
| 44 | Croatia |
| 45 | Cuba |
| 46 | Cyprus |
| 47 | Czechia |
| 48 | Czechoslovakia |
| 49 | Democratic Republic of the Congo |
| 50 | Denmark |
| 51 | Djibouti |
| 52 | Dominica |
| 53 | Dominican Republic |
| 54 | Ecuador |
| 55 | Egypt |
| 56 | El Salvador |
| 57 | Equatorial Guinea |
| 58 | Eritrea |
| 59 | Estonia |
| 60 | Eswatini |
| 61 | Ethiopia |
| 62 | Fiji |
| 63 | Finland |
| 64 | France |
| 65 | Gabon |
| 66 | Gambia, The |
| 67 | Georgia |

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| 68 | Germany |
| 69 | Ghana |
| 70 | Greece |
| 71 | Grenada |
| 72 | Guatemala |
| 73 | Guinea |
| 74 | Guinea-Bissau |
| 75 | Guyana |
| 76 | Haiti |
| 77 | Holy See |
| 78 | Honduras |
| 79 | Hungary |
| 80 | Iceland |
| 81 | India |
| 82 | Indonesia |
| 83 | Iran |
| 84 | Iraq |
| 85 | Ireland |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kiribati |
| 94 | Korea |
| 95 | Kosovo |
| 96 | Kuwait |
| 97 | Kyrgyzstan |
| 98 | Laos |
| 99 | Latvia |
| 100 | Lebanon |
| 101 | Lesotho |
| 102 | Liberia |
| 103 | Libya |
| 104 | Liechtenstein |
| 105 | Lithuania |
| 106 | Luxembourg |
| 107 | Madagascar |
| 108 | Malawi |
| 109 | Malaysia |
| 110 | Maldives |
| 111 | Mali |
| 112 | Malta |
| 113 | Marshall Islands |
| 114 | Mauritania |
| 115 | Mauritius |

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| 116 | Mexico |
| 117 | Micronesia |
| 118 | Moldova |
| 119 | Monaco |
| 120 | Mongolia |
| 121 | Montenegro |
| 122 | Morocco |
| 123 | Mozambique |
| 124 | Namibia |
| 125 | Nauru |
| 126 | Nepal |
| 127 | Netherlands, The |
| 128 | New Zealand |
| 129 | Nicaragua |
| 130 | Niger |
| 131 | Nigeria |
| 132 | North Macedonia |
| 133 | Norway |
| 134 | Oman |
| 135 | Pakistan |
| 136 | Palau |
| 137 | Panama |
| 138 | Papua New Guinea |
| 139 | Paraguay |
| 140 | Peru |
| 141 | Philippines |
| 142 | Poland |
| 143 | Portugal |
| 144 | Qatar |
| 145 | Republic of Korea (South Korea) |
| 146 | Republic of the Congo |
| 147 | Romania |
| 148 | Russia |
| 149 | Rwanda |
| 150 | Saint Kitts and Nevis |
| 151 | Saint Lucia |
| 152 | Saint Vincent and the Grenadines |
| 153 | Samoa |
| 154 | San Marino |
| 155 | Sao Tome and Principe |
| 156 | Saudi Arabia |
| 157 | Senegal |
| 158 | Serbia |
| 159 | Seychelles |
| 160 | Sierra Leone |
| 161 | Singapore |
| 162 | Slovakia |
| 163 | Slovenia |

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| 164 | Solomon Islands, The |
| 165 | Somalia |
| 166 | South Africa |
| 167 | South Sudan |
| 168 | Spain |
| 169 | Sri Lanka |
| 170 | Sudan |
| 171 | Suriname |
| 172 | Sweden |
| 173 | Switzerland |
| 174 | Syria |
| 175 | Tajikistan |
| 176 | Tanzania |
| 177 | Thailand |
| 178 | Timor-Leste |
| 179 | Togo |
| 180 | Tonga |
| 181 | Trinidad and Tobago |
| 182 | Tunisia |
| 183 | Turkey |
| 184 | Turkmenistan |
| 185 | Tuvalu |
| 186 | Uganda |
| 187 | Ukraine |
| 188 | United Arab Emirates, The |
| 189 | United Kingdom, The |
| 190 | United States |
| 191 | Uruguay |
| 192 | Uzbekistan |
| 193 | Vanuatu |
| 194 | Venezuela |
| 195 | Vietnam |
| 196 | Yemen |
| 197 | Zambia |
| 198 | Zimbabwe |

Question number: 82

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| radio |
| 1 Yes |
| 2 No |
| 3 Don't know |

Question number: 83

notes
Question number: 84

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| 89 | [illcont_2_travel] Show the field ONLY if: [illcont_2] = '1' | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. |
| 90 | [illcont_2_trvl_loc] Show the field ONLY if: [illcont_2] = '1' && [illcont_2_travl] = '1' | You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one. |

| | | | | | | | | | | | | | |
|---------------------|--|---|--|---|--|---|-------------------------------------|---|-------------------------------------|---|---|---|------------|
| 91 | <p>[illcont_2_type]</p> <p>Show the field ONLY if: [illcont_2] = '1'</p> | <p>What type of interaction did you have with them? (select all that apply) (priority)</p> | checkbox | | | | | | | | | | |
| | | | 1 [illcont_2_type__1] Caregiving | | | | | | | | | | |
| | | | 2 [illcont_2_type__2] Sexual contact | | | | | | | | | | |
| | | | 3 [illcont_2_type__3] Shared food, utensils, or dishes | | | | | | | | | | |
| | | | 4 [illcont_2_type__4] Shared clothing | | | | | | | | | | |
| | | | 5 [illcont_2_type__5] Shared towels or bedding either at home or at another location | | | | | | | | | | |
| | | | 6 [illcont_2_type__6] Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) | | | | | | | | | | |
| | | | 7 [illcont_2_type__7] Shared bathrooms (toilets, sinks, showers) either at home or at another location | | | | | | | | | | |
| | | | 8 [illcont_2_type__8] Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask) | | | | | | | | | | |
| | | | 99 [illcont_2_type__99] Other | | | | | | | | | | |
| Question number: 85 | | | | | | | | | | | | | |
| 92 | [illcont_2_transport] | You mentioned that you shared transportation with them, can you please specify the type of transportation? | text Question number: 86 | | | | | | | | | | |
| 93 | [illcont_2_other] | You mentioned some other type of interaction with them, can you describe? | text Question number: 87 | | | | | | | | | | |
| 94 | [illcont_2_masks] | You mentioned that you shared transportation with them, were masks used? | radio <table border="1"> <tr><td>1</td><td>Yes, both patient and contact wore masks</td></tr> <tr><td>2</td><td>Partially, only patient wore a mask</td></tr> <tr><td>3</td><td>Partially, only contact wore a mask</td></tr> <tr><td>4</td><td>No, neither patient nor contact wore a mask</td></tr> <tr><td>5</td><td>Don't know</td></tr> </table> | 1 | Yes, both patient and contact wore masks | 2 | Partially, only patient wore a mask | 3 | Partially, only contact wore a mask | 4 | No, neither patient nor contact wore a mask | 5 | Don't know |
| 1 | Yes, both patient and contact wore masks | | | | | | | | | | | | |
| 2 | Partially, only patient wore a mask | | | | | | | | | | | | |
| 3 | Partially, only contact wore a mask | | | | | | | | | | | | |
| 4 | No, neither patient nor contact wore a mask | | | | | | | | | | | | |
| 5 | Don't know | | | | | | | | | | | | |
| Question number: 88 | | | | | | | | | | | | | |
| 95 | [illcont_3] | <p>Do you have any additional interactions with other persons to share?</p> <p><i>If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.</i></p> | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| Question number: 89 | | | | | | | | | | | | | |
| 96 | [illcont_3_date] | On what date did you interact with this person? (priority) | text (date_mdy) Question number: 90 | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|---|---|-------------|---|---------|---|-----------------------|---|---------|---|--------|---|---------------------|---|-----------|---|---------|---|-----------|----|---------|----|------------|----|--------------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-----------------|----|---------|----|------------------------|----|----------|----|--------|----|--------|----|------------------------|----|----------|----|----------------------------|----|-------|----|---------|----|------------|----|----------|----|----------|----|--------|
| 97 | [illcont_3_sex] Show the field ONLY if: [illcont_3] = '1' | What was the current sex of this person? (priority) | radio <table border="1"> <tr><td>1</td><td>Men</td></tr> <tr><td>2</td><td>Women</td></tr> <tr><td>3</td><td>Other gender identity</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> <p>Question number: 91</p> | 1 | Men | 2 | Women | 3 | Other gender identity | 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Men | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other gender identity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 | [illcont_3_age] Show the field ONLY if: [illcont_3] = '1' | How old is this person, in years? | text (integer, Min: 0) <p>Question number: 92</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | [illcont_3_mpx] Show the field ONLY if: [illcont_3] = '1' | Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Question number: 93</p> | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 | [illcont_3_loc] Show the field ONLY if: [illcont_3] = '1' | In which country did you interact with them? | dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas, The</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> <tr><td>16</td><td>Belarus</td></tr> <tr><td>17</td><td>Belgium</td></tr> <tr><td>18</td><td>Belize</td></tr> <tr><td>19</td><td>Benin (Dahomey)</td></tr> <tr><td>20</td><td>Bolivia</td></tr> <tr><td>21</td><td>Bosnia and Herzegovina</td></tr> <tr><td>22</td><td>Botswana</td></tr> <tr><td>23</td><td>Brazil</td></tr> <tr><td>24</td><td>Brunei</td></tr> <tr><td>25</td><td>Brunswick and Lüneburg</td></tr> <tr><td>26</td><td>Bulgaria</td></tr> <tr><td>27</td><td>Burkina Faso (Upper Volta)</td></tr> <tr><td>28</td><td>Burma</td></tr> <tr><td>29</td><td>Burundi</td></tr> <tr><td>30</td><td>Cabo Verde</td></tr> <tr><td>31</td><td>Cambodia</td></tr> <tr><td>32</td><td>Cameroon</td></tr> <tr><td>33</td><td>Canada</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Australia | 10 | Austria | 11 | Azerbaijan | 12 | Bahamas, The | 13 | Bahrain | 14 | Bangladesh | 15 | Barbados | 16 | Belarus | 17 | Belgium | 18 | Belize | 19 | Benin (Dahomey) | 20 | Bolivia | 21 | Bosnia and Herzegovina | 22 | Botswana | 23 | Brazil | 24 | Brunei | 25 | Brunswick and Lüneburg | 26 | Bulgaria | 27 | Burkina Faso (Upper Volta) | 28 | Burma | 29 | Burundi | 30 | Cabo Verde | 31 | Cambodia | 32 | Cameroon | 33 | Canada |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Australia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bahamas, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Benin (Dahomey) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Bolivia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Bosnia and Herzegovina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Botswana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Brazil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Brunei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Brunswick and Lüneburg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Bulgaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Burkina Faso (Upper Volta) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Burma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Burundi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Cabo Verde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Cambodia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | Cameroon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | Canada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 34 | Cayman Islands, The |
| 35 | Central African Republic |
| 36 | Chad |
| 37 | Chile |
| 38 | China |
| 39 | Colombia |
| 40 | Comoros |
| 41 | Congo Free State, The |
| 42 | Costa Rica |
| 43 | Cote d'Ivoire (Ivory Coast) |
| 44 | Croatia |
| 45 | Cuba |
| 46 | Cyprus |
| 47 | Czechia |
| 48 | Czechoslovakia |
| 49 | Democratic Republic of the Congo |
| 50 | Denmark |
| 51 | Djibouti |
| 52 | Dominica |
| 53 | Dominican Republic |
| 54 | Ecuador |
| 55 | Egypt |
| 56 | El Salvador |
| 57 | Equatorial Guinea |
| 58 | Eritrea |
| 59 | Estonia |
| 60 | Eswatini |
| 61 | Ethiopia |
| 62 | Fiji |
| 63 | Finland |
| 64 | France |
| 65 | Gabon |
| 66 | Gambia, The |
| 67 | Georgia |
| 68 | Germany |
| 69 | Ghana |
| 70 | Greece |
| 71 | Grenada |
| 72 | Guatemala |
| 73 | Guinea |
| 74 | Guinea-Bissau |
| 75 | Guyana |
| 76 | Haiti |
| 77 | Holy See |
| 78 | Honduras |
| 79 | Hungary |
| 80 | Iceland |
| 81 | India |

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| 82 | Indonesia |
| 83 | Iran |
| 84 | Iraq |
| 85 | Ireland |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kiribati |
| 94 | Korea |
| 95 | Kosovo |
| 96 | Kuwait |
| 97 | Kyrgyzstan |
| 98 | Laos |
| 99 | Latvia |
| 100 | Lebanon |
| 101 | Lesotho |
| 102 | Liberia |
| 103 | Libya |
| 104 | Liechtenstein |
| 105 | Lithuania |
| 106 | Luxembourg |
| 107 | Madagascar |
| 108 | Malawi |
| 109 | Malaysia |
| 110 | Maldives |
| 111 | Mali |
| 112 | Malta |
| 113 | Marshall Islands |
| 114 | Mauritania |
| 115 | Mauritius |
| 116 | Mexico |
| 117 | Micronesia |
| 118 | Moldova |
| 119 | Monaco |
| 120 | Mongolia |
| 121 | Montenegro |
| 122 | Morocco |
| 123 | Mozambique |
| 124 | Namibia |
| 125 | Nauru |
| 126 | Nepal |
| 127 | Netherlands, The |
| 128 | New Zealand |
| 129 | Nicaragua |

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|-----|----------------------------------|
| 130 | Niger |
| 131 | Nigeria |
| 132 | North Macedonia |
| 133 | Norway |
| 134 | Oman |
| 135 | Pakistan |
| 136 | Palau |
| 137 | Panama |
| 138 | Papua New Guinea |
| 139 | Paraguay |
| 140 | Peru |
| 141 | Philippines |
| 142 | Poland |
| 143 | Portugal |
| 144 | Qatar |
| 145 | Republic of Korea (South Korea) |
| 146 | Republic of the Congo |
| 147 | Romania |
| 148 | Russia |
| 149 | Rwanda |
| 150 | Saint Kitts and Nevis |
| 151 | Saint Lucia |
| 152 | Saint Vincent and the Grenadines |
| 153 | Samoa |
| 154 | San Marino |
| 155 | Sao Tome and Principe |
| 156 | Saudi Arabia |
| 157 | Senegal |
| 158 | Serbia |
| 159 | Seychelles |
| 160 | Sierra Leone |
| 161 | Singapore |
| 162 | Slovakia |
| 163 | Slovenia |
| 164 | Solomon Islands, The |
| 165 | Somalia |
| 166 | South Africa |
| 167 | South Sudan |
| 168 | Spain |
| 169 | Sri Lanka |
| 170 | Sudan |
| 171 | Suriname |
| 172 | Sweden |
| 173 | Switzerland |
| 174 | Syria |
| 175 | Tajikistan |
| 176 | Tanzania |
| 177 | Thailand |

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|-----|---------------------------|
| 178 | Timor-Leste |
| 179 | Togo |
| 180 | Tonga |
| 181 | Trinidad and Tobago |
| 182 | Tunisia |
| 183 | Turkey |
| 184 | Turkmenistan |
| 185 | Tuvalu |
| 186 | Uganda |
| 187 | Ukraine |
| 188 | United Arab Emirates, The |
| 189 | United Kingdom, The |
| 190 | United States |
| 191 | Uruguay |
| 192 | Uzbekistan |
| 193 | Vanuatu |
| 194 | Venezuela |
| 195 | Vietnam |
| 196 | Yemen |
| 197 | Zambia |
| 198 | Zimbabwe |

Question number: 94

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|---------------------|---|---|--|---|-----|---|----|---|------------|
| 101 | <input type="checkbox"/> [illcont_3_travel] Show the field ONLY if: <code>[illcont_3] = '1'</code> | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know |
| 1 | Yes | | | | | | | | |
| 2 | No | | | | | | | | |
| 3 | Don't know | | | | | | | | |
| Question number: 95 | | | | | | | | | |
| 102 | <input type="checkbox"/> [illcont_3_trvl_loc] Show the field ONLY if: <code>[illcont_3_travel]='1'</code> | You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one. | notes Question number: 96 | | | | | | |

| | | | | | | | | |
|---|---|--|--|--|---------------------------------------|---------------------------------------|---|--------------|
| 103 | [illcont_3_type] Show the field ONLY if: [illcont_3] = '1' | What type of interaction did you have with them? (select all that apply) (priority) | checkbox | | | | | |
| | | | 1 [illcont_3_type__1] Caregiving | | | | | |
| | | | 2 [illcont_3_type__2] Sexual contact | | | | | |
| | | | 3 [illcont_3_type__3] Shared food, utensils, or dishes | | | | | |
| | | | 4 [illcont_3_type__4] Shared clothing | | | | | |
| | | | 5 [illcont_3_type__5] Shared towels or bedding either at home or at another location | | | | | |
| | | | 6 [illcont_3_type__6] Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) | | | | | |
| | | | 7 [illcont_3_type__7] Shared bathrooms (toilets, sinks, showers) either at home or at another location | | | | | |
| | | | 8 [illcont_3_type__8] Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask) | | | | | |
| | | | 99 [illcont_3_type__99] Other | | | | | |
| Question number: 97 | | | | | | | | |
| 104 | [illcont_3_transport] Show the field ONLY if: [illcont_3_type(6)] = "1" | You mentioned that you shared transportation with them, can you please specify the type of transportation? | text Question number: 98 | | | | | |
| 105 | [illcont_3_other] Show the field ONLY if: [illcont_3_type(99)] = "1" | You mentioned some other type of interaction with them, can you describe? | text Question number: 99 | | | | | |
| 106 | [illcont_3_masks] Show the field ONLY if: [illcont_3_type(6)] = "1" | You mentioned that you shared transportation with them, were masks used? | radio <table border="1"> <tr> <td>1 Yes, both patient and contact wore masks</td> </tr> <tr> <td>2 Partially, only patient wore a mask</td> </tr> <tr> <td>3 Partially, only contact wore a mask</td> </tr> <tr> <td>4 No, neither patient nor contact wore a mask</td> </tr> <tr> <td>5 Don't know</td> </tr> </table> | 1 Yes, both patient and contact wore masks | 2 Partially, only patient wore a mask | 3 Partially, only contact wore a mask | 4 No, neither patient nor contact wore a mask | 5 Don't know |
| 1 Yes, both patient and contact wore masks | | | | | | | | |
| 2 Partially, only patient wore a mask | | | | | | | | |
| 3 Partially, only contact wore a mask | | | | | | | | |
| 4 No, neither patient nor contact wore a mask | | | | | | | | |
| 5 Don't know | | | | | | | | |
| Question number: 100 | | | | | | | | |
| 107 | [illcont_4] Show the field ONLY if: [illcont_3] = '1' | Do you have any additional interactions with other persons to share? <i>If yes, respond to the following questions concerning these ill people. Indicate all of the ill people. There is room at the end of this section for additional contacts.</i> | yesno <table border="1"> <tr> <td>1 Yes</td> </tr> <tr> <td>0 No</td> </tr> </table> | 1 Yes | 0 No | | | |
| 1 Yes | | | | | | | | |
| 0 No | | | | | | | | |
| Question number: 101 | | | | | | | | |
| 108 | [illcont_4_date] Show the field ONLY if: [illcont_4] = '1' | On what date did you interact with this person? (priority) | text (date_mdy) Question number: 102 | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|---|---|-------------|---|---------|---|-----------------------|---|---------|---|--------|---|---------------------|---|-----------|---|---------|---|-----------|----|---------|----|------------|----|--------------|----|---------|----|------------|----|----------|----|---------|----|---------|----|--------|----|-----------------|----|---------|----|------------------------|----|----------|----|--------|----|--------|----|------------------------|----|----------|----|----------------------------|----|-------|----|---------|----|------------|----|----------|----|----------|----|--------|
| 109 | [illcont_4_sex] Show the field ONLY if: [illcont_4] = '1' | What was the current sex of this person? (priority) | radio <table border="1"> <tr><td>1</td><td>Men</td></tr> <tr><td>2</td><td>Women</td></tr> <tr><td>3</td><td>Other gender identity</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> <p>Question number: 103</p> | 1 | Men | 2 | Women | 3 | Other gender identity | 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Men | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Women | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Other gender identity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | [illcont_4_age] Show the field ONLY if: [illcont_4] = '1' | How old is this person, in years? | text (integer, Min: 0) Question number: 104 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 111 | [illcont_4_mpx] Show the field ONLY if: [illcont_4] = '1' | Did they receive a laboratory confirmed diagnosis of monkeypox or orthopoxvirus infection from a health care provider? | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Question number: 105</p> | 1 | Yes | 2 | No | 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | [illcont_4_loc] Show the field ONLY if: [illcont_4] = '1' | In which country did you interact with them? | dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>Afghanistan</td></tr> <tr><td>2</td><td>Albania</td></tr> <tr><td>3</td><td>Algeria</td></tr> <tr><td>4</td><td>Andorra</td></tr> <tr><td>5</td><td>Angola</td></tr> <tr><td>6</td><td>Antigua and Barbuda</td></tr> <tr><td>7</td><td>Argentina</td></tr> <tr><td>8</td><td>Armenia</td></tr> <tr><td>9</td><td>Australia</td></tr> <tr><td>10</td><td>Austria</td></tr> <tr><td>11</td><td>Azerbaijan</td></tr> <tr><td>12</td><td>Bahamas, The</td></tr> <tr><td>13</td><td>Bahrain</td></tr> <tr><td>14</td><td>Bangladesh</td></tr> <tr><td>15</td><td>Barbados</td></tr> <tr><td>16</td><td>Belarus</td></tr> <tr><td>17</td><td>Belgium</td></tr> <tr><td>18</td><td>Belize</td></tr> <tr><td>19</td><td>Benin (Dahomey)</td></tr> <tr><td>20</td><td>Bolivia</td></tr> <tr><td>21</td><td>Bosnia and Herzegovina</td></tr> <tr><td>22</td><td>Botswana</td></tr> <tr><td>23</td><td>Brazil</td></tr> <tr><td>24</td><td>Brunei</td></tr> <tr><td>25</td><td>Brunswick and Lüneburg</td></tr> <tr><td>26</td><td>Bulgaria</td></tr> <tr><td>27</td><td>Burkina Faso (Upper Volta)</td></tr> <tr><td>28</td><td>Burma</td></tr> <tr><td>29</td><td>Burundi</td></tr> <tr><td>30</td><td>Cabo Verde</td></tr> <tr><td>31</td><td>Cambodia</td></tr> <tr><td>32</td><td>Cameroon</td></tr> <tr><td>33</td><td>Canada</td></tr> </table> | 1 | Afghanistan | 2 | Albania | 3 | Algeria | 4 | Andorra | 5 | Angola | 6 | Antigua and Barbuda | 7 | Argentina | 8 | Armenia | 9 | Australia | 10 | Austria | 11 | Azerbaijan | 12 | Bahamas, The | 13 | Bahrain | 14 | Bangladesh | 15 | Barbados | 16 | Belarus | 17 | Belgium | 18 | Belize | 19 | Benin (Dahomey) | 20 | Bolivia | 21 | Bosnia and Herzegovina | 22 | Botswana | 23 | Brazil | 24 | Brunei | 25 | Brunswick and Lüneburg | 26 | Bulgaria | 27 | Burkina Faso (Upper Volta) | 28 | Burma | 29 | Burundi | 30 | Cabo Verde | 31 | Cambodia | 32 | Cameroon | 33 | Canada |
| 1 | Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Albania | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Algeria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Andorra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Angola | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Antigua and Barbuda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Argentina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Armenia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Australia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Austria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Azerbaijan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Bahamas, The | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Bahrain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Barbados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Belarus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Belgium | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Belize | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Benin (Dahomey) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | Bolivia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | Bosnia and Herzegovina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | Botswana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | Brazil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | Brunei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | Brunswick and Lüneburg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | Bulgaria | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | Burkina Faso (Upper Volta) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | Burma | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | Burundi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30 | Cabo Verde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | Cambodia | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32 | Cameroon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | Canada | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|----|----------------------------------|
| 34 | Cayman Islands, The |
| 35 | Central African Republic |
| 36 | Chad |
| 37 | Chile |
| 38 | China |
| 39 | Colombia |
| 40 | Comoros |
| 41 | Congo Free State, The |
| 42 | Costa Rica |
| 43 | Cote d'Ivoire (Ivory Coast) |
| 44 | Croatia |
| 45 | Cuba |
| 46 | Cyprus |
| 47 | Czechia |
| 48 | Czechoslovakia |
| 49 | Democratic Republic of the Congo |
| 50 | Denmark |
| 51 | Djibouti |
| 52 | Dominica |
| 53 | Dominican Republic |
| 54 | Ecuador |
| 55 | Egypt |
| 56 | El Salvador |
| 57 | Equatorial Guinea |
| 58 | Eritrea |
| 59 | Estonia |
| 60 | Eswatini |
| 61 | Ethiopia |
| 62 | Fiji |
| 63 | Finland |
| 64 | France |
| 65 | Gabon |
| 66 | Gambia, The |
| 67 | Georgia |
| 68 | Germany |
| 69 | Ghana |
| 70 | Greece |
| 71 | Grenada |
| 72 | Guatemala |
| 73 | Guinea |
| 74 | Guinea-Bissau |
| 75 | Guyana |
| 76 | Haiti |
| 77 | Holy See |
| 78 | Honduras |
| 79 | Hungary |
| 80 | Iceland |
| 81 | India |

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|-----|------------------|
| 82 | Indonesia |
| 83 | Iran |
| 84 | Iraq |
| 85 | Ireland |
| 86 | Israel |
| 87 | Italy |
| 88 | Jamaica |
| 89 | Japan |
| 90 | Jordan |
| 91 | Kazakhstan |
| 92 | Kenya |
| 93 | Kiribati |
| 94 | Korea |
| 95 | Kosovo |
| 96 | Kuwait |
| 97 | Kyrgyzstan |
| 98 | Laos |
| 99 | Latvia |
| 100 | Lebanon |
| 101 | Lesotho |
| 102 | Liberia |
| 103 | Libya |
| 104 | Liechtenstein |
| 105 | Lithuania |
| 106 | Luxembourg |
| 107 | Madagascar |
| 108 | Malawi |
| 109 | Malaysia |
| 110 | Maldives |
| 111 | Mali |
| 112 | Malta |
| 113 | Marshall Islands |
| 114 | Mauritania |
| 115 | Mauritius |
| 116 | Mexico |
| 117 | Micronesia |
| 118 | Moldova |
| 119 | Monaco |
| 120 | Mongolia |
| 121 | Montenegro |
| 122 | Morocco |
| 123 | Mozambique |
| 124 | Namibia |
| 125 | Nauru |
| 126 | Nepal |
| 127 | Netherlands, The |
| 128 | New Zealand |
| 129 | Nicaragua |

| | |
|-----|----------------------------------|
| 130 | Niger |
| 131 | Nigeria |
| 132 | North Macedonia |
| 133 | Norway |
| 134 | Oman |
| 135 | Pakistan |
| 136 | Palau |
| 137 | Panama |
| 138 | Papua New Guinea |
| 139 | Paraguay |
| 140 | Peru |
| 141 | Philippines |
| 142 | Poland |
| 143 | Portugal |
| 144 | Qatar |
| 145 | Republic of Korea (South Korea) |
| 146 | Republic of the Congo |
| 147 | Romania |
| 148 | Russia |
| 149 | Rwanda |
| 150 | Saint Kitts and Nevis |
| 151 | Saint Lucia |
| 152 | Saint Vincent and the Grenadines |
| 153 | Samoa |
| 154 | San Marino |
| 155 | Sao Tome and Principe |
| 156 | Saudi Arabia |
| 157 | Senegal |
| 158 | Serbia |
| 159 | Seychelles |
| 160 | Sierra Leone |
| 161 | Singapore |
| 162 | Slovakia |
| 163 | Slovenia |
| 164 | Solomon Islands, The |
| 165 | Somalia |
| 166 | South Africa |
| 167 | South Sudan |
| 168 | Spain |
| 169 | Sri Lanka |
| 170 | Sudan |
| 171 | Suriname |
| 172 | Sweden |
| 173 | Switzerland |
| 174 | Syria |
| 175 | Tajikistan |
| 176 | Tanzania |
| 177 | Thailand |

| | |
|-----|---------------------------|
| 178 | Timor-Leste |
| 179 | Togo |
| 180 | Tonga |
| 181 | Trinidad and Tobago |
| 182 | Tunisia |
| 183 | Turkey |
| 184 | Turkmenistan |
| 185 | Tuvalu |
| 186 | Uganda |
| 187 | Ukraine |
| 188 | United Arab Emirates, The |
| 189 | United Kingdom, The |
| 190 | United States |
| 191 | Uruguay |
| 192 | Uzbekistan |
| 193 | Vanuatu |
| 194 | Venezuela |
| 195 | Vietnam |
| 196 | Yemen |
| 197 | Zambia |
| 198 | Zimbabwe |

Question number: 106

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|-----|---|---|---|-----|---|----|---|------------|
| 113 | <input type="checkbox"/> [illcont_4_travel] Show the field ONLY if: <code>[illcont_4] = '1'</code> | Did they have recent domestic or international travel? We can define 'recent' as 21 days before you interacted with them. <input type="radio"/> radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> | 1 | Yes | 2 | No | 3 | Don't know |
| 1 | Yes | | | | | | | |
| 2 | No | | | | | | | |
| 3 | Don't know | | | | | | | |
| 114 | <input type="checkbox"/> [illcont_4_trvl_loc] Show the field ONLY if: <code>[illcont_4_travel]='1'</code> | You mentioned they recently traveled, where did they travel to or from? Please specify the city and country and list all destinations if there are more than one. notes Question number: 108 | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|---|--|---|--|------------|-------------------------------------|-------------------|-------------------------------------|---|---|----------------------------------|------------|-------------------|-----------------|---|-------------------|--|---|-------------------|---|---|-------------------|--|---|-------------------|---|----|--------------------|-------|
| 115 | [illcont_4_type] Show the field ONLY if: [illcont_4] = '1' | What type of interaction did you have with them? (select all that apply) (priority) | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>illcont_4_type__1</td><td>Caregiving</td></tr> <tr><td>2</td><td>illcont_4_type__2</td><td>Sexual contact</td></tr> <tr><td>3</td><td>illcont_4_type__3</td><td>Shared food, utensils, or dishes</td></tr> <tr><td>4</td><td>illcont_4_type__4</td><td>Shared clothing</td></tr> <tr><td>5</td><td>illcont_4_type__5</td><td>Shared towels or bedding either at home or at another location</td></tr> <tr><td>6</td><td>illcont_4_type__6</td><td>Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)</td></tr> <tr><td>7</td><td>illcont_4_type__7</td><td>Shared bathrooms (toilets, sinks, showers) either at home or at another location</td></tr> <tr><td>8</td><td>illcont_4_type__8</td><td>Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)</td></tr> <tr><td>99</td><td>illcont_4_type__99</td><td>Other</td></tr> </table> | 1 | illcont_4_type__1 | Caregiving | 2 | illcont_4_type__2 | Sexual contact | 3 | illcont_4_type__3 | Shared food, utensils, or dishes | 4 | illcont_4_type__4 | Shared clothing | 5 | illcont_4_type__5 | Shared towels or bedding either at home or at another location | 6 | illcont_4_type__6 | Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) | 7 | illcont_4_type__7 | Shared bathrooms (toilets, sinks, showers) either at home or at another location | 8 | illcont_4_type__8 | Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask) | 99 | illcont_4_type__99 | Other |
| 1 | illcont_4_type__1 | Caregiving | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | illcont_4_type__2 | Sexual contact | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | illcont_4_type__3 | Shared food, utensils, or dishes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | illcont_4_type__4 | Shared clothing | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | illcont_4_type__5 | Shared towels or bedding either at home or at another location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | illcont_4_type__6 | Shared transportation (examples: carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | illcont_4_type__7 | Shared bathrooms (toilets, sinks, showers) either at home or at another location | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | illcont_4_type__8 | Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | illcont_4_type__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 109 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | [illcont_4_transport] Show the field ONLY if: [illcont_4_type(6)] = "1" | You mentioned that you shared transportation with them, can you please specify the type of transportation? | <p>text</p> <p>Question number: 110</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | [illcont_4_other] Show the field ONLY if: [illcont_4_type(99)] = "1" | You mentioned some other type of interaction with them, can you describe? | <p>text</p> <p>Question number: 111</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | [illcont_4_masks] Show the field ONLY if: [illcont_4_type(6)] = "1" | You mentioned that you shared transportation with them, were masks used? | <p>radio</p> <table border="1"> <tr><td>1</td><td>Yes, both patient and contact wore masks</td></tr> <tr><td>2</td><td>Partially, only patient wore a mask</td></tr> <tr><td>3</td><td>Partially, only contact wore a mask</td></tr> <tr><td>4</td><td>No, neither patient nor contact wore a mask</td></tr> <tr><td>5</td><td>Don't know</td></tr> </table> | 1 | Yes, both patient and contact wore masks | 2 | Partially, only patient wore a mask | 3 | Partially, only contact wore a mask | 4 | No, neither patient nor contact wore a mask | 5 | Don't know | | | | | | | | | | | | | | | | | |
| 1 | Yes, both patient and contact wore masks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Partially, only patient wore a mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Partially, only contact wore a mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | No, neither patient nor contact wore a mask | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Don't know | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Question number: 112 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | [illcont_5] Show the field ONLY if: [illcont_4] = '1' | Do you have any additional interactions with other persons to share? | <p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Question number: 113</p> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | [illcont_5_notes] Show the field ONLY if: [illcont_5] = '1' | (FOR INTERVIEWER: NOTE ALL ADDITIONAL INTERACTIONS WITH THE FOLLOWING DETAILS) For each additional persons, please tell me the following: 1) date of interaction 2) the person's sex 3) their age (in years) 4) if they received a laboratory confirmed diagnosis of orthopoxvirus infection or monkeypox 5) if they had additional travel 6) where they traveled to 7) the type of interaction you had with them | <p>notes</p> <p>Question number: 114</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|-----|--|---|---|----------------------|--------------|---|-----------------|----------------------|--------------|---|--------------|---|---------|----------------------|
| 121 | [exp_travel_1] | <p>Section Header: 7. Travel, animal and product exposures (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) In this section, we will talk about travel or animal or product related exposures.</p> <p>Did you travel during the 3 weeks before your first symptom appeared (also called symptom onset)? (priority)</p> | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | Question number: 115 | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| 122 | [exp_travel_notes] | (FOR INTERVIEWER: IF YES TO THE ABOVE, CONTINUE TO THE FOLLOWING QUESTIONS CONCERNING THESE TRIPS, BE SURE TO PROBE FOR ALL TRIPS IN THE THREE WEEKS BEFORE SYMPTOM ONSET.) | descriptive | | | | | | | | | | | |
| 123 | [exp_travel_1_loc] | You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority) | radio <table border="1"> <tr><td>1</td><td>Domestic</td></tr> <tr><td>2</td><td>International</td></tr> </table> | 1 | Domestic | 2 | International | Question number: 116 | | | | | | |
| 1 | Domestic | | | | | | | | | | | | | |
| 2 | International | | | | | | | | | | | | | |
| 124 | [exp_travel_1_departcity] | What was the departure city? | text | Question number: 117 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_1] = '1' | | | | | | | | | | | | | |
| 125 | [exp_travel_1_departdate] | What was the departure date? | text (date_mdy) | Question number: 118 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_1] = '1' | | | | | | | | | | | | | |
| 126 | [exp_travel_1_arrivecity] | What was the arrival city? | text | Question number: 119 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_1] = '1' | | | | | | | | | | | | | |
| 127 | [exp_travel_1_arrivedate] | What was the arrival date? | text (date_mdy) | Question number: 120 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_1] = '1' | | | | | | | | | | | | | |
| 128 | [exp_travel_1_mask] | Did you wear a mask while in transit? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes - always</td></tr> <tr><td>2</td><td>Yes - sometimes</td></tr> <tr><td>3</td><td>Yes - rarely</td></tr> <tr><td>4</td><td>No mask worn</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> | 1 | Yes - always | 2 | Yes - sometimes | 3 | Yes - rarely | 4 | No mask worn | 5 | Unknown | Question number: 121 |
| 1 | Yes - always | | | | | | | | | | | | | |
| 2 | Yes - sometimes | | | | | | | | | | | | | |
| 3 | Yes - rarely | | | | | | | | | | | | | |
| 4 | No mask worn | | | | | | | | | | | | | |
| 5 | Unknown | | | | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_1] = '1' | | | | | | | | | | | | | |
| 129 | [exp_travel_2] | Do you have any additional trips to share? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | Question number: 122 | | | | | | |
| 1 | Yes | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_1] = '1' | | | | | | | | | | | | | |
| 130 | [exp_travel_2_loc] | You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority) | radio <table border="1"> <tr><td>1</td><td>Domestic</td></tr> <tr><td>2</td><td>International</td></tr> </table> | 1 | Domestic | 2 | International | Question number: 123 | | | | | | |
| 1 | Domestic | | | | | | | | | | | | | |
| 2 | International | | | | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_2] = '1' | | | | | | | | | | | | | |
| 131 | [exp_travel_2_departcity] | What was the departure city? | text | Question number: 124 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_2] = '1' | | | | | | | | | | | | | |
| 132 | [exp_travel_2_departdate] | What was the departure date? | text (date_mdy) | Question number: 125 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_2] = '1' | | | | | | | | | | | | | |
| 133 | [exp_travel_2_arrivecity] | What was the arrival city? | text | Question number: 126 | | | | | | | | | | |
| | Show the field ONLY if: [exp_travel_2] = '1' | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|--|---|---|---|--------------|---|-----------------|---|--------------|---|--------------|---|---------|
| 134 | [exp_travel_2_arrivedate] Show the field ONLY if: [exp_travel_2] = '1' | What was the arrival date? | text (date_mdy) Question number: 127 | | | | | | | | | | |
| 135 | [exp_travel_2_mask] Show the field ONLY if: [exp_travel_2] = '1' | Did you wear a mask while in transit? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes - always</td></tr> <tr><td>2</td><td>Yes - sometimes</td></tr> <tr><td>3</td><td>Yes - rarely</td></tr> <tr><td>4</td><td>No mask worn</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Question number: 128 | 1 | Yes - always | 2 | Yes - sometimes | 3 | Yes - rarely | 4 | No mask worn | 5 | Unknown |
| 1 | Yes - always | | | | | | | | | | | | |
| 2 | Yes - sometimes | | | | | | | | | | | | |
| 3 | Yes - rarely | | | | | | | | | | | | |
| 4 | No mask worn | | | | | | | | | | | | |
| 5 | Unknown | | | | | | | | | | | | |
| 136 | [exp_travel_3] Show the field ONLY if: [exp_travel_2] = '1' | Do you have any additional trips to share? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 129 | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 137 | [exp_travel_3_loc] Show the field ONLY if: [exp_travel_3] = '1' | You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority) | radio <table border="1"> <tr><td>1</td><td>Domestic</td></tr> <tr><td>2</td><td>International</td></tr> </table> Question number: 130 | 1 | Domestic | 2 | International | | | | | | |
| 1 | Domestic | | | | | | | | | | | | |
| 2 | International | | | | | | | | | | | | |
| 138 | [exp_travel_3_departcity] Show the field ONLY if: [exp_travel_3] = '1' | What was the departure city? | text Question number: 131 | | | | | | | | | | |
| 139 | [exp_travel_3_departdate] Show the field ONLY if: [exp_travel_3] = '1' | What was the departure date? | text (date_mdy) Question number: 132 | | | | | | | | | | |
| 140 | [exp_travel_3_arrivecity] Show the field ONLY if: [exp_travel_3] = '1' | What was the arrival city? | text Question number: 133 | | | | | | | | | | |
| 141 | [exp_travel_3_arrivedate] Show the field ONLY if: [exp_travel_3] = '1' | What was the arrival date? | text (date_mdy) Question number: 134 | | | | | | | | | | |
| 142 | [exp_travel_3_mask] Show the field ONLY if: [exp_travel_3] = '1' | Did you wear a mask while in transit? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes - always</td></tr> <tr><td>2</td><td>Yes - sometimes</td></tr> <tr><td>3</td><td>Yes - rarely</td></tr> <tr><td>4</td><td>No mask worn</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Question number: 135 | 1 | Yes - always | 2 | Yes - sometimes | 3 | Yes - rarely | 4 | No mask worn | 5 | Unknown |
| 1 | Yes - always | | | | | | | | | | | | |
| 2 | Yes - sometimes | | | | | | | | | | | | |
| 3 | Yes - rarely | | | | | | | | | | | | |
| 4 | No mask worn | | | | | | | | | | | | |
| 5 | Unknown | | | | | | | | | | | | |
| 143 | [exp_travel_4] Show the field ONLY if: [exp_travel_3] = '1' | Do you have any additional trips to share? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 136 | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 144 | [exp_travel_4_loc] Show the field ONLY if: [exp_travel_4] = '1' | You mentioned that you traveled during the 3 weeks before your symptom onset, was this domestic or international travel? (priority) | radio <table border="1"> <tr><td>1</td><td>Domestic</td></tr> <tr><td>2</td><td>International</td></tr> </table> Question number: 137 | 1 | Domestic | 2 | International | | | | | | |
| 1 | Domestic | | | | | | | | | | | | |
| 2 | International | | | | | | | | | | | | |
| 145 | [exp_travel_4_departcity] Show the field ONLY if: [exp_travel_4] = '1' | What was the departure city? | text Question number: 138 | | | | | | | | | | |

| | | | | | | | | | | | | | |
|-----|--|--|---|---|--------------|---|-----------------|---|--------------|---|--------------|---|---------|
| 146 | [exp_travel_4_departdate] Show the field ONLY if: [exp_travel_4] = '1' | What was the departure date? | text (date_mdy) Question number: 139 | | | | | | | | | | |
| 147 | [exp_travel_4_arrivecity] Show the field ONLY if: [exp_travel_4] = '1' | What was the arrival city? | text Question number: 140 | | | | | | | | | | |
| 148 | [exp_travel_4_arrivedate] Show the field ONLY if: [exp_travel_4] = '1' | What was the arrival date? | text (date_mdy) Question number: 141 | | | | | | | | | | |
| 149 | [exp_travel_4_mask] Show the field ONLY if: [exp_travel_4] = '1' | Did you wear a mask while in transit? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes - always</td></tr> <tr><td>2</td><td>Yes - sometimes</td></tr> <tr><td>3</td><td>Yes - rarely</td></tr> <tr><td>4</td><td>No mask worn</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table> Question number: 142 | 1 | Yes - always | 2 | Yes - sometimes | 3 | Yes - rarely | 4 | No mask worn | 5 | Unknown |
| 1 | Yes - always | | | | | | | | | | | | |
| 2 | Yes - sometimes | | | | | | | | | | | | |
| 3 | Yes - rarely | | | | | | | | | | | | |
| 4 | No mask worn | | | | | | | | | | | | |
| 5 | Unknown | | | | | | | | | | | | |
| 150 | [exp_travel_5] Show the field ONLY if: [exp_travel_4] = '1' | Do you have any additional trips to share? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 143 | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |
| 151 | [exp_travel_5_notes] Show the field ONLY if: [exp_travel_5] = '1' | (FOR INTERVIEWER: NOTE ALL ADDITIONAL TRIPS WITH THE FOLLOWING DETAILS) For each additional trip, please tell me the following: 1) domestic or international travel 2) departure city 3) departure date 4) arrival city 5) arrival date 6) mask use during travel (yes, always; yes, sometimes; yes, rarely; no mask worn; unknown). | notes Question number: 144 | | | | | | | | | | |
| 152 | [exp_animal_dead] | Did you touch any dead animals or animal products in the three weeks before your first symptom first appeared (also called symptom onset)? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> Question number: 145 | 1 | Yes | 2 | No | 3 | Don't know | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | |
| 3 | Don't know | | | | | | | | | | | | |
| 153 | [exp_animal_dead_desc] Show the field ONLY if: [exp_animal_dead] = '1' | You mentioned that you touched a dead animal or animals and/or animal products, either raw or cooked, in the three weeks before symptom onset, can you describe the interaction or interactions? For example: Eating or using animal products from informal sources Please include handling, eating, or using animal products from street vendors, informal market, farmers market, family farms, traditional healers . Do not include handling raw meat purchased at a supermarket or grocery store in the US Did you eat raw meat, poultry, or seafood purchased in restaurants or from other sources? Butchering, handling, or cooking meat from wild animals. Using a product derived from wild animal tissue or fluids (cream, powder, etc.). Handling or cleaning up after dead nuisance animals (examples: mice, rats, bats). Hunting Other type of interaction | notes Question number: 146 | | | | | | | | | | |
| 154 | [exp_animal_live] | Did you touch any live animals from the time your first symptom(s) appeared up until now? (priority) | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 147 | 1 | Yes | 0 | No | | | | | | |
| 1 | Yes | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|----------|--------------------|-------|---|-------------------------|-----|---|-------------------------|-----------------------|---|-------------------------|-------------|---|-------------------------|---|---|-------------------------|-------------|----|--------------------------|-------|
| 155 | [exp_animal_live_type] Show the field ONLY if: [exp_animal_live] = '1' | <p>You mentioned that you touched a live animal or animals from the time your first symptom(s) appeared up until now, which type of animal(s)? (select all that apply)</p> <table border="1"> <tr><td colspan="3">checkbox</td></tr> <tr><td>1</td><td>exp_animal_live_type__1</td><td>Dog</td></tr> <tr><td>2</td><td>exp_animal_live_type__2</td><td>Cat</td></tr> <tr><td>3</td><td>exp_animal_live_type__3</td><td>Prairie dog</td></tr> <tr><td>4</td><td>exp_animal_live_type__4</td><td>Other small mammals (e.g., rat, mouse, guinea pig, hamster, squirrel, chipmunk, gerbil)</td></tr> <tr><td>5</td><td>exp_animal_live_type__5</td><td>Farm animal</td></tr> <tr><td>99</td><td>exp_animal_live_type__99</td><td>Other</td></tr> </table> | checkbox | | | 1 | exp_animal_live_type__1 | Dog | 2 | exp_animal_live_type__2 | Cat | 3 | exp_animal_live_type__3 | Prairie dog | 4 | exp_animal_live_type__4 | Other small mammals (e.g., rat, mouse, guinea pig, hamster, squirrel, chipmunk, gerbil) | 5 | exp_animal_live_type__5 | Farm animal | 99 | exp_animal_live_type__99 | Other |
| checkbox | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | exp_animal_live_type__1 | Dog | | | | | | | | | | | | | | | | | | | | | |
| 2 | exp_animal_live_type__2 | Cat | | | | | | | | | | | | | | | | | | | | | |
| 3 | exp_animal_live_type__3 | Prairie dog | | | | | | | | | | | | | | | | | | | | | |
| 4 | exp_animal_live_type__4 | Other small mammals (e.g., rat, mouse, guinea pig, hamster, squirrel, chipmunk, gerbil) | | | | | | | | | | | | | | | | | | | | | |
| 5 | exp_animal_live_type__5 | Farm animal | | | | | | | | | | | | | | | | | | | | | |
| 99 | exp_animal_live_type__99 | Other | | | | | | | | | | | | | | | | | | | | | |
| | | <p>Question number: 148</p> | | | | | | | | | | | | | | | | | | | | | |
| 156 | [exp_animal_live_desc] | notes | | | | | | | | | | | | | | | | | | | | | |
| | | Question number: 149 | | | | | | | | | | | | | | | | | | | | | |
| 157 | [sexbeh_sex] Section Header: 8. Sexual behaviors (FOR INTERVIEWER: READ THE FOLLOWING INTRODUCTION BEFORE BEGINNING THE INTERVIEW QUESTIONS) Now, in our last section, we will talk about your sexual behavior. The following questions refer to the three weeks before your first symptom appeared (also called symptom onset). Throughout this section, sex is defined as vaginal, oral, or anal sex. Close intimate contact includes cuddling, kissing, touching a partner's genitals or anus, or sharing sex toys. Again, we encourage you to be as honest as possible. | <table border="1"> <tr><td colspan="3">radio</td></tr> <tr><td>1</td><td>Yes</td><td></td></tr> <tr><td>2</td><td>No</td><td></td></tr> <tr><td>3</td><td>Refuse to answer</td><td></td></tr> </table> <p>Did you engage in sex and/or close intimate contact? (priority)</p> | radio | | | 1 | Yes | | 2 | No | | 3 | Refuse to answer | | | | | | | | | | |
| radio | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Refuse to answer | | | | | | | | | | | | | | | | | | | | | | |
| 158 | [sexbeh_msg1] | descriptive | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex] = '2' | | | | | | | | | | | | | | | | | | | | | | | |
| 159 | [sexbeh_msg2] | descriptive | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex] = '3' | | | | | | | | | | | | | | | | | | | | | | | |
| 160 | [sexbeh_sex_type] | checkbox | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex] = '1' | You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, can you describe who you interacted with and the approximate number of partners for each? (select all that apply) (priority) | <table border="1"> <tr><td>1</td><td>sexbeh_sex_type__1</td><td>Women</td></tr> <tr><td>2</td><td>sexbeh_sex_type__2</td><td>Men</td></tr> <tr><td>3</td><td>sexbeh_sex_type__3</td><td>Other gender identity</td></tr> <tr><td>4</td><td>sexbeh_sex_type__4</td><td>Unknown</td></tr> </table> | 1 | sexbeh_sex_type__1 | Women | 2 | sexbeh_sex_type__2 | Men | 3 | sexbeh_sex_type__3 | Other gender identity | 4 | sexbeh_sex_type__4 | Unknown | | | | | | | | | |
| 1 | sexbeh_sex_type__1 | Women | | | | | | | | | | | | | | | | | | | | | |
| 2 | sexbeh_sex_type__2 | Men | | | | | | | | | | | | | | | | | | | | | |
| 3 | sexbeh_sex_type__3 | Other gender identity | | | | | | | | | | | | | | | | | | | | | |
| 4 | sexbeh_sex_type__4 | Unknown | | | | | | | | | | | | | | | | | | | | | |
| | | Question number: 151 | | | | | | | | | | | | | | | | | | | | | |
| 161 | [sexbeh_sex_type_f] | text (integer) | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex_type(1)] = "1" | You mentioned you had sex or close contact with women, how many women? | Question number: 152 | | | | | | | | | | | | | | | | | | | | | |
| 162 | [sexbeh_sex_type_m] | text (integer) | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex_type(2)] = "1" | You mentioned you had sex or close contact with men, how many men? | Question number: 153 | | | | | | | | | | | | | | | | | | | | | |
| 163 | [sexbeh_sex_type_oth] | text (integer) | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex_type(3)] = "1" | You mentioned you had sex or close contact with persons of other gender identity, how many? | Question number: 154 | | | | | | | | | | | | | | | | | | | | | |
| 164 | [sexbeh_sex_type_ukn] | text (integer) | | | | | | | | | | | | | | | | | | | | | |
| Show the field ONLY if: [sexbeh_sex_type(4)] = "1" | You mentioned you had sex or close contact with other persons, how many? | Question number: 155 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|---|--------------------|---------------------|---|--------------------|-------------------------|---|--------------------|-----------------------|---|--------------------|---|----|---------------------|---------|---|----------------|-----------------|---|----------------|-------------------|---|----------------|-----------------|---|----------------|-----------|----|-----------------|----------------------|----|-----------------|--------------------------|----|-----------------|-------------------------------|----|-----------------|-------------------------------------|----|-----------------|------------------------------------|----|-----------------|----------------|----|-----------------|----------------|----|-----------------|--|----|-----------------|-------|
| 165 | [sexbeh_exp_site] Show the field ONLY if: [sexbeh_sex] = '1' | You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, which places were exposed? In other words, what were your anatomic site(s) of exposure during sexual and/or close intimate contact? (select all that apply.) (priority) | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>sexbeh_exp_site__1</td><td>Penis</td></tr> <tr><td>2</td><td>sexbeh_exp_site__2</td><td>Vagina</td></tr> <tr><td>3</td><td>sexbeh_exp_site__3</td><td>Pharynx (oral)</td></tr> <tr><td>4</td><td>sexbeh_exp_site__4</td><td>Rectum (anal)</td></tr> <tr><td>99</td><td>sexbeh_exp_site__99</td><td>Other</td></tr> </table> <p>Question number: 156</p> | 1 | sexbeh_exp_site__1 | Penis | 2 | sexbeh_exp_site__2 | Vagina | 3 | sexbeh_exp_site__3 | Pharynx (oral) | 4 | sexbeh_exp_site__4 | Rectum (anal) | 99 | sexbeh_exp_site__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | sexbeh_exp_site__1 | Penis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | sexbeh_exp_site__2 | Vagina | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | sexbeh_exp_site__3 | Pharynx (oral) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | sexbeh_exp_site__4 | Rectum (anal) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | sexbeh_exp_site__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 166 | [sexbeh_exp_oth] | You mentioned some other site was exposed, can you please specify? | <p>text</p> <p>Question number: 157</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 167 | [sexbeh_travel] Show the field ONLY if: [sexbeh_sex] = '1' | You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, was this with someone who had recently traveled outside of their city? (select all that apply) (priority) | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>sexbeh_travel__1</td><td>No</td></tr> <tr><td>2</td><td>sexbeh_travel__2</td><td>Yes, to another country</td></tr> <tr><td>3</td><td>sexbeh_travel__3</td><td>Yes, to another state</td></tr> <tr><td>4</td><td>sexbeh_travel__4</td><td>Yes, to another city within the patient's state</td></tr> <tr><td>5</td><td>sexbeh_travel__5</td><td>Unknown</td></tr> </table> <p>Question number: 158</p> | 1 | sexbeh_travel__1 | No | 2 | sexbeh_travel__2 | Yes, to another country | 3 | sexbeh_travel__3 | Yes, to another state | 4 | sexbeh_travel__4 | Yes, to another city within the patient's state | 5 | sexbeh_travel__5 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | sexbeh_travel__1 | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | sexbeh_travel__2 | Yes, to another country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | sexbeh_travel__3 | Yes, to another state | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | sexbeh_travel__4 | Yes, to another city within the patient's state | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | sexbeh_travel__5 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 168 | [sexbeh_travel_desc] | You mentioned they had recently traveled outside their city, if you know, can you please specify the country(s), state(s), or cities they traveled to? | <p>text</p> <p>Question number: 159</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 169 | [sexbeh_meet] Show the field ONLY if: [sexbeh_sex] = '1' | You mentioned that you had sex or close intimate contact in the three weeks before symptom onset, during that time, where did you first meet your sex partner or partners? (select all that apply) | <p>checkbox</p> <table border="1"> <tr><td>1</td><td>sexbeh_meet__1</td><td>Online or on an app</td></tr> <tr><td>2</td><td>sexbeh_meet__2</td><td>Work</td></tr> <tr><td>3</td><td>sexbeh_meet__3</td><td>School</td></tr> <tr><td>4</td><td>sexbeh_meet__4</td><td>Gathering with friends</td></tr> <tr><td>5</td><td>sexbeh_meet__5</td><td>Gym</td></tr> <tr><td>6</td><td>sexbeh_meet__6</td><td>Massage parlors</td></tr> <tr><td>7</td><td>sexbeh_meet__7</td><td>Gay bars or clubs</td></tr> <tr><td>8</td><td>sexbeh_meet__8</td><td>Restaurant/bars</td></tr> <tr><td>9</td><td>sexbeh_meet__9</td><td>Festivals</td></tr> <tr><td>10</td><td>sexbeh_meet__10</td><td>Bathhouses or saunas</td></tr> <tr><td>11</td><td>sexbeh_meet__11</td><td>Sex clubs or sex parties</td></tr> <tr><td>12</td><td>sexbeh_meet__12</td><td>Adult bookstores/video stores</td></tr> <tr><td>13</td><td>sexbeh_meet__13</td><td>Park or other public cruising place</td></tr> <tr><td>14</td><td>sexbeh_meet__14</td><td>Social event (e.g., wedding, etc.)</td></tr> <tr><td>15</td><td>sexbeh_meet__15</td><td>Cruise ship(s)</td></tr> <tr><td>17</td><td>sexbeh_meet__17</td><td>Support groups</td></tr> <tr><td>18</td><td>sexbeh_meet__18</td><td>Not applicable (e.g., long-term partner)</td></tr> <tr><td>99</td><td>sexbeh_meet__99</td><td>Other</td></tr> </table> <p>Question number: 160</p> | 1 | sexbeh_meet__1 | Online or on an app | 2 | sexbeh_meet__2 | Work | 3 | sexbeh_meet__3 | School | 4 | sexbeh_meet__4 | Gathering with friends | 5 | sexbeh_meet__5 | Gym | 6 | sexbeh_meet__6 | Massage parlors | 7 | sexbeh_meet__7 | Gay bars or clubs | 8 | sexbeh_meet__8 | Restaurant/bars | 9 | sexbeh_meet__9 | Festivals | 10 | sexbeh_meet__10 | Bathhouses or saunas | 11 | sexbeh_meet__11 | Sex clubs or sex parties | 12 | sexbeh_meet__12 | Adult bookstores/video stores | 13 | sexbeh_meet__13 | Park or other public cruising place | 14 | sexbeh_meet__14 | Social event (e.g., wedding, etc.) | 15 | sexbeh_meet__15 | Cruise ship(s) | 17 | sexbeh_meet__17 | Support groups | 18 | sexbeh_meet__18 | Not applicable (e.g., long-term partner) | 99 | sexbeh_meet__99 | Other |
| 1 | sexbeh_meet__1 | Online or on an app | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | sexbeh_meet__2 | Work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | sexbeh_meet__3 | School | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | sexbeh_meet__4 | Gathering with friends | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | sexbeh_meet__5 | Gym | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | sexbeh_meet__6 | Massage parlors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | sexbeh_meet__7 | Gay bars or clubs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | sexbeh_meet__8 | Restaurant/bars | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | sexbeh_meet__9 | Festivals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | sexbeh_meet__10 | Bathhouses or saunas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | sexbeh_meet__11 | Sex clubs or sex parties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | sexbeh_meet__12 | Adult bookstores/video stores | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | sexbeh_meet__13 | Park or other public cruising place | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | sexbeh_meet__14 | Social event (e.g., wedding, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | sexbeh_meet__15 | Cruise ship(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | sexbeh_meet__17 | Support groups | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | sexbeh_meet__18 | Not applicable (e.g., long-term partner) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | sexbeh_meet__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 170 | [sexbeh_meet1] Show the field ONLY if: [sexbeh_meet(99)] = '1' | You mentioned you met your partner in some other location, can you specify? | <p>text</p> <p>Question number: 161</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|---|---|---|-------------------------|---|-----------------------------|---|--------------------------------------|----|-------|---|------------------|---|---------|
| 171 | [sexbeh_meet_notes] | You mentioned meeting your sex partner(s) at [sexbeh_meet]. What was the approximate date(s) of this interaction(s) (include all dates as MM/DD/YYYY). (priority) | notes Question number: 162 | | | | | | | | | | | | |
| 172 | [sexbeh_group] Show the field ONLY if: [sexbeh_sex] = '1' | You mentioned that you had sex or close intimate contact in the three weeks before symptom onset. During that time did you participate in any group sex, defined as more than two people, at a festival, group sex event, or sex party? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Prefer not to answer</td></tr> </table> Question number: 163 | 1 | Yes | 2 | No | 3 | Prefer not to answer | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 2 | No | | | | | | | | | | | | | | |
| 3 | Prefer not to answer | | | | | | | | | | | | | | |
| 173 | [sexbeh_group_loc] Show the field ONLY if: [sexbeh_meet(11)]='1' | You mentioned that you participated in group sex at a festival, group sex event, or sex party. Can you specify the date of attendance, name and location of this event? (priority) | notes Question number: 164 | | | | | | | | | | | | |
| 174 | [sexbeh_exchange] Show the field ONLY if: [sexbeh_sex] = '1' | Did you exchange any items - like drugs, money, favors, food or housing - with anyone with who you had sex or close intimate contact? (priority) | radio <table border="1"> <tr><td>1</td><td>Yes, patient gave items</td></tr> <tr><td>2</td><td>Yes, patient received items</td></tr> <tr><td>3</td><td>Yes, patient gave and received items</td></tr> <tr><td>4</td><td>No</td></tr> <tr><td>5</td><td>Refuse to answer</td></tr> <tr><td>6</td><td>Unknown</td></tr> </table> Question number: 165 | 1 | Yes, patient gave items | 2 | Yes, patient received items | 3 | Yes, patient gave and received items | 4 | No | 5 | Refuse to answer | 6 | Unknown |
| 1 | Yes, patient gave items | | | | | | | | | | | | | | |
| 2 | Yes, patient received items | | | | | | | | | | | | | | |
| 3 | Yes, patient gave and received items | | | | | | | | | | | | | | |
| 4 | No | | | | | | | | | | | | | | |
| 5 | Refuse to answer | | | | | | | | | | | | | | |
| 6 | Unknown | | | | | | | | | | | | | | |
| 175 | [additional_notes] | Thank you. Those were all the questions I had. Is there anything else you would like to share about your illness or you think is important for me to know? | notes Question number: 166 | | | | | | | | | | | | |
| 176 | [interview_end] | (FOR INTERVIEWER: END OF INTERVIEW. PLEASE READ THE FOLLOWING SCRIPT BEFORE CONTINUING TO THE NEXT SECTION) Thank you for your time. This concludes our interview. If you have any further questions, you can contact [health department contact information]. | descriptive | | | | | | | | | | | | |
| 177 | [lab_samples] | Section Header: 9. Laboratory Were any patient specimens collected? (priority) | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 167 | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 178 | [lab_sample_1_id] Show the field ONLY if: [lab_samples] = "1" | Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test) | text, Required Question number: 168 | | | | | | | | | | | | |
| 179 | [lab_sample_1_type] Show the field ONLY if: [lab_samples] = '1' | What type of sample was collected? | radio <table border="1"> <tr><td>1</td><td>Lesion swab</td></tr> <tr><td>2</td><td>Lesion crust</td></tr> <tr><td>3</td><td>Serum</td></tr> <tr><td>99</td><td>Other</td></tr> </table> Question number: 169 | 1 | Lesion swab | 2 | Lesion crust | 3 | Serum | 99 | Other | | | | |
| 1 | Lesion swab | | | | | | | | | | | | | | |
| 2 | Lesion crust | | | | | | | | | | | | | | |
| 3 | Serum | | | | | | | | | | | | | | |
| 99 | Other | | | | | | | | | | | | | | |
| 180 | [lab_sample_1_type_oth] Show the field ONLY if: [lab_sample_1_type] = '99' | If other, describe the type of lesion specimen collected. | text Question number: 170 | | | | | | | | | | | | |
| 181 | [lab_sample_1_collectdate] Show the field ONLY if: [lab_samples] = '1' | When was the specimen collected? | text (date_mdy) Question number: 171 | | | | | | | | | | | | |
| 182 | [lab_sample_1_testdate] Show the field ONLY if: [lab_samples] = '1' | When was the specimen tested? | text (date_mdy) Question number: 172 | | | | | | | | | | | | |

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|-----|---|---|--|---|--------------------------|---------------|--------------|--------------------------|------------------------------|----|--------------------------|-------------------------|---|--------------------------|---------------------------|---|--------------------------|-------------------------------|---|--------------------------|------------------------------------|---|--------------------------|-----------------------------------|---|--------------------------|----------|
| 183 | [lab_sample_1_loc] Show the field ONLY if: [lab_samples] = '1' | Where was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_1_loc__1</td><td>CDC</td></tr> <tr><td>2</td><td>lab_sample_1_loc__2</td><td>LRN</td></tr> <tr><td>99</td><td>lab_sample_1_loc__99</td><td>Other</td></tr> </table> | 1 | lab_sample_1_loc__1 | CDC | 2 | lab_sample_1_loc__2 | LRN | 99 | lab_sample_1_loc__99 | Other | | | | | | | | | | | | | | | |
| 1 | lab_sample_1_loc__1 | CDC | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_1_loc__2 | LRN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | lab_sample_1_loc__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 184 | [lab_sample_1_loc_oth] | If other, specify | text Question number: 173 | | | | | | | | | | | | | | | | | | | | | | | | |
| 185 | [lab_sample_1_testtype] Show the field ONLY if: [lab_samples] = '1' | How was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_1_testtype__1</td><td>Monkeypox PCR</td></tr> <tr><td>2</td><td>lab_sample_1_testtype__2</td><td>Monkeypox genetic sequencing</td></tr> <tr><td>3</td><td>lab_sample_1_testtype__3</td><td>Monkeypox viral culture</td></tr> <tr><td>4</td><td>lab_sample_1_testtype__4</td><td>Orthopoxvirus generic PCR</td></tr> <tr><td>5</td><td>lab_sample_1_testtype__5</td><td>Non-variola orthopoxvirus PCR</td></tr> <tr><td>6</td><td>lab_sample_1_testtype__6</td><td>Orthopoxvirus immunohistochemistry</td></tr> <tr><td>7</td><td>lab_sample_1_testtype__7</td><td>Orthopoxvirus electron microscopy</td></tr> <tr><td>8</td><td>lab_sample_1_testtype__8</td><td>Serology</td></tr> </table> | 1 | lab_sample_1_testtype__1 | Monkeypox PCR | 2 | lab_sample_1_testtype__2 | Monkeypox genetic sequencing | 3 | lab_sample_1_testtype__3 | Monkeypox viral culture | 4 | lab_sample_1_testtype__4 | Orthopoxvirus generic PCR | 5 | lab_sample_1_testtype__5 | Non-variola orthopoxvirus PCR | 6 | lab_sample_1_testtype__6 | Orthopoxvirus immunohistochemistry | 7 | lab_sample_1_testtype__7 | Orthopoxvirus electron microscopy | 8 | lab_sample_1_testtype__8 | Serology |
| 1 | lab_sample_1_testtype__1 | Monkeypox PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_1_testtype__2 | Monkeypox genetic sequencing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | lab_sample_1_testtype__3 | Monkeypox viral culture | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | lab_sample_1_testtype__4 | Orthopoxvirus generic PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | lab_sample_1_testtype__5 | Non-variola orthopoxvirus PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | lab_sample_1_testtype__6 | Orthopoxvirus immunohistochemistry | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | lab_sample_1_testtype__7 | Orthopoxvirus electron microscopy | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | lab_sample_1_testtype__8 | Serology | | | | | | | | | | | | | | | | | | | | | | | | | |
| 186 | [lab_sample_1_result] Show the field ONLY if: [lab_samples] = '1' | What was the test result? | radio <table border="1"> <tr><td>1</td><td>Negative</td></tr> <tr><td>2</td><td>Positive</td></tr> <tr><td>3</td><td>Indeterminate</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> | 1 | Negative | 2 | Positive | 3 | Indeterminate | 4 | Unknown | | | | | | | | | | | | | | | | |
| 1 | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Indeterminate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 187 | [lab_sample_2] | Are there additional samples to report? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 188 | [lab_sample_2_id] Show the field ONLY if: [lab_sample_2] = "1" | Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test) | text, Required Question number: 178 | | | | | | | | | | | | | | | | | | | | | | | | |
| 189 | [lab_sample_2_type] Show the field ONLY if: [lab_sample_2] = '1' | What type of sample was collected? | radio <table border="1"> <tr><td>1</td><td>Lesion swab</td></tr> <tr><td>2</td><td>Lesion crust</td></tr> <tr><td>3</td><td>Serum</td></tr> <tr><td>99</td><td>Other</td></tr> </table> | 1 | Lesion swab | 2 | Lesion crust | 3 | Serum | 99 | Other | | | | | | | | | | | | | | | | |
| 1 | Lesion swab | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Lesion crust | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Serum | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 190 | [lab_sample_2_type_oth] | If other, describe the type of lesion specimen collected. | text Question number: 180 | | | | | | | | | | | | | | | | | | | | | | | | |
| 191 | [lab_sample_2_collectdate] Show the field ONLY if: [lab_sample_2] = '1' | When was the specimen collected? | text (date_mdy) Question number: 181 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|---|-------------------------|---------------|--------------|-------------------------|------------------------------|----|-------------------------|-------------------------|---|-------------------------|---------------------------|---|-------------------------|-------------------------------|---|-------------------------|------------------------------------|---|-------------------------|-----------------------------------|---|-------------------------|----------|
| 192 | [lab_sample_2_testdate] Show the field ONLY if: [lab_sample_2] = '1' | When was the specimen tested? | text (date_mdy) Question number: 182 | | | | | | | | | | | | | | | | | | | | | | | | |
| 193 | [lab_sample_2_loc] Show the field ONLY if: [lab_sample_2] = '1' | Where was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_2_loc_1</td><td>CDC</td></tr> <tr><td>2</td><td>lab_sample_2_loc_2</td><td>LRN</td></tr> <tr><td>99</td><td>lab_sample_2_loc_99</td><td>Other</td></tr> </table> Question number: 183 | 1 | lab_sample_2_loc_1 | CDC | 2 | lab_sample_2_loc_2 | LRN | 99 | lab_sample_2_loc_99 | Other | | | | | | | | | | | | | | | |
| 1 | lab_sample_2_loc_1 | CDC | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_2_loc_2 | LRN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | lab_sample_2_loc_99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 194 | [lab_sample_2_loc_oth] Show the field ONLY if: [lab_sample_2_loc(99)] = '1' | If other, specify | text Question number: 184 | | | | | | | | | | | | | | | | | | | | | | | | |
| 195 | [lab_sample_2_testtype] Show the field ONLY if: [lab_sample_2] = '1' | How was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_2_testtype_1</td><td>Monkeypox PCR</td></tr> <tr><td>2</td><td>lab_sample_2_testtype_2</td><td>Monkeypox genetic sequencing</td></tr> <tr><td>3</td><td>lab_sample_2_testtype_3</td><td>Monkeypox viral culture</td></tr> <tr><td>4</td><td>lab_sample_2_testtype_4</td><td>Orthopoxvirus generic PCR</td></tr> <tr><td>5</td><td>lab_sample_2_testtype_5</td><td>Non-variola orthopoxvirus PCR</td></tr> <tr><td>6</td><td>lab_sample_2_testtype_6</td><td>Orthopoxvirus immunohistochemistry</td></tr> <tr><td>7</td><td>lab_sample_2_testtype_7</td><td>Orthopoxvirus electron microscopy</td></tr> <tr><td>8</td><td>lab_sample_2_testtype_8</td><td>Serology</td></tr> </table> Question number: 185 | 1 | lab_sample_2_testtype_1 | Monkeypox PCR | 2 | lab_sample_2_testtype_2 | Monkeypox genetic sequencing | 3 | lab_sample_2_testtype_3 | Monkeypox viral culture | 4 | lab_sample_2_testtype_4 | Orthopoxvirus generic PCR | 5 | lab_sample_2_testtype_5 | Non-variola orthopoxvirus PCR | 6 | lab_sample_2_testtype_6 | Orthopoxvirus immunohistochemistry | 7 | lab_sample_2_testtype_7 | Orthopoxvirus electron microscopy | 8 | lab_sample_2_testtype_8 | Serology |
| 1 | lab_sample_2_testtype_1 | Monkeypox PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_2_testtype_2 | Monkeypox genetic sequencing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | lab_sample_2_testtype_3 | Monkeypox viral culture | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | lab_sample_2_testtype_4 | Orthopoxvirus generic PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | lab_sample_2_testtype_5 | Non-variola orthopoxvirus PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | lab_sample_2_testtype_6 | Orthopoxvirus immunohistochemistry | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | lab_sample_2_testtype_7 | Orthopoxvirus electron microscopy | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | lab_sample_2_testtype_8 | Serology | | | | | | | | | | | | | | | | | | | | | | | | | |
| 196 | [lab_sample_2_result] Show the field ONLY if: [lab_sample_2] = '1' | What was the test result? | radio <table border="1"> <tr><td>1</td><td>Negative</td></tr> <tr><td>2</td><td>Positive</td></tr> <tr><td>3</td><td>Indeterminate</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> Question number: 186 | 1 | Negative | 2 | Positive | 3 | Indeterminate | 4 | Unknown | | | | | | | | | | | | | | | | |
| 1 | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Indeterminate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 197 | [lab_sample_3] Show the field ONLY if: [lab_sample_2] = '1' | Are there additional samples to report? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 187 | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 198 | [lab_sampled_3_id] Show the field ONLY if: [lab_sample_3] = "1" | Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test) | text, Required Question number: 188 | | | | | | | | | | | | | | | | | | | | | | | | |
| 199 | [lab_sample_3_type] Show the field ONLY if: [lab_sample_3] = '1' | What type of sample was collected? | radio <table border="1"> <tr><td>1</td><td>Lesion swab</td></tr> <tr><td>2</td><td>Lesion crust</td></tr> <tr><td>3</td><td>Serum</td></tr> <tr><td>99</td><td>Other</td></tr> </table> Question number: 189 | 1 | Lesion swab | 2 | Lesion crust | 3 | Serum | 99 | Other | | | | | | | | | | | | | | | | |
| 1 | Lesion swab | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Lesion crust | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Serum | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 | [lab_sample_3_type_oth] Show the field ONLY if: [lab_sample_3_type] = '99' | If other, describe the type of lesion specimen collected. | text Question number: 190 | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|--|---|-------------------------|---------------|--------------|-------------------------|------------------------------|----|-------------------------|-------------------------|---|-------------------------|---------------------------|---|-------------------------|-------------------------------|---|-------------------------|------------------------------------|---|-------------------------|-----------------------------------|---|-------------------------|----------|
| 201 | [lab_sample_3_collectdate] Show the field ONLY if: [lab_sample_3] = '1' | When was the specimen collected? | text (date_mdy) Question number: 191 | | | | | | | | | | | | | | | | | | | | | | | | |
| 202 | [lab_sample_3_testdate] Show the field ONLY if: [lab_sample_3] = '1' | When was the specimen tested? | text (date_mdy) Question number: 192 | | | | | | | | | | | | | | | | | | | | | | | | |
| 203 | [lab_sample_3_loc] Show the field ONLY if: [lab_sample_3] = '1' | Where was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_3_loc_1</td><td>CDC</td></tr> <tr><td>2</td><td>lab_sample_3_loc_2</td><td>LRN</td></tr> <tr><td>99</td><td>lab_sample_3_loc_99</td><td>Other</td></tr> </table> Question number: 193 | 1 | lab_sample_3_loc_1 | CDC | 2 | lab_sample_3_loc_2 | LRN | 99 | lab_sample_3_loc_99 | Other | | | | | | | | | | | | | | | |
| 1 | lab_sample_3_loc_1 | CDC | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_3_loc_2 | LRN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | lab_sample_3_loc_99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 204 | [lab_sample_3_loc_oth] Show the field ONLY if: [lab_sample_3_loc(99)] = '1' | If other, specify | text Question number: 194 | | | | | | | | | | | | | | | | | | | | | | | | |
| 205 | [lab_sample_3_testtype] Show the field ONLY if: [lab_sample_3] = '1' | How was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_3_testtype_1</td><td>Monkeypox PCR</td></tr> <tr><td>2</td><td>lab_sample_3_testtype_2</td><td>Monkeypox genetic sequencing</td></tr> <tr><td>3</td><td>lab_sample_3_testtype_3</td><td>Monkeypox viral culture</td></tr> <tr><td>4</td><td>lab_sample_3_testtype_4</td><td>Orthopoxvirus generic PCR</td></tr> <tr><td>5</td><td>lab_sample_3_testtype_5</td><td>Non-variola orthopoxvirus PCR</td></tr> <tr><td>6</td><td>lab_sample_3_testtype_6</td><td>Orthopoxvirus immunohistochemistry</td></tr> <tr><td>7</td><td>lab_sample_3_testtype_7</td><td>Orthopoxvirus electron microscopy</td></tr> <tr><td>8</td><td>lab_sample_3_testtype_8</td><td>Serology</td></tr> </table> Question number: 195 | 1 | lab_sample_3_testtype_1 | Monkeypox PCR | 2 | lab_sample_3_testtype_2 | Monkeypox genetic sequencing | 3 | lab_sample_3_testtype_3 | Monkeypox viral culture | 4 | lab_sample_3_testtype_4 | Orthopoxvirus generic PCR | 5 | lab_sample_3_testtype_5 | Non-variola orthopoxvirus PCR | 6 | lab_sample_3_testtype_6 | Orthopoxvirus immunohistochemistry | 7 | lab_sample_3_testtype_7 | Orthopoxvirus electron microscopy | 8 | lab_sample_3_testtype_8 | Serology |
| 1 | lab_sample_3_testtype_1 | Monkeypox PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_3_testtype_2 | Monkeypox genetic sequencing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | lab_sample_3_testtype_3 | Monkeypox viral culture | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | lab_sample_3_testtype_4 | Orthopoxvirus generic PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | lab_sample_3_testtype_5 | Non-variola orthopoxvirus PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | lab_sample_3_testtype_6 | Orthopoxvirus immunohistochemistry | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | lab_sample_3_testtype_7 | Orthopoxvirus electron microscopy | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | lab_sample_3_testtype_8 | Serology | | | | | | | | | | | | | | | | | | | | | | | | | |
| 206 | [lab_sample_3_result] Show the field ONLY if: [lab_sample_3] = '1' | What was the test result? | radio <table border="1"> <tr><td>1</td><td>Negative</td></tr> <tr><td>2</td><td>Positive</td></tr> <tr><td>3</td><td>Indeterminate</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> Question number: 196 | 1 | Negative | 2 | Positive | 3 | Indeterminate | 4 | Unknown | | | | | | | | | | | | | | | | |
| 1 | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Indeterminate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 207 | [lab_sample_4] Show the field ONLY if: [lab_sample_3] = '1' | Are there additional samples to report? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 197 | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 208 | [lab_sample_4_id] Show the field ONLY if: [lab_sample_4] = "1" | Performing laboratory specimen ID (A laboratory generated number that identifies the specimen related to this test) | text. Required Question number: 198 | | | | | | | | | | | | | | | | | | | | | | | | |
| 209 | [lab_sample_4_type] Show the field ONLY if: [lab_sample_4] = '1' | What type of sample was collected? | radio <table border="1"> <tr><td>1</td><td>Lesion swab</td></tr> <tr><td>2</td><td>Lesion crust</td></tr> <tr><td>3</td><td>Serum</td></tr> <tr><td>99</td><td>Other</td></tr> </table> Question number: 199 | 1 | Lesion swab | 2 | Lesion crust | 3 | Serum | 99 | Other | | | | | | | | | | | | | | | | |
| 1 | Lesion swab | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Lesion crust | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Serum | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|---|--|--|---|--------------------------|---------------|----------|--------------------------|------------------------------|----|--------------------------|-------------------------|---|--------------------------|---------------------------|---|--------------------------|-------------------------------|---|--------------------------|------------------------------------|---|--------------------------|-----------------------------------|---|--------------------------|----------|
| 210 | [lab_sample_4_type_oth] Show the field ONLY if: [lab_sample_4_type] = '99' | If other, describe the type of lesion specimen collected. | text Question number: 200 | | | | | | | | | | | | | | | | | | | | | | | | |
| 211 | [lab_sample_4_collectdate] Show the field ONLY if: [lab_sample_4] = '1' | When was the specimen collected? | text (date_mdy) Question number: 201 | | | | | | | | | | | | | | | | | | | | | | | | |
| 212 | [lab_sample_4_testdate] Show the field ONLY if: [lab_sample_4] = '1' | When was the specimen tested? | text (date_mdy) Question number: 202 | | | | | | | | | | | | | | | | | | | | | | | | |
| 213 | [lab_sample_4_loc] Show the field ONLY if: [lab_sample_4] = '1' | Where was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_4_loc__1</td><td>CDC</td></tr> <tr><td>2</td><td>lab_sample_4_loc__2</td><td>LRN</td></tr> <tr><td>99</td><td>lab_sample_4_loc__99</td><td>Other</td></tr> </table> Question number: 203 | 1 | lab_sample_4_loc__1 | CDC | 2 | lab_sample_4_loc__2 | LRN | 99 | lab_sample_4_loc__99 | Other | | | | | | | | | | | | | | | |
| 1 | lab_sample_4_loc__1 | CDC | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_4_loc__2 | LRN | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 | lab_sample_4_loc__99 | Other | | | | | | | | | | | | | | | | | | | | | | | | | |
| 214 | [lab_sample_4_loc_oth] Show the field ONLY if: [lab_sample_4_loc(99)] = '1' | If other, specify | text Question number: 204 | | | | | | | | | | | | | | | | | | | | | | | | |
| 215 | [lab_sample_4_testtype] Show the field ONLY if: [lab_sample_4] = '1' | How was the specimen tested? (select all that apply) | checkbox <table border="1"> <tr><td>1</td><td>lab_sample_4_testtype__1</td><td>Monkeypox PCR</td></tr> <tr><td>2</td><td>lab_sample_4_testtype__2</td><td>Monkeypox genetic sequencing</td></tr> <tr><td>3</td><td>lab_sample_4_testtype__3</td><td>Monkeypox viral culture</td></tr> <tr><td>4</td><td>lab_sample_4_testtype__4</td><td>Orthopoxvirus generic PCR</td></tr> <tr><td>5</td><td>lab_sample_4_testtype__5</td><td>Non-variola orthopoxvirus PCR</td></tr> <tr><td>6</td><td>lab_sample_4_testtype__6</td><td>Orthopoxvirus immunohistochemistry</td></tr> <tr><td>7</td><td>lab_sample_4_testtype__7</td><td>Orthopoxvirus electron microscopy</td></tr> <tr><td>8</td><td>lab_sample_4_testtype__8</td><td>Serology</td></tr> </table> Question number: 205 | 1 | lab_sample_4_testtype__1 | Monkeypox PCR | 2 | lab_sample_4_testtype__2 | Monkeypox genetic sequencing | 3 | lab_sample_4_testtype__3 | Monkeypox viral culture | 4 | lab_sample_4_testtype__4 | Orthopoxvirus generic PCR | 5 | lab_sample_4_testtype__5 | Non-variola orthopoxvirus PCR | 6 | lab_sample_4_testtype__6 | Orthopoxvirus immunohistochemistry | 7 | lab_sample_4_testtype__7 | Orthopoxvirus electron microscopy | 8 | lab_sample_4_testtype__8 | Serology |
| 1 | lab_sample_4_testtype__1 | Monkeypox PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | lab_sample_4_testtype__2 | Monkeypox genetic sequencing | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | lab_sample_4_testtype__3 | Monkeypox viral culture | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | lab_sample_4_testtype__4 | Orthopoxvirus generic PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | lab_sample_4_testtype__5 | Non-variola orthopoxvirus PCR | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | lab_sample_4_testtype__6 | Orthopoxvirus immunohistochemistry | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | lab_sample_4_testtype__7 | Orthopoxvirus electron microscopy | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | lab_sample_4_testtype__8 | Serology | | | | | | | | | | | | | | | | | | | | | | | | | |
| 216 | [lab_sample_4_result] Show the field ONLY if: [lab_sample_4] = '1' | What was the test result? | radio <table border="1"> <tr><td>1</td><td>Negative</td></tr> <tr><td>2</td><td>Positive</td></tr> <tr><td>3</td><td>Indeterminate</td></tr> <tr><td>4</td><td>Unknown</td></tr> </table> Question number: 206 | 1 | Negative | 2 | Positive | 3 | Indeterminate | 4 | Unknown | | | | | | | | | | | | | | | | |
| 1 | Negative | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Positive | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Indeterminate | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 217 | [lab_sample_5] Show the field ONLY if: [lab_sample_4] = '1' | Are there additional samples to report? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Question number: 207 | 1 | Yes | 0 | No | | | | | | | | | | | | | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 218 | [lab_sample_5_notes] Show the field ONLY if: [lab_sample_5] = '1' | If yes, please list for each additional sample: 1) lab specimen ID 2) sample type 3) date of collection (MM-DD-YYYY) 4) date of testing (MM-DD-YYYY) 5) testing location 6) test type 7) test result. | notes Question number: 208 | | | | | | | | | | | | | | | | | | | | | | | | |

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|-----|----------------------------|--|--|---|----------------------------|---------|------------------|---------------|---------|---|---------------|----------|----|----------------|-------|
| 219 | [int_person] | <p>Section Header: 10. Notes and Additional Information (FOR INTERVIEWER: USE THIS SPACE ADD ANY ADDITIONAL NOTES, COMMENTS, AND/OR FILES)</p> <p>(FOR INTERVIEWER) Indicate who interview was conducted with. (Select all that apply)</p> | checkbox, Required <table border="1"> <tr><td>1</td><td>int_person__1</td><td>Patient</td></tr> <tr><td>2</td><td>int_person__2</td><td>Proxy</td></tr> <tr><td>3</td><td>int_person__3</td><td>Provider</td></tr> <tr><td>99</td><td>int_person__99</td><td>Other</td></tr> </table> <p>Question number: 209</p> | 1 | int_person__1 | Patient | 2 | int_person__2 | Proxy | 3 | int_person__3 | Provider | 99 | int_person__99 | Other |
| 1 | int_person__1 | Patient | | | | | | | | | | | | | |
| 2 | int_person__2 | Proxy | | | | | | | | | | | | | |
| 3 | int_person__3 | Provider | | | | | | | | | | | | | |
| 99 | int_person__99 | Other | | | | | | | | | | | | | |
| 220 | [int_person_oth] | (FOR INTERVIEWER) If other, specify. Show the field ONLY if: [int_person(99)]='1' | text Question number: 210 | | | | | | | | | | | | |
| 221 | [int_date_exp] | (FOR INTERVIEWER) What was the date of likely exposure? (priority) | text (date_mdy) Question number: 211 | | | | | | | | | | | | |
| 222 | [int_source_exp] | (FOR INTERVIEWER) What was the likely source of exposure? | notes, Required Question number: 212 | | | | | | | | | | | | |
| 223 | [int_icl_trvl_case] | (FOR INTERVIEWER) Was this likely an imported/travel-associated case or a locally acquired case? (choose one) | radio, Required <table border="1"> <tr><td>1</td><td>Imported/travel-associated</td></tr> <tr><td>2</td><td>Locally acquired</td></tr> <tr><td>3</td><td>Unknown</td></tr> </table> <p>Question number: 213</p> | 1 | Imported/travel-associated | 2 | Locally acquired | 3 | Unknown | | | | | | |
| 1 | Imported/travel-associated | | | | | | | | | | | | | | |
| 2 | Locally acquired | | | | | | | | | | | | | | |
| 3 | Unknown | | | | | | | | | | | | | | |
| 224 | [notes] | (FOR INTERVIEWER) Please use this space to include any additional notes or comments. | notes Question number: 214 | | | | | | | | | | | | |
| 225 | [file] | (FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here. | file Question number: 215 | | | | | | | | | | | | |
| 226 | [file_2_yn] | (FOR INTERVIEWER) Would you like to add additional documents? | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Question number: 216</p> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 227 | [file_2] | (FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here. Show the field ONLY if: [file_2_yn] = '1' | file Question number: 217 | | | | | | | | | | | | |
| 228 | [file_3_yn] | (FOR INTERVIEWER) Would you like to add additional documents? Show the field ONLY if: [file_2_yn] = '1' | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Question number: 218</p> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 229 | [file_3] | (FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here. Show the field ONLY if: [file_3_yn] = '1' | file Question number: 219 | | | | | | | | | | | | |
| 230 | [file_4_yn] | (FOR INTERVIEWER) Would you like to add additional documents? Show the field ONLY if: [file_3_yn] = '1' | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Question number: 220</p> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |
| 231 | [file_4] | (FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here. Show the field ONLY if: [file_4_yn] = '1' | file Question number: 221 | | | | | | | | | | | | |
| 232 | [file_5_yn] | (FOR INTERVIEWER) Would you like to add additional documents? Show the field ONLY if: [file_4_yn] = '1' | yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Question number: 222</p> | 1 | Yes | 0 | No | | | | | | | | |
| 1 | Yes | | | | | | | | | | | | | | |
| 0 | No | | | | | | | | | | | | | | |

| | | | | | | | | | |
|-----|--|---|---|---|------------|---|------------|---|----------|
| 233 | [file_5] Show the field ONLY if: [file_5_yn] = "1" | (FOR INTERVIEWER) Please upload any relevant, deidentified files (e.g. photos, lab results, or medical records) here. | file Question number: 223 | | | | | | |
| 234 | [crf_end] | This concludes the case report form, if you would like to retain for your records, please print now. | descriptive | | | | | | |
| 235 | [case_report_form_complete] | Section Header: Form Status Complete? | dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table> | 0 | Incomplete | 1 | Unverified | 2 | Complete |
| 0 | Incomplete | | | | | | | | |
| 1 | Unverified | | | | | | | | |
| 2 | Complete | | | | | | | | |

From: Ricketts, Erin K
Sent: Thu, 14 Jul 2022 17:46:01 +0000
To: Regulatory Affairs (CDC); Poxvirus (CDC)
Cc: PHPR.SNS; Barbarin, Alexis M
Subject: Monkeypox Therapeutics Document Request
Categories: Waiting on SME input

Good afternoon,

I have been receiving two document requests from our state partners regarding Monkeypox therapeutics in order for our facilities to accept the CDC IRB and prescribe them in our facilities:

1. The IRB approval letter for CDC regarding the use of Tecovirimat.
2. An acknowledgement letter or other communication of the CDC's IND from FDA.

Would you be able to supply us with these documents?

Thank you,

Erin Ricketts, MD
Epidemic Intelligence Service Officer
Communicable Disease Branch, Division of Public Health
North Carolina Department of Health and Human Services

Office: 919-608-6527
Fax: 919-715-4699
Erin.ricketts@dhhs.nc.gov

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From: Davis, Timothy
Sent: Fri, 1 Jul 2022 17:06:04 +0000
To: Poxvirus (CDC)
Cc: Ward, Ashley E; Leggett, Ashley P; Wilson, Erica (CDC dhhs.nc.gov)
Subject: NC Phase 1 Monkeypox Vaccine Request
Attachments: North Carolina Phase 1 Jynneos Vaccine Requests.docx
Categories: Dallas

Hi All,

Please see the attached locations, quantities and logistical details for NC phase 1 Monkeypox vaccine locations. Please note that we are awaiting logistic details from one additional local health department and will submit that request as soon as we receive it.

Thanks,
Tim

Tim Davis, PharmD, BCNP, PMP
Medical Countermeasures Coordinator
Division of Public Health, Epidemiology Section
Public Health Preparedness and Response Branch
[NC Department of Health and Human Services](#)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](#)
For COVID-19 Therapeutics Support – [Mobile: 252-822-2477
Fax: 252-355-9097](mailto:<u>therapeutics.covid19@dhhs.nc.gov</u></p></div><div data-bbox=)

PHP&R 24/7 On-Call: 1-888-820-0520 (For Public Health Emergencies ONLY)
[PHP&R ERO Office
2561 Mill Street
Winterville, NC 28590](mailto:<u>tim.davis@dhhs.nc.gov</u></p></div><div data-bbox=)

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North Carolina Phase 1 Jynneos Vaccine Requests

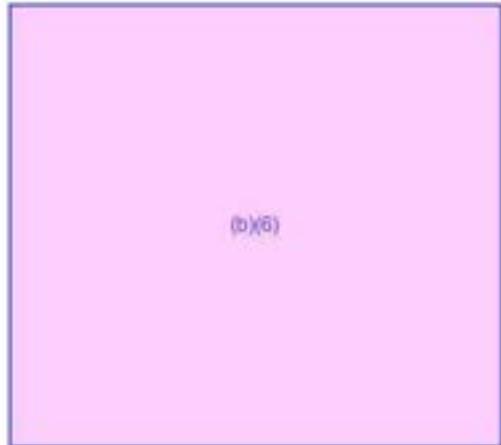
State Points of Contact for all requests:

Vaccine Logistics – Tim Davis, tim.davis@dhhs.nc.gov, 252-822-2477

Epi/Clinical – Erica Wilson, erica.wilson@dhhs.nc.gov, 919-733-3419

Site 1: Pitt County Health Department

Shipping Address:



Receiving POC #1:

(b)(6)

Receiving POC #2:

Quantity of Jynneos Requested: 40

Days/Times shipping address is available to receive shipment:

We are available, typically Monday-Friday 8-5pm, excluding holidays

Site 2: Buncombe County Health Department

Shipping Address:



Receiving POC #1:

(b)(6)

Receiving POC #2:

Quantity of Jynneos Requested: 80

Days/Times shipping address is available to receive shipment:

Monday-Friday 8-5pm, excluding holidays

Site 3: Mecklenburg County Health Department

Shipping Address:

Receiving POC #1:

(b)(6)

Receiving POC #2:

Quantity of Jynneos Requested: 120

Days/Times shipping address is available to receive shipment:

Monday through Friday 8am-5pm..available for shipment, emergency due vaccine need please contact Vanessa Tomberlin at 980-240-4213 to be available onsite to receive vaccine shipment

Site 4: Forsyth County Health Department

Shipping Address:

Receiving POC #1:

(b)(6)

Receiving POC #2:

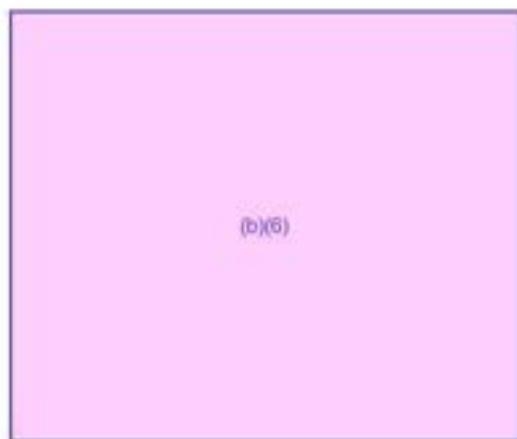
Quantity of Jynneos Requested: 80

Days/Times shipping address is available to receive shipment:

FCDPH is only available to accept shipments Monday through Friday from 8am - 5pm, expect Holidays.

Site 5: New Hanover County Health Department

Shipping Address:



Receiving POC #1:

(b)(6)

Receiving POC #2:

Quantity of Jynneos Requested: 40

Days/Times shipping address is available to receive shipment:

We may receive shipments Mon thru Friday 8am-4:30pm, except holidays

Site 6: Durham County Health Department

Shipping Address:



Receiving POC #1:

(b)(6)

Receiving POC #2

Receiving POC #3

Quantity of Jynneos Requested: 60

Days/Times shipping address is available to receive shipment:

Monday through Thursday 8:30-4, Friday 8:30-12:00, except certain holidays
that office is closed.

From: Poxvirus (CDC)
Sent: Wed, 22 Jun 2022 15:50:23 +0000
To: kalvroy@health.nyc.gov; Wong, Marcia (CDC health.nyc.gov); Alroy, Karen (CDC health.nyc.gov); Lee, Ellen (CDC health.nyc.gov); Ruiz, Victoria (CDC health.nyc.gov); Slavinski, Sally (CDC health.nyc.gov); Foote, Mary (CDC health.nyc.gov); Backenson, Bryon (CDC health.ny.gov); Connelly, Kara M (HEALTH)
Cc: Poxvirus (CDC)
Subject: NYC Transmission Chains: Additional Data Required

Dear NYC Partners,

I hope this message finds you well.

The CDC Monkeypox Response Team is working to understand transmission chains and clusters across the country. To this end, we have a few outstanding data items on recent cases, and we would appreciate your input. Please refer to the table below and see the data requests, in red:

| Case ID | Sex at Birth | Gender ID | Sexual Orientation | MSM History | Recent Intn'l Travel in past 21 days | Recent Domestic Travel in past 21 days | Contact with Person W/ Similar Rash | Contact with Confirmed MPX case | Origin of Infection | Data Request |
|---------|--------------|-----------|--------------------|-------------|--------------------------------------|--|-------------------------------------|---------------------------------|---------------------|--|
| | (b)(6) | | | Yes | No | No | No | No | Locally acquired | Any additional details or leads on origin of infection and/or source of infection. |
| (b)(6) | (b)(6) | [mi] | [mi] | Yes | [mi] | [mi] | [mi] | [mi] | UNK | Any additional details or leads, |
| (b)(6) | (b)(6) | [mi] | [mi] | Yes | [mi] | [mi] | [mi] | [mi] | UNK | Any additional details or leads, |

| | | | | | | | | |
|--------|--------|-----|------|------|------|------|-------------------------|--|
| | | | | | | | | especia lly related to travel history, contact s, origin of infectio n and/or source of infectio n. |
| | (b)(6) | Yes | [mi] | [mi] | [mi] | [mi] | UNK | Any additio nal details or leads, especia lly related to travel history, contact s, origin of infectio n and/or source of infectio n. |
| (b)(6) | (b)(6) | Yes | No | [mi] | No | No | Locally acquir ed | Any additio nal details or leads, especia lly related to |
| (b)(6) | (b)(6) | | | | | | | |

| | | | | | | | | | | |
|--------|--------|------|------|-----|------|--------------------------|------|-------------------------|--|---|
| | | | | | | | | | | of infectio n. |
| (b)(6) | [mi] | [mi] | Yes | No | [mi] | UNK | [mi] | Locally acquir ed | Any additio nal details or leads, especia lly related to travel history, contact s, and/or source of infectio n. | |
| (b)(6) | (b)(6) | [mi] | [mi] | Yes | No | Yes (FL; 6/3 to ?) | [mi] | No | Locally acquir ed | *This case was reporte d by (b)(6) |
| (b)(6) | | | | | | | | | | Any additio nal details or leads, especia lly related to travel history, contact s, origin |

| | | | | | | | | |
|--------|--------|-----|------|------|--------|------|-------------------------|---|
| | | | | | | | | of infectio n and/or source of infectio n. Is this case still in FL? |
| | (b)(6) | Yes | No | No | No | No | Locally acquir ed | Any additio nal details or leads on origin of infectio n and/or source of infectio n. |
| (b)(6) | (b)(6) | Yes | No | No | No | No | Locally acquir ed | Any additio nal details or leads on origin of infectio n and/or source of infectio n. |
| (b)(6) | (b)(6) | Yes | [mi] | [mi] | [mi] | [mi] | Locally acquir ed | Any additio nal details or leads |
| (b)(6) | (b)(6) | | | | (b)(6) | | | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | on travel history details, origin of infection and/or source of infection. |
|--|--|--|--|--|--|--|--|--|

We hope to hear from you soon. As always, we appreciate your support.

Thank you so much,
Yasmin Ogale
CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Davis, Timothy
Sent: Mon, 20 Jun 2022 11:18:38 +0000
To: Poxvirus (CDC)
Subject: Prepositioning of Monkeypox vaccine
Categories: Juanita

Good Morning,

On Friday's webinar it was mentioned that CDC is considering requests to preposition reasonable quantities of Jynneos in jurisdictions ahead of a confirmed orthopoxvirus case. Can you please provide the details needed to submit such a request. Also, it was mentioned that the shelf-life of Jynneos is 8 weeks at refrigerated temperatures, but can be stored long-term @ -20°C. What is the shelf-life at -20°C? Can the product be shipped at -20°C to allow for long term storage on site or should we anticipate receiving product at refrigerated temps?

Regards,
Tim

Tim Davis, PharmD, BCNP, PMP
Medical Countermeasures Coordinator
Division of Public Health, Epidemiology Section
Public Health Preparedness and Response Branch
[NC Department of Health and Human Services](#)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](#)
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Fax: 252-355-9097

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From: Goodwin, Dawn M
Sent: Thu, 9 Jun 2022 18:40:06 +0000
To: Poxvirus (CDC)
Subject: Questions - Medical Countermeasure Requests for Monkeypox Vaccine and Treatments
Attachments: Jynneos Request & Use Agreement Form with ACIP Guidance.pdf
Importance: High
Categories: Kiara

Good afternoon,

The state has received several calls from [REDACTED] (b)(6) re: monkeypox, obtaining vaccine, how events will proceed when there is an actual case. Could you please provide me with guidance on the following:

- Processes for requesting PEP vaccine, PREP vaccine, Tecovirimat, and VIGIV?
- In addition, please review the attached Jynneos Request form and provide guidance on how to submit it after completion.
 - Is there a similar form for ACAM 2000? If so, please provide along with submission guidance.

The state has scheduled a pre-emptive call with MCHD today at 4pm, so this matter is time-sensitive.

Thanks so much for your help.

Dawn

Dawn Goodwin, Pharm.D., R.Ph.
Central Regional Pharmacist
Division of Public Health, [Public Health Preparedness and Response Branch](#)
[NC Department of Health and Human Services](#)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](#).

Mobile: 919-210-3186
dawn.goodwin@dhhs.nc.gov

PHP&R 24/7 On-Call: 1-888-820-0520 (For Public Health Emergencies ONLY)
NC DHHS COVID-19 Therapeutics Support: Therapeutics.COVID19@dhhs.nc.gov

225 N. McDowell Street, Cooper Building
1902 Mail Service Center
Raleigh, NC 27699-1900



<http://epi.publichealth.nc.gov/phpr/>

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Jynneos Smallpox Vaccine Request Form and Use Agreement

Instructions: JYNNEOS (Smallpox and Monkeypox Vaccine, Live, Nonreplicating), may only be used to vaccinate laboratory and health care personnel in strict accordance with the guidelines established by the Advisory Committee on Immunization Practices (ACIP). Please see the attached document containing these guidelines.

Only individuals who fall into one of the categories below may be vaccinated with Jynneos:

1. Research laboratory personnel who directly handle cultures/animals contaminated or infected with replication-competent vaccinia virus, recombinant vaccinia viruses derived from replication-competent vaccinia strains (i.e., those that are capable of causing clinical infection and producing infectious virus in humans), or other orthopoxviruses that infect humans (e.g., monkeypox, cowpox, and variola);
2. Clinical laboratory personnel who directly handle samples contaminated or infected with vaccinia, recombinant vaccinia, or other orthopoxviruses;
3. Other healthcare workers (such as physicians and nurses) whose contact with these viruses is limited to contaminated materials (for example, dressings), but who adhere to appropriate infection control measures are probably at lower risk for inadvertent infection than laboratory workers. However, because a theoretical risk of infection exists, vaccination may be considered for this group.

The Principal Investigator (PI) of the research lab conducting orthopoxvirus related research will complete sections 1, 3, and 4 below. The Executive Summary (SECTION 4) of the proposed research project should include the following information:

1. The strains of orthopoxvirus being utilized in the laboratory and in the research project.
2. A detailed description of the lab procedures involved that will be used by proposed vaccine recipients/laboratory workers.

The physician will submit a curriculum vitae along with their current medical license (THIS IS AN INITIAL REQUIREMENT THAT APPLIES TO FIRST REQUESTS ONLY) and complete section 2 below.

Both the physician and the PI will read and agree to the conditions of use found on page 4.

Section 1: Laboratory Details

| | | | |
|------------------|----|------------|-----------------|
| Last Name | MI | First Name | Date of Request |
| Institution Name | | | |

| | | | | | |
|--------|----------|---------|-------|-------|-----|
| Street | Building | Suite | | | |
| City | State | Zipcode | Email | Phone | Fax |

Section 2: Physician Details (This is the location the vaccine will be shipped and stored.)

| | | | |
|-------------|----|------------|-------|
| Last Name | MI | First Name | Email |
| Clinic Name | | | |

| | | | | |
|--------|----------|----------|-------|-----|
| Street | Building | Suite | | |
| City | State | Zip Code | Phone | Fax |

| Section 3: Recipient Details | | | Category | | Indication | |
|------------------------------|-----|----------------------------------|-----------------------------|--------------------------|------------|--------|
| Name (Last, First, MI) | Age | Dose (Primary Series/Booster) | Healthcare/ Preparedness | Laboratory | Position | Duties |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |

Section 4: Executive Summary

Principal Investigator

The Principal Investigator of the research lab conducting vaccinia-related research will complete sections 1 and 3 plus submit an Executive Summary of the proposed research project that includes the following information:

1. The strains of vaccinia virus being utilized in the laboratory and in the research project.
2. A detailed description of the lab procedures involved that will be used by proposed vaccine recipients/laboratory workers.

Executive Summary

1. By providing Jynneos for vaccination of laboratory personnel, the Principal Investigator agrees not to claim, infer, or imply United States Governmental endorsement of the Research Project, the institution, or personnel conducting the Research Project or any resulting commercial product(s). Unless prohibited by law from doing so, the Principal Investigator agrees to hold the United States Government harmless and to indemnify the United States Government for all liabilities, demands, damages, expenses, and losses arising out of use of Jynneos.
2. By signing below, the Recipient warrants that all of the Recipient's statements and representations in this Agreement are true and accurate.
3. Any false or misleading statements made, presented or submitted to the U.S. Government, including any relevant omissions, under this agreement and made during the course of negotiation of this agreement are subject to all applicable civil and criminal statutes including Federal statutes 31 USC § 3801-3812 (civil liability) and 18 USC §1001 (criminal liability including fine(s) and/or imprisonment).

Principal Investigator: I have read and understood the conditions outlined in this Agreement, and I understand that I must abide by them to have personnel in my lab vaccinated with Jynneos (Smallpox and Monkeypox Vaccine, Live, Non-replicating). I agree that under no circumstances will the vaccine be used for research purposes, for human subject clinical trials/studies, nor for treatment of any condition in human subjects.

| | | | |
|-------------------|----------|--------------|-------|
| PI Name (printed) | PI Title | PI Signature | Date: |
|-------------------|----------|--------------|-------|

Receiving Physician

1. **JYNNEOS MAY NOT BE USED FOR ANY PURPOSE OUTSIDE OF THE INDICATIONS FOR USE IN THE PACKAGE INSERT AND IN STRICT ACCORDANCE WITH THE ACIP GUIDELINES LISTED ABOVE.**
2. The receiving physician agrees to retain full control over Jynneos while in their possession, and further agrees not to transfer the vaccine to any third party. Upon successful completion of all requested vaccinations, the receiving physician will destroy any remaining supplies and vaccine and document its destruction. Failure to return the Accountability Form to CDC within 70 days of vaccine receipt may result in further action and denial of future vaccine requests.
3. Jynneos vaccine is provided as a public health service for the vaccination of laboratory personnel who may have occupational-based exposure to orthopoxviruses. It is the express responsibility of the receiving physician to immediately report any adverse events experienced by vaccinees by utilizing the VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS). VAERS reports may be submitted online by visiting www.vaers.hhs.gov or by calling 1-800-822-7967.

Receiving Physician: I have read and understood the conditions outlined in this Agreement, and I understand that I must abide by them to receive and use vaccinia (smallpox) vaccine (Jynneos). I agree to the following:

1. That under no circumstances will the vaccine be used for research purposes, for human subject clinical trials/studies, nor for treatment of any condition in human subjects. All records of vaccination shall be stored by physician/ facility and available to CDC upon request.
2. I will complete the Vaccine Accountability Form and return to the Drug Service within 70 days of vaccine receipt.
3. All doses of Jynneos vaccine expire 8 weeks from the date of receipt.

| | | | |
|--------------------------|-----------------|---------------------|------|
| Physician Name (printed) | Physician Title | Physician Signature | Date |
|--------------------------|-----------------|---------------------|------|

Advisory Committee on Immunization Practices (ACIP)

STN: 125678

Proper Name: Smallpox and Monkeypox Vaccine, Live, Non-Replicating

Tradename: JYNNEOS

Manufacturer: Bavarian Nordic A/S

November 2021

<https://www.cdc.gov/vaccines/acip/>

ACIP approved the following recommendations by majority vote at its November 3, 2021 meeting:

- The ACIP recommends:
 - Use of JYNNEOS as an alternative to ACAM2000 for research laboratory personnel,² clinical laboratory personnel performing diagnostic testing for orthopoxviruses,³ and for designated response team members at risk for occupational exposure to orthopoxviruses.⁴
 - Use of JYNNEOS, based on shared clinical decision-making, as an alternative to ACAM2000 for healthcare personnel who administer ACAM2000 or care for patients infected with replication competent orthopoxviruses.⁵
 - Persons who are at continued risk⁶ for occupational exposure to more virulent orthopoxviruses like variola virus or monkeypox virus should receive booster doses of JYNNEOS every 2 years after the primary JYNNEOS series.
 - Persons who are at continued risk⁶ for occupational exposure to replication competent orthopoxviruses like vaccinia virus or cowpox virus should receive booster doses of JYNNEOS at least every 10 years after the primary JYNNEOS series.
 - Persons who are at continued risk⁶ for occupational exposure to orthopoxviruses, and who received an ACAM2000 primary vaccination, should receive a booster dose of JYNNEOS as an alternative to a booster dose of ACAM2000.

¹ Healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, *clinical laboratory personnel*, *autopsy personnel*, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). Adapted from <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>

² Research laboratory personnel are those who directly handle 1) cultures or 2) animals contaminated or infected with replication-competent vaccinia virus, recombinant vaccinia viruses derived from replication-competent vaccinia strains (i.e., those that are capable of causing clinical infection and producing infectious virus in humans), or other orthopoxviruses that infect humans (e.g., monkeypox, cowpox, and variola).

³ Clinical laboratory personnel who perform routine chemistry, hematology, and urinalysis testing, including for suspected or confirmed patients with orthopoxvirus infections, are not included in this recommendation as their risk for exposure is very low.

⁴ Public health authorities, at their own discretion, may approve a cohort of healthcare and/or public health personnel to receive primary vaccination against orthopoxviruses for preparedness purposes (e.g., first responders who might participate in a smallpox or monkeypox outbreak).

⁵ For example, those caring for patients enrolled in clinical trials for replication-competent orthopoxvirus vaccines and those caring for persons with suspected or confirmed orthopoxvirus infections (e.g., clinicians and environmental services personnel).

⁶ Continued risk refers to persistent risk due to occupational work performed. Designated public health and healthcare worker response teams approved by public health authorities are not at "continued risk" because they are vaccinated for the purposes of preparedness.

These recommendations have been adopted by the CDC Director and will become official once published in MMWR.

From: Poxvirus (CDC)
Sent: Mon, 11 Jul 2022 23:23:44 +0000
To: Ricketts, Erin K
Cc: phpr.sns@dhhs.nc.gov; Davis, Timothy; Berl, Erica B; khalil.harbi@dhhs.nc.gov;
Poxvirus (CDC)
Subject: request for clinical consultation

Hello Dr. Ricketts,

Thank you for contacting CDC. I have referred your request for clinical consultation regarding possible TPOXX use in three NC patients. They should be reaching out to you shortly.

Sincerely,

Lori Verbrugge

CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Poxvirus (CDC)
Sent: Fri, 22 Jul 2022 19:56:35 +0000
To: Ashley.leggett@dhhs.nc.gov
Cc: Poxvirus (CDC)
Subject: Requesting PEP for pediatric contacts
Attachments: FDA Form 3926_SinglePatient IND Request_template.pdf, Jynneos Consent Form SinglePatient-IND for children_v07.01.22.docx

Dear Ashley,

Here is the guidance our regulatory affairs group has provided for pediatric JYNNEOS:

Since Jynneos is not FDA-approved for use in the pediatric population, currently the use of Jynneos for children < 18 years of age must proceed under a single-patient investigational new drug application (s-IND). FDA authorization for emergency use is required prior to administration. Please see attached the following needed for the request to FDA:

1. Informed consent/parental permission form: If the parents choose to pursue vaccination, please let us know that the parents have provided consent/parental permission and send us a copy of the signed consent form
2. Complete the attached Form FDA 3926 along with a copy of the clinician's CV. Comment balloons describe the information that FDA has been requesting, including information on the exposure. FDA will need to know about the duration and dates of exposure. Please add any additional information available. Provided below are examples of descriptions for the Brief Clinical History that contain the type of information needed for FDA's review.

Once the CDC MPX Clinical Team (eocevent482@cdc.gov) receive the FDA 3926, provider CV, and confirmation of consent/parental permission, we will request authorization from FDA. FDA has generally granted authorization within a day of the request.

Examples of Brief Clinical History for FDA Form 3926

Example #1:

XYZ [child's initials] is a ##-year-old and cousin of a laboratory confirmed OPXV case. The OPXV case (cousin) developed a low-grade fever; on 6/28/2022, the case developed four lesions (knee, thigh, genital area, and face below the lip). New lesions have since appeared. XYZ's exposure to the case is 6/27-6/29. XYZ was in the car with the case (driver) for approximately 6 hours on 6/27, and XYZ was in the third row; neither wore masks. Rode in the car together unmasked for ~10 min on 6/28, and ~6 hr car ride (both masked) on 6/29 as driver and third row. They shared bathroom daily during the exposure dates but case claims to have disinfected after each use. XYZ's bed was in the same hotel room as suspect case (~3 ft away). The case states he wore a mask when in the hotel on 6/28 and 6/29, and while he slept, but XYZ did not. XYZ has no known underlying health conditions.

Example #2

XYZ [child's initials] is an ##-month-old healthy child with no significant past medical history. XYZ had close contact activities with the MPXV+ case (father) through 7/8. The father is XYZ's primary caregiver and provided continued care for all of XYZ's needs but has been isolating from the contact since 7/8. The father developed malaise and tender inguinal lymphadenopathy on or about 7/5 and continued to feel

worse with onset of fever of 100.3F and lesions on his thigh and neck on 7/8. The case was evaluated in the ER on 7/8 and confirmed MPXV+ on 7/12.

Additional information to note:

The pediatric dose in the single-patient IND request would be the same as adults (two doses of 0.5 ml subcutaneously 4 weeks apart). Please note that adverse events would need to be actively monitored upon administering Jynneos – monitoring 30 minutes following administration of each dose for immediate adverse reactions; periodic follow-up with the patient's parent by phone or in person for adverse events (including cardiac related events, symptoms consistent w/ MPX) through 4 weeks after the 2nd vaccine dose.

Please also note that you will need to inform your institutional/local IRB within 5 working days of emergency use of Jynneos.

Thank you!

Michelle

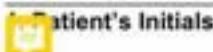
CDC Monkeypox Call Center

**Individual Patient Expanded Access
Investigational New Drug Application (IND)**
(Title 21, Code of Federal Regulations (CFR) Part 312)

Form Approved: OMB No. 0910-0814

Expiration Date: May 31, 2022

See PRA Statement on last page.



2. Date of Submission (mm/dd/yyyy)

3. Type of Submission

NOTE: Checking box 3a or 3b will "turn on" ONLY the fields that must be completed.

3.a. Initial Submission

- Select this box if this form is an initial submission for an individual patient expanded access IND, and complete only fields 4 through 8, and fields 10 and 11.

3.b. Follow-Up Submission

- Select this box if this form accompanies a follow-up submission to an existing individual patient expanded access IND, and complete the items to the right in this section, and fields 8 through 11.

Investigational Drug Name

Physician's IND Number

4. Clinical Information

Indication

Post-exposure prophylaxis (PEP) against monkeypox (MPX) - use of Jynneos in a child

Brief Clinical History (Patient's age, gender, weight, allergies, diagnosis, prior therapy, response to prior therapy, reason for request, including an explanation of why the patient lacks other therapeutic options)

Insert clinical history including details on exposure and MPX/OPX case - please see comments]

Jynneos was determined as the better PEP option compared to ACAM2000 that is replication-competent with potential risk of auto-inoculation & accidental inoculation of household contacts. Currently, antiviral (tecovirimat) is recommended for treatment but not for PEP of MPX given the limited clinical experience in OPXV-infected individuals and its approval for smallpox treatment based on animal efficacy data, which its own set of uncertainties and risks.

5. Treatment Information

Investigational Drug Name

Jynneos for use in a child for PEP of MPX

Name of the entity that will supply the drug (generally the manufacturer)

stockpiled Jynneos from the Strategic National Stockpile

FDA Review Division (if known)

Division of Vaccines and Related Product Applications

Treatment Plan (Including the dose, route and schedule of administration, planned duration, and monitoring procedures. Also include modifications to the treatment plan in the event of toxicity.)

2 doses of 0.5 mL SQ 4 weeks apart. Monitoring: The patient will be monitored for a minimum of 30 minutes post each vaccination for immediate adverse reactions. The vaccinee will be periodically followed-up by phone, televisit, or in person to assess any serious adverse events, medically attended adverse events and adverse events of special interest (e.g. cardiac related events, symptoms consistent with monkeypox) occurring after the vaccination through 4 weeks after the last vaccination. The parent/guardian of the vaccinee will be advised to report any suspected adverse reactions to their vaccination provider and VAERS.

6. Letter of Authorization (LOA), if applicable (generally obtained from the manufacturer of the drug)

I have attached the LOA. (Attach the LOA; if electronic, use normal PDF functions for file attachments.)

Note: If there is no LOA, consult the Form Instructions.

7. Physician's Qualification Statement (Including medical school attended, year of graduation, medical specialty, state medical license number, current employment, and job title. Alternatively, attach the first few pages of physician's curriculum vitae (CV), provided they contain this information. If attaching the CV electronically, use normal PDF functions for file attachments.)

CV included

8. Physician Name, Address, and Contact Information

| | | |
|---|-------|---|
| Physician Name (Sponsor) | | Email Address of Physician |
| Address 1 (Street address, No P.O. boxes) | | |
| Address 2 (Apartment, suite, unit, building, floor, etc.) | | Telephone Number of Physician |
| City | State | Facsimile (FAX) Number of Physician |
| ZIP Code | | Physician's IND number, if known Not available |

9. Contents of Submission

This submission contains the following materials, which are attached to this form (select all that apply). If none of the following apply to the follow-up communications, use Form FDA 1571 for your submission.

- | | |
|---|--|
| <input type="checkbox"/> Initial Written IND Safety Report | <input type="checkbox"/> Change in Treatment Plan |
| <input type="checkbox"/> Follow-up to a Written IND Safety Report | <input type="checkbox"/> General Correspondence |
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Response to FDA Request for Information |
| <input type="checkbox"/> Summary of Expanded Access Use (treatment completed) | <input type="checkbox"/> Response to Clinical Hold |

10.a. Request for Authorization to Use Form FDA 3926

I request authorization to submit this Form FDA 3926 to comply with FDA's requirements for an individual patient expanded access IND.

10.b. Request for Authorization to Use Alternative IRB Review Procedures

I request authorization to obtain concurrence by the Institutional Review Board (IRB) chairperson or by a designated IRB member, before the treatment use begins, in order to comply with FDA's requirements for IRB review and approval. This concurrence would be in lieu of review and approval at a convened IRB meeting at which a majority of the members are present.

11. Certification Statement: I will not begin treatment until 30 days after FDA's receipt of a completed application and all required materials unless I receive earlier notification from FDA that treatment may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold. I also certify that I will obtain informed consent, and that an Institutional Review Board (IRB) will be responsible for initial and continuing review and approval of this treatment use, consistent with applicable FDA requirements. I understand that in the case of an emergency request, treatment may begin without prior IRB approval, provided the IRB is notified of the emergency treatment within 5 working days of treatment. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.

WARNING: A willfully false statement is a criminal offense (U.S.C. Title 18, Sec. 1001).

| | | |
|---|--|------|
| Signature of Physician | | Date |
| To enable the signature field, please fill out all prior required fields. For a list of required fields which have not yet been filled out, please click here . | | |

| For FDA Use Only | | |
|---------------------|--|---|
| Date of FDA Receipt | Is this an emergency individual patient IND? | Is this indication for a rare disease (prevalence < 200,000 in the U.S.)? |
| IND Number | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 45 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

Informed Consent/Parental Permission Form

Emergency Use of Jynneos Vaccine in Children to Prevent Infection from Poxviruses

Jynneos vaccine is being offered for your child under a single-patient, emergency Investigational New Drug (IND) use (also known as "compassionate use"), authorized by the Food and Drug Administration (FDA). Your child has or may have been exposed to a poxvirus such as monkeypox virus. Please read this consent form carefully and ask any questions you/your child may have. If you choose for your child to get Jynneos, you will be asked to sign this consent form. You will receive a copy of the signed consent form to keep.

What are poxviruses?

Poxviruses are a family of viruses that can cause serious diseases such as smallpox, monkeypox and cowpox. These viruses can cause serious illnesses in people. Poxviruses can spread from animals to humans and sometimes from one person to another. Monkeypox (MPX) causes fever, headache, backache, and swollen lymph nodes, followed by a blister-like rash in humans. Other symptoms may develop before the rash appears which may spread and become raised bumps and pus-filled blisters (called lesions). They usually crust, scab, and fall off after about 2-4 weeks, leaving a pitted scar.

What is Jynneos vaccine?

Jynneos (also known as Imvamune, Imvanex, MVA-BN) is a FDA-approved vaccine for the prevention of smallpox and MPX in high-risk adults (≥ 18 years of age). It can be given after being exposed to the virus, known as post-exposure prophylaxis (PEP), or in adults at high risk of occupational exposure to the virus, known as pre-exposure prophylaxis (PrEP). It is currently the only FDA-approved vaccine for the prevention of MPX. It works by causing your immune system to produce its own protection (antibodies) against the virus. Although a live vaccine, Jynneos is different from traditional smallpox vaccines such as ACAM2000. Jynneos is made with a virus that is not able to spread to other parts of the body or other people (including close contacts). It can be used for vaccination in people with certain immune deficiencies or conditions.

Because the vaccine is not approved for children (<18 years), the vaccine is being provided under a single-patient, emergency use and requires informed consent/parental permission.

Why is Jynneos vaccine being offered?

Your child may have been exposed to MPX virus, or your child may be at high risk for exposure to the MPX virus. Jynneos vaccine may help to prevent MPX in children who may come into contact or have been in contact with someone who has MPX or may have been exposed to MPX virus.

What are the benefits?

We do not know for certain if your child will benefit from Jynneos. The vaccine may help protect children from getting MPX. Adults who received Jynneos were not considered protected until 2 weeks after the second dose.

What happens if I choose for my child to receive Jynneos?

If you choose for your child to be vaccinated under this program, they will get the vaccine to reduce their risk of MPX infection. However, it is very important for you to know the risks and benefits of the vaccine and ask questions of your healthcare provider for any concerns you may have.

Pre-exposure Prophylaxis (PrEP)

Jynneos can be given to children at high risk for potential exposure to MPX virus **before** an exposure to an infected person or animal occurs. This would be done to help prevent illness if an exposure were to happen. The vaccination is given as **two doses given 4 weeks apart** (one dose at week 0 and a second dose at week 4). It is not known whether Jynneos can protect your child against monkeypox before the two dose series is complete.

Post-exposure Prophylaxis (PEP)

Jynneos can be given to children **after** an exposure to an infected person or animal with MPX. It may help prevent your child from disease or make it less severe. The vaccination is given as **two doses given 4 weeks apart**. The ability of Jynneos to be able to protect your child after they have been exposed to MPX virus is unknown.

How is Jynneos vaccine given?

Your child will receive an injection under the skin (not in muscle), preferably in the upper arm. Children less than 1 year of age will receive the vaccination under the skin on their thigh muscle.

Your child will be monitored for about 30 minutes after the vaccination to make sure there are no side effects. You should report any side effects to your healthcare provider as soon as possible, including after your return home and in the following weeks.

Children will need to return **4 weeks after the first dose to receive their second and final dose of Jynneos vaccine.**

What are the risks/side effects of Jynneos?

Information on side effects is from healthy adults with and without previous history of smallpox vaccination. Most commonly reported side effects include:

- pain, redness, discoloration, swelling, hardening, bruising, small bump, or itching at shot site
- headache
- fever
- muscle pain
- tiredness
- extremity pain
- chills
- joint pain
- nausea
- change in appetite

The number of side effects among adults with HIV infection and adults with atopic dermatitis was similar to those observed in healthy adults. Therefore, it may be reasonable to anticipate similar side effects among children.

A list of side effects can also be found in the [Jynneos Package Insert](#).

If your child experiences serious side effects, please contact your healthcare provider as soon as possible. You can also report any side effects online at <https://vaers.hhs.gov/reportevent.html>.

Who should not get Jynneos?

If your child has not been exposed to MPX and is not at risk of becoming ill with MPX, or your child is not at high-risk of possible exposure to MPX, they may not need Jynneos. Speak to your healthcare provider if they have a fever, allergy to egg or chicken proteins, allergy to antibiotics such as gentamicin or ciprofloxacin, or tromethamine). Children with weak immune systems, including those receiving immunosuppressive therapy, can receive Jynneos, but may have a weaker immune response to the vaccine.

What other choices do I have instead of Jynneos?

Another vaccine, ACAM2000, is FDA-approved to prevent smallpox disease for persons at high risk for smallpox infection including children and adults. ACAM2000 is also available under a CDC-sponsored expanded access IND protocol for PEP use of ACAM2000 for MPX in adults and children. ACAM2000 is effective at protecting people against poxvirus when given before your child is in contact with another person or animal that has a poxvirus infection. Vaccination with ACAM2000 after exposure to MPXV may help prevent your child from disease or make it less severe. Because ACAM2000 vaccine virus is a live virus that replicates, it can spread to other parts of the body and to other people if you do not care for the vaccination site properly. If the virus is spread to someone with health problems, it can cause serious illness. Additionally, some people with

skin or immune system problems may have uncontrolled spread of the vaccine virus to other parts of their body. Some people have experienced serious heart problems after vaccination with ACAM2000. Talk to your healthcare provider if you have questions about which vaccine may be right for your child.

If your child has been exposed to a person or animal with MPX, you should closely monitor them for any symptoms of MPX such as fever, muscle aches, headache, and rash. If they develop MPX symptoms or symptoms that are concerning to you, you should seek medical care and isolate them from others. There are no FDA-approved drugs to treat MPX. Two drugs are FDA-approved for treatment of smallpox (tecovirimat and brincidofovir). Although they don't have an FDA-approval for MPX, tecovirimat is available under a CDC-held expanded access IND protocol (compassionate use) to treat monkeypox. Vaccinia Immune Globulin Intravenous (VIGIV) is approved by FDA for treatment of complications from smallpox vaccine. Use of VIGIV for treatment of MPX is also available under a CDC-held expanded access IND protocol. You should talk to your healthcare provider about any questions you may have on treatment options that may be available.

What if I decide for my child not to get vaccinated with Jynneos?

It is your choice for your child to be vaccinated or not. You can decide for your child not to continue the vaccine dose series at any time. However, one dose of vaccine is not expected to provide protection. If you do not want your child to be vaccinated against MPX and they are exposed to the MPX virus, they might develop MPX that may lead to serious illness. Your child should avoid contact with anyone who has MPX.

What if my child is pregnant, breastfeeding or may become pregnant?

Jynneos may involve risks to pregnant people or to the embryo or fetus of a person who may become pregnant. There is not enough data on the safety of Jynneos in pregnant persons. It is not known whether Jynneos is excreted in human milk or what the impact of Jynneos is on milk production. Talk to your healthcare provider if your child is pregnant or breastfeeding to decide whether they should receive Jynneos.

What are the costs?

Jynneos is provided at no cost. Choosing to get the vaccine should not affect any health insurance that you have. This includes private insurance, Medicare, or Medicaid you use for routine medical costs not related to this program.

What about my privacy?

We will keep all facts about you and your child private to the extent allowed by applicable law. People who work for CDC, FDA, U.S. Department of Health and Human Services, local/state health authorities, and the vaccine manufacturer, may look at your child's information related to Jynneos administration, including their name and personal information, to ensure and monitor the appropriate and safe use of Jynneos. If this information is shared with anyone else, your and your child's name and personal information will not be used or listed. This includes reports or any publications such as articles in scientific journals. We may contact you using the contact information you provided to follow-up with you on how your child is doing.

What if your child is harmed or have problems or questions?

If your child is harmed as a result of being in this program, they will be treated. You or your insurer, Medicare, or Medicaid will have to pay for their care. If you have questions or feel your child was harmed as a result of participation in this program, please contact your healthcare provider who administered the vaccine.

Name of Healthcare Provider: _____ Phone #: _____

Written Informed Consent:

I have read this form, or it has been read to me. I have had a chance to ask questions and they were answered. I agree for my child to get Jynneos vaccine. I have been given a copy of this consent form. I have been told that I and my child will not lose any legal rights by being in this program.

Child's Name (Printed)

Child's Date of Birth (mm/dd/yy)

Parent/Legal Guardian's Name (Printed)

Signature of Parent/Legal
Guardian

Date

Printed Name of Person Conducting Consent
InterviewSignature of Person Conducting
Consent Interview

Date

Translator Documentation (if applicable)*Translator to document if informed consent process was given in another language other than English.*

Name of Translator

Language

Signature of Translator

Date

From: Poxvirus (CDC)
Sent: Wed, 29 Jun 2022 12:49:01 +0000
To: Kloppenburg, Bernhard (CDC filhealth.gov)
Cc: Poxvirus (CDC)
Subject: Response to question about travel restrictions for close contacts of MPX cases
Categories: Hannah

Hi Bernhard,

We received a message that you had sent to the MPX Policy email box asking about the case report form and for guidance on travel restrictions for close contacts of MPX cases. I understand that your questions about the case report form have been answered. Below is the response from DGMQ regarding travel of close contacts.

Individuals who had an exposure that is considered high risk* to a probable or confirmed monkeypox case-patient should avoid any travel by commercial aircraft even if they have not yet developed symptoms of monkeypox; they should not embark on any other commercial conveyance types (e.g., bus, train, taxi, cruise ship) until the successful completion of their 21-day monitoring period.

However, they are not recommended to quarantine; i.e., they can participate in activities other than long-distance travel unless they develop symptoms. Long-distance travel includes travel by aircraft, ship, train, or bus. People with intermediate-risk exposure who intend to travel should be evaluated on an individual basis including the nature of the exposure and assurance that the person remains asymptomatic before travel.

Federal public health travel restrictions, which include the addition of the individual to the [Do Not Board \(DNB\) list/Public Health Lookout \(LO\)](#) can be considered for asymptomatic persons with high- or intermediate-risk [exposure to a person with monkeypox](#). Asymptomatic individuals with low/uncertain or no risk of exposure do not meet the criteria for DNB/LO consideration. For contacts with high-risk exposure, CDC and the corresponding health department(s) consider if the contact meets the additional and necessary [secondary criteria for DNB/LO list addition](#).

For contacts with intermediate-risk exposure who pose a potential risk of travel during their monitoring period, DGMQ will consider DNB/LO list addition after additional consultation with CDC Subject Matter Experts (SMEs). Travel restrictions for people with intermediate-risk exposure will be implemented if appropriate. CDC requests notification to the [CDC Quarantine Station](#) of jurisdiction and consultation for any individual with high- or intermediate-risk exposure to a confirmed monkeypox case for whom there is a concern of commercial air travel or international travel by any means during their monitoring period.

* [Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

† [FAQs for Public Health Do Not Board and Lookout](#)

[Criteria for Recommending Federal Travel Restrictions for Public Health Purposes, Including for Viral Hemorrhagic Fevers | Quarantine | CDC](#)

Please let me know if you have other questions.

Sincerely,

Hannah

CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: Newman, Alexandra P (HEALTH)
Sent: Thu, 16 Jun 2022 13:01:50 +0000
To: CDC IMS 2022 Multi-National MPX Clinical Team; Poxvirus (CDC)
Cc: Lutterloh, Emily (CDC health.ny.gov); Backenson, Bryon (CDC health.ny.gov)
Subject: RE: Antiviral consultation/ request case (b)(6)
Categories: FYI

To be honest, 10 is better, but I can do 9:30.

From: CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Sent: Thursday, June 16, 2022 9:00 AM
To: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Lutterloh, Emily C (HEALTH) <emily.lutterloh@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>
Subject: RE: Antiviral consultation/ request case (b)(6)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Good morning,

I will send an invitation for 9:30-10 am to discuss this case. Please feel free to forward to others from NY who should join. Please let me know if this time no longer works.

Thank you,

Farrell

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Wednesday, June 15, 2022 8:21 PM
To: CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>
Subject: Re: Antiviral consultation/ request case (b)(6)

Suggested times for a call tomorrow would be between 9 and noon.

Night. Thanks.

Get [Outlook for iOS](#)

From: CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Sent: Wednesday, June 15, 2022 6:55:24 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Cc: Lutterloh, Emily C (HEALTH) <emily.lutterloh@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>
Subject: Re: Antiviral consultation/ request case (b)(6)

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Hello,

Genital lesions are enough of an indication to give antivirals. We can schedule a call with you to discuss the details and the process of procurement if you can let us know when you are available.

Ashley

Thanks!

-
Clinical Team
2022 Multi-National Monkeypox Response
eocevent482@cdc.gov

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 15, 2022 6:26 PM
To: Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>
Subject: RE: Antiviral consultation/ request case [REDACTED] (b)(6)

Sounds good. The clinical team will advise on what additional information is needed.

Kiara

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Wednesday, June 15, 2022 6:21 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>
Subject: RE: Antiviral consultation/ request case [REDACTED] (b)(6)

Thanks Kiara –

We would just need know what information we would need to provide to you to have it be released. No rush on this tonight.

Thanks,

Andie

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 15, 2022 6:16 PM
To: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Lutterloh, Emily C (HEALTH) <emily.lutterloh@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Antiviral consultation/ request case [REDACTED] (b)(6)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi Clinical Team,

Andie (cc'd) with NY State Department of Health is interested in a consultation to see if this patient would be eligible for antivirals/ TPOXX. If he is, she would be interested in requesting it. Please see the below known information (Andie, please add anything that's not included below but may be relevant to the case).

State: NY

Caller: Andie Newman

Contact info (email/direct phone number where caller can be reached directly): 518-473-4439 (office), 518-527-7361 (cell)

Case Description

Age:

(b)(6)

Sex:

Rash: Y, genital lesions

Fever: unknown

Other symptoms: unknown

Epi criteria: 4 sexual encounters prior to illness onset.

Case (describe situations below):

Patient is HIV+ with a CD4 count of 645. Not hospitalized.

Thanks,

Kiara

CDC MonkeyPox Call Center

From: Poxvirus (CDC) <Poxvirus@cdc.gov>

Sent: Wednesday, June 15, 2022 5:39 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>; Newman, Alexandra (CDC health.ny.gov)

<Alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>

Subject: RE: CDC confirmation of probable monkeypox case

(b)(6)

Resending with subject line – apologies.

Kiara

From: Poxvirus (CDC) <Poxvirus@cdc.gov>

Sent: Wednesday, June 15, 2022 5:38 PM

To: Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>

Subject:

Dear Andie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EST**.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- Whenever possible, ship specimens on dry ice. **Specimens received outside of acceptable temperature ranges will be rejected.**
- Diagnostic specimens from **suspect** monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection**.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

(b)(6)

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week**.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding [CDC Quarantine Station](#) as per standard reporting processes. Please include the **CDC Case ID #** in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.

State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk

for severe disease (e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the [CDC Exposure risk assessment and public health recommendations for individuals exposed to a patient with monkeypox](#).

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see: [Infection Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022 Monkeypox: Information for Health Departments](#)

[Information For Healthcare Professionals](#)

[U.S. Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Kiara

CDC Monkeypox Call Center

Controlled Unclassified Information

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From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>

Sent: Wednesday, June 15, 2022 5:12 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>

Subject: Orhtopox positive case - NYS.

Good afternoon –

We are reporting a case of othopoxvirus from NYS (Not NYC). The PCR was positive today and reported back to us late this afternoon. The patient is a [REDACTED] (b)(6) [REDACTED] He had 4 sexual encounters prior to his onset of illness.

The patient is [REDACTED] (b)(6) I am not sure if he would be a candidate for TPOXX. He is not ill enough to be hospitalized.

We have not identified anyone who would be a candidate for PEP with Jynneos.

Can we get a case number and the appropriate reporting forms?

Andie

Andie Newman, DVM, MPH, DACVPM
State Public Health Veterinarian

New York State Department of Health
Bureau of Communicable Disease Control
Corning Tower Room 651
Empire State Plaza
Albany, NY 12237
518-473-4439 (office)
518-527-7361 (cell)
866-881-2809 (after hours)
518-474-7381 (fax)
alexandra.newman@health.ny.gov
<http://health.ny.gov>

From: Newman, Alexandra P (HEALTH)
Sent: Wed, 15 Jun 2022 23:01:14 +0000
To: CDC IMS 2022 Multi-National MPX Clinical Team; Poxvirus (CDC)
Cc: Lutterloh, Emily (CDC health.ny.gov); Backenson, Bryon (CDC health.ny.gov)
Subject: RE: Antiviral consultation/ request case (b)(6)
Categories: Waiting on SME input

But first thing in the morning may be better.... 8? I may want to see if Emily Lutterloh can join. She is our state Epi and may have questions.

Also – as usual, as things unfold, we may have a household contact. Patient's mother. We will see if she want Jynneos. Patient onset was 6/9 or 6/10 – so 5 days out. We don't know about her immune status, etc.

-a

From: Newman, Alexandra P (HEALTH)
Sent: Wednesday, June 15, 2022 6:58 PM
To: CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Lutterloh, Emily C (HEALTH) <emily.lutterloh@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>
Subject: RE: Antiviral consultation/ request case (b)(6)

I can speak tonight if you want.

From: CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Sent: Wednesday, June 15, 2022 6:55 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Cc: Lutterloh, Emily C (HEALTH) <emily.lutterloh@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>
Subject: Re: Antiviral consultation/ request case (b)(6)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hello,

Genital lesions are enough of an indication to give antivirals. We can schedule a call with you to discuss the details and the process of procurement if you can let us know when you are available.

Ashley

Thanks!

-
Clinical Team
2022 Multi-National Monkeypox Response
eocevent482@cdc.gov

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Controlled Unclassified Information

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 15, 2022 6:26 PM
To: Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>
Subject: RE: Antiviral consultation/ request case (b)(6)

Sounds good. The clinical team will advise on what additional information is needed.

Kiara

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Wednesday, June 15, 2022 6:21 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>
Subject: RE: Antiviral consultation/ request cas (b)(6)

Thanks Kiara –

We would just need know what information we would need to provide to you to have it be released. No rush on this tonight.

Thanks,

Andie

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 15, 2022 6:16 PM
To: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>; CDC IMS 2022 Multi-National MPX Clinical Team <eocevent482@cdc.gov>
Cc: Lutterloh, Emily C (HEALTH) <emily.lutterloh@health.ny.gov>; Backenson, Bryon P (HEALTH) <bryon.backenson@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Antiviral consultation/ request case (b)(6)

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi Clinical Team,

Andie (cc'd) with NY State Department of Health is interested in a consultation to see if this patient would be eligible for antivirals/ TPOXX. If he is, she would be interested in requesting it. Please see the below known information (Andie, please add anything that's not included below but may be relevant to the case).

State: NY

Caller: Andie Newman

Contact info (email/direct phone number where caller can be reached directly): 518-473-4439 (office), 518-527-7361 (cell)

Case Description

Age (b)(6)

Sex (b)(6)

Rash: Y, genital lesions

Fever: unknown

Other symptoms: unknown

Epi criteria: 4 sexual encounters prior to illness onset.

Case (describe situations below):

Patient (b)(6) Not hospitalized.

Thanks,

Kiara

CDC MonkeyPox Call Center

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 15, 2022 5:39 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; Newman, Alexandra (CDC health.ny.gov) <alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP)

<nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>

Subject: RE: CDC confirmation of probable monkeypox case

(b)(6)

Resending with subject line – apologies.

Kiara

From: Poxvirus (CDC) <Poxvirus@cdc.gov>

Sent: Wednesday, June 15, 2022 5:38 PM

To: Newman, Alexandra (CDC health.ny.gov) <Alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>

Subject:

Dear Andie,

Thank you for notifying us of this OPX+ sample. This individual is now considered a **probable monkeypox case** (b)(6). We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts tomorrow at 5pm EST.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, sex assigned at birth, gender, sexual orientation
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
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Y/Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances

Y/Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

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- Lesion swabs in viral transport media and lesion crusts **must be received by CDC within 7 days of collection.**

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory
Centers for Disease Control and Prevention
RDSB/STATT
ATTN: Laboratory - Poxvirus
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-4129

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Complete [Case Report Form \(CRF\)](#) **within 1 week**.

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TRAVEL

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MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

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For more information on treatment of monkeypox, see: [Treatment](#).

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INFECTION PREVENTION & CONTROL

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At home, see: [Infection Control: Home](#)

FOR MORE INFORMATION

[2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

2022 Monkeypox: Information for Health Departments

Information For Healthcare Professionals

U.S. Monkeypox Outbreak 2022: Situation Summary

Thank you,

Kiara

CDC Monkeypox Call Center

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Sent: Wednesday, June 15, 2022 5:12 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>

Cc: Lutterloh, Emily (CDC health.ny.gov) <Emily.lutterloh@health.ny.gov>; Backenson, Bryon (CDC health.ny.gov) <bryon.backenson@health.ny.gov>

Subject: Orhtopox positive case - NYS.

Good afternoon –

We are reporting a case of othopoxvirus from NYS (Not NYC). The PCR was positive today and reported back to us late this afternoon. The patient is a [REDACTED] (b)(6) [REDACTED] He had 4 sexual encounters prior to his onset of illness.

[REDACTED] (b)(6) [REDACTED] am not sure if he would be a candidate for TPOXX. He is not ill enough to be hospitalized.

We have not identified anyone who would be a candidate for PEP with Jynneos.

Can we get a case number and the appropriate reporting forms?

Andie

Andie Newman, DVM, MPH, DACVPM
State Public Health Veterinarian

New York State Department of Health
Bureau of Communicable Disease Control
Corning Tower Room 651
Empire State Plaza
Albany, NY 12237
518-473-4439 (office)
518-527-7361 (cell)

866-881-2809 (after hours)
518-474-7381 (fax)
alexandra.newman@health.ny.gov
<http://health.ny.gov>

From: Stanek, Danielle R
Sent: Mon, 23 May 2022 19:26:37 +0000
To: Hughes, Christine (CDC/DDID/NCEZID/DHCPP); Poxvirus (CDC)
Cc: Chacreton, Daniel; Gunke, Megan (CDC flhealth.gov)
Subject: RE: Case consult - possible monkeypox case - Testing Results
Attachments: message.html

You've received an encrypted message from Danielle.Stanek@flhealth.gov

To view your message

Save and open the attachment (message.html), and follow the instructions.

Sign in using the following email address: poxvirus@cdc.gov

This email message and its attachments are for the sole use of the intended recipient or recipients and may contain confidential information. If you have received this email in error, please notify the sender and delete this message.

 Message encryption by Microsoft Office 365



Encrypted Message

Encrypted message

From

Danielle.Stanek@flhealth.gov

To

poxvirus@cdc.gov

To view the message on your computer...

Save and open the attachment (message.html), and then follow the instructions from there.

Message encryption by Microsoft Office 365

From: Poxvirus (CDC)
Sent: Sat, 9 Jul 2022 21:27:51 +0000
To: Newman, Alexandra (CDC health.ny.gov); Poxvirus (CDC)
Subject: RE: Case ID needed
Attachments: CRF Short Form_v1.9_6.30.22.pdf

Here's information on that! Bulk upload functionality will likely be up and running early next week, but other submission methods should be good to use now.

CASE REPORTING

CDC MPX Short Case Report Form

At this time, CDC encourages jurisdictions to use the short version of the case report form to send Monkeypox case data to CDC. A fillable PDF version of the short case report form is attached, though jurisdictions should use electronic methods (e.g., direct entry, bulk CSV upload, API) to send data elements included in the case report form to CDC. CDC can receive partial case data. Jurisdictions should send provisional case data as soon as it is available, even if complete information for all data elements in the case report form are not available.

Jurisdictions can request access to the CDC Secure Access Management System (SAMS) for county-level users; this will enable counties to use directly enter data in DCIPHER to send case data to CDC.

Onboarding/access questions? Email our informatics inbox (eocevent570@cdc.gov).

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Saturday, July 9, 2022 5:23 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Re: Case ID needed

Thanks Grisham -

Do we have the form? And when should we send it?

Andie Newman, DVM, MPH, DACVPM

Bureau of Communicable Disease Control

New York State Department of Health

Albany, NY 12158

[518-473-4439 \(p\)](#)

[518-474-7381 \(f\)](#)

[518-527-7361 \(c\)](#)

alexandra.newman@health.ny.gov

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Saturday, July 9, 2022 12:38 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>; Newman, Alexandra P (HEALTH)
<alexandra.newman@health.ny.gov>
Subject: RE: Case ID needed

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Oh, also – forgot to add... we're trying to move to case reporting via short-form CRF. So if NYS and NYC wish to do that for new cases, instead of using the call center, please feel free. I think the bulk upload feature for the short-form CRFs will be ready really soon.

Grishma

CDC MPX Call Center

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Controlled Unclassified Information

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Saturday, July 9, 2022 12:37 PM
To: Newman, Alexandra (CDC health.ny.gov) <alexandra.newman@health.ny.gov>; Poxvirus (CDC)
<Poxvirus@cdc.gov>
Subject: RE: Case ID needed

Sounds good, thank you – we'll just hold tight and wait to hear from NYC, in that case, for their updated case list.

Take care!
Grishma

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Saturday, July 9, 2022 12:31 PM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: Case ID needed

Thanks Grishma –

I heard you were going to stop assigning. This case would not have an id yet as it was just discovered to be a NYC case today. We don't have access to their system, so no worries!

Hope you are doing well. Who would have "thunk" we'd be doing this???

Be well,

Andie

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Saturday, July 9, 2022 10:34 AM
To: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: Case ID needed

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Hi, Andie!

Long time – hope you're doing well. 😊

We are no longer assigning CDC case IDs anymore, and are instead just using state/jurisdiction-assigned IDs. Do you know if NYC has already assigned a local/state ID to this case? If so, I can look that up and see if we already have the case in our records. If not, and if you can share one, I'd be happy to add this to our records and indicate that this person is classified as a probable case.

Thanks so much,
Grishma

--
CDC MPX Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: Newman, Alexandra P (HEALTH) <alexandra.newman@health.ny.gov>
Sent: Saturday, July 9, 2022 10:29 AM

To: Poxvirus (CDC) <Poxvirus@cdc.gov>

Subject: Case ID needed

Unless you aren't giving them out any more.....

This is a (b)(6). Actually a NYC resident. Our lab confirmed him (accession (b)(6) for orthopox on 7/8.

Andie Newman, DVM, MPH, DACVPM
State Public Health Veterinarian

New York State Department of Health
Bureau of Communicable Disease Control
Corning Tower Room 651
Empire State Plaza
Albany, NY 12237
518-473-4439 (office)
518-527-7361 (cell)
866-881-2809 (after hours)
518-474-7381 (fax)
alexandra.newman@health.ny.gov
<http://health.ny.gov>

2022 U.S. Monkeypox Outbreak Short Case Report Form

Instructions for State, Local, and Territorial Health Jurisdictions: This form is an aid for public health officials when collecting essential data elements needed for investigating and reporting probable or confirmed Monkeypox cases to CDC as part of the 2022 U.S. Monkeypox Outbreak response. Local public health officials may choose to use this fillable PDF for data collection within their jurisdiction, but data submission to CDC should be through established case surveillance systems and not through individually completed forms. Case information should always be captured electronically to minimize transcription errors, however this form may be printed if needed.

Please visit the CDC Website for the latest public health information about monkeypox:
www.cdc.gov/monkeypox

Note: This form is to be administered to the patient or their proxy—if the patient is deceased, administer with their proxy and/or healthcare provider.

Form Approved
OMB No. 0920-1011
Exp. Date 01/31/2023
Short Case Report Form 2022 Monkeypox Outbreak

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

State-assigned case ID:

State/Territory of Residence:

County of Residence:

If you reside in a Tribal Area, please specify:

[FOR INTERVIEWER] Did the individual die from this illness?

Yes No Unknown

If deceased, date of death:

Demographic Information

What is your age, in years?

What is your race? (check all that apply)

- White
- African American or Black
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaska Native
- Multiple Races
- Unknown Race
- Other
- Declined to answer

If the selected race is American Indian or Alaska Native, what is the tribal affiliation?

If you selected other for race, please specify:

What is your ethnicity? (check one):

- Hispanic or Latino
- Non-Hispanic or Latino
- Declined to answer
- Unknown

Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender Female
- Transgender Male
- Another gender identity
- Declined to answer

What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Declined to answer
- Unknown

[FOR INTERVIEWER] Did the individual ever receive a vaccine against smallpox?

- Yes
- No
- Unknown

If yes, please give the reason, date, manufacturer, and dose number for each vaccine received:

| | Reason | Vaccine Date | Vaccine Manufacturer | Dose Number |
|-----------|--|--------------|--|-------------|
| Vaccine 1 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 2 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |
| Vaccine 3 | <input type="radio"/> Pre-exposure <input type="radio"/> Post-exposure <input type="radio"/> Routine pre-exposure <input type="radio"/> Unknown | | <input type="radio"/> MIP <input type="radio"/> BN <input type="radio"/> WAL | |

*MIP = Emergent Biosolutions (ACAM2000); BN = Bavarian Nordic A/S (JYNNEOS); WAL = Wyeth (DryVax - prior to 2008)

History of Possible Exposures

Did you engage in any sex (e.g., vaginal, oral or anal sex) and/or close intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys) in the three weeks before your first symptom appeared (also called symptom onset)?

- Yes
- No
- Unknown

If yes, indicated the number of partner(s) (including named and anonymous) below:

Sensitive but Unclassified

Male:

- Yes No Unknown

If yes, number of Male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of male partners:

- 1 2-4 5-9 10+ Refused to answer

Female:

- Yes No Unknown

If yes, number of female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Female:

- Yes No Unknown

If yes, number of transgender female partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender female partners:

- 1 2-4 5-9 10+ Refused to answer

Transgender Male:

- Yes No Unknown

If yes, number of transgender male partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of transgender male partners:

- 1 2-4 5-9 10+ Refused to answer

Other Gender Identity:

- Yes No Unknown

If yes, number of other gender identity partners or description if no number is provided:

[FOR INTERVIEWER]: If individual is unable to specify, provide a range of options for the number of other gender identity partners:

- 1 2-4 5-9 10+ Refused to answer

[FOR INTERVIEWER] Specify if this case is epidemiologically linked to another confirmed or probable case:

If yes, please provide Case ID(s) (if known) and contact type:

Yes No Unknown

If yes, please provide CDC assigned Case ID. Enter International if not a U.S. Case, or enter "unknown" if unknown

If yes, please provide State assigned Case ID.

Contact type:

- Providing care to case – home setting
- Indirect contact (e.g., shared sexual partners)
- Sexual (e.g., vaginal, oral, or anal sex) or intimate contact (e.g., cuddling, kissing, touching partner's genitals or anus, or sharing sex toys)
- Shared food, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (e.g., carpooling, riding a bus, riding a motorcycle, using a taxi, using Uber)
(specify mode of transportation)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact, not including intimate contact (being within six feet for more than three hours of an unmasked case-patient without wearing, at a minimum, a surgical mask)
- Health care worker
- Identified air contact
- Other

If other, please specify:

Did you spend time (within the US) outside your home state or territory during the 3 weeks before your first symptom appeared (also called symptom onset)?

Yes No Unknown

States traveled to:

Date of departure (MM/DD/YYYY):

Date of return (MM/DD/YYYY):

Did you have intimate or sexual contact with new partners on this trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel within the US that may be important:

Did you spend time in a country outside the US during the 3 weeks before your first symptom appeared (also called symptom onset)?

- Yes No Unknown

Country traveled to:

Date of departure (MM/DD/YYYY):

Date of return to US (MM/DD/YYYY):

Did you have any intimate or sexual contact with new partners on trip?

- Yes No Unknown

[FOR INTERVIEWER] Any additional comments on travel outside the US that may be important?

[FOR INTERVIEWER] Is this individual a health care worker who was exposed at work?

- Yes No Unknown

[FOR INTERVIEWER] Please provide the suspect location of exposure

- International Domestic Air Travel Contact Other Unknown

[FOR INTERVIEWER] If other, please specify the suspect location of exposure.

[FOR INTERVIEWER] Please provide any additional details on the location of exposure (e.g., health care setting, large gathering, private party)

[FOR INTERVIEWER] Please provide the number of identified contacts this case may have exposed (either named or anonymous)

Diagnostic Testing Information

What laboratory performed the testing?

- LRN Member Lab
- Commercial Lab
- Academic/Hospital Lab
- Unknown

Performing lab specimen IDs (i.e. a laboratory generated number that identified the specimen related to this test)

What was the orthopox virus test result?

- OPX+
- OPX-
- Inconclusive

What was the test result date?

Clinical Information

What signs or symptoms did you experience during the course of your illness?:

Fever:

- Yes
- No
- Unknown

Rash:

- Yes
- No
- Unknown

Enlarged Lymph Nodes:

- Yes
- No
- Unknown

Puritis (itching):

- Yes
- No
- Unknown

Rectal Pain:

- Yes
- No
- Unknown

Rectal Bleeding:

- Yes
- No
- Unknown

Pus or blood on stools:

- Yes
- No
- Unknown

Proctitis:

Yes No Unknown

Tenesmus/urgency to defecate:

Yes No Unknown

Headache:

Yes No Unknown

Malaise (general feeling of illness or weakness):

Yes No Unknown

Conjunctivitis:

Yes No Unknown

Abdominal Pain:

Yes No Unknown

Vomiting or Nausea:

Yes No Unknown

Myalgia (muscle aches):

Yes No Unknown

Chills:

Yes No Unknown

What day was the date of your illness onset (the date any symptoms mentioned above first started)?

Did you have a rash during the course of your illness?

Yes No Unknown

If yes, what was the date of rash onset (in other words, the date the rash first appeared)?

Unknown

If yes, where on your body is the rash? (choose all that apply)

- Face
- Head
- Neck
- Mouth
- Lips or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet

- Genitals
- Perianal
- Other locations

If other, please specify

[FOR INTERVIEWER] Any evidence of ocular involvement (ocular lesions, keratitis, conjunctivitis, eyelid lesions)?

- Yes
- No
- Unknown

[FOR INTERVIEWER] Has this individual been diagnosed with any acute infections other than monkeypox during this current illness/or within the last three weeks? (e.g., gonorrhea, chlamydia, syphilis, HSV, other STI, varicella)

- Yes
- No
- Unknown

If yes, please specify infections

[FOR INTERVIEWER] What is the individual's HIV status?

- HIV Positive
- HIV Negative
- Unknown

If HIV positive, was the individual's viral load undetectable when it was last checked?

- Yes
- No
- Unknown

Does the individual have any known immunocompromising conditions (excluding HIV) or take immunosuppressive medications? Immunocompromising conditions can include organ transplants, stem cell transplants, and active cancer. Certain medicines like chemotherapy, biologic therapies, and steroids can also weaken the immune system.

- Yes
- No
- Unknown

If yes, describe the associated condition or treatment

Has the individual been hospitalized for monkeypox?

- Yes
- No
- Unknown

If yes, what was the reason for the hospitalization? (choose all that apply)

- Breathing problems requiring mechanical ventilation
- Breathing problems not requiring mechanical ventilation
- Treatment for secondary infection
- Pain control
- Disseminated disease
- Exacerbation of underlying condition (e.g. autoimmune or skin condition)
- Other

If other, specify:

Individual's most recent admission date to the hospital for the condition covered by the investigation:

Individual's most recent discharge date from the hospital for the condition covered by the investigation:

[FOR INTERVIEWER] Is the individual currently receiving HIV pre-exposure prophylaxis?

- Yes No Unknown

Are you currently pregnant?

- Yes No Unknown

Are you currently breastfeeding?

- Yes No Unknown

[FOR INTERVIEWER] Please use this space to include any additional notes or comments.

From: Poxvirus (CDC)
Sent: Fri, 1 Jul 2022 00:58:13 +0000
To: Chang, Jennifer Y.; Wynn, Nhien T. (CDC/DDID/NCEZID/DHCPP); phlcyclabreports@health.ny.gov
Cc: Davidson, Whitni (CDC/DDID/NCEZID/DHCPP); Poxvirus (CDC); Dawson, Patrick (CDC/DDPHSS/OS/OD); St Cyr, Sancta (CDC/DDID/NCHHSTP/DSTD); Navarra, Terese (CDC/DDID/NCEZID/DHCPP); Zucker, Jason E.; Gray, Brett T.
Subject: RE: CASE IDs Needed (b)(6)

Hi Jenny,

The DOH typically sends over notification of OPX+ patients with a few demographic and clinical variables. We then assign CDC case IDs. We aren't sure if these two cases have been assigned CDC case IDs since they have a different numbering system than us.

If you discover that they haven't been assigned CDC case IDs from the DOH, we will be happy to provide them. In the meantime, I think we will have to wait until we hear back from the DOH. Please keep us updated with any news.

All the best,
Dallas Smith
Monkeypox Call Center

From: Chang, Jennifer Y. <jyc2151@cumc.columbia.edu>
Sent: Thursday, June 30, 2022 12:22 PM
To: Wynn, Nhien T. (CDC/DDID/NCEZID/DHCPP) <kgy3@cdc.gov>; phlcyclabreports@health.ny.gov
Cc: Davidson, Whitni (CDC/DDID/NCEZID/DHCPP) <wfd6@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>; Dawson, Patrick (CDC/DDPHSS/OS/OD) <wpb7@cdc.gov>; St Cyr, Sancta (CDC/DDID/NCHHSTP/DSTD) <oew3@cdc.gov>; Navarra, Terese (CDC/DDID/NCEZID/DHCPP) <rqu7@cdc.gov>; Zucker, Jason E. <jz2700@cumc.columbia.edu>; Gray, Brett T. <bg2168@cumc.columbia.edu>
Subject: RE: CASE IDs Needed (b)(6)

Hi Nhien,

We did not receive a Case ID from NYC DOH for our patients and we do not generally receive one from them.

Does the CDC ever receive any of this data from DOH? Is there any way you can access it on your end? Otherwise we will just have to wait to hear back from them and that will continue to delay the process.

Thanks,
Jenny

Jennifer Chang
Laboratory Manager

Department of Medicine – Div. of Infectious Diseases
Columbia University Medical Center
650 West 168th Street, Black Building 10-17
New York, NY 10032
P: 212-305-0020
E: jyc2151@cumc.columbia.edu

From: Wynn, Nhien T. (CDC/DDID/NCEZID/DHCPP) <kgy3@cdc.gov>
Sent: Thursday, June 30, 2022 12:12 PM
To: phlcdclabreports@health.ny.gov; Chang, Jennifer Y. <jyc2151@cumc.columbia.edu>
Cc: Davidson, Whitney (CDC/DDID/NCEZID/DHCPP) <wfd6@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>;
Dawson, Patrick (CDC/DDPHSS/OS/OD) <wpb7@cdc.gov>; St Cyr, Sancta (CDC/DDID/NCHHSTP/DSTD) <oew3@cdc.gov>; Navarra, Terese (CDC/DDID/NCEZID/DHCPP) <rqu7@cdc.gov>
Subject: [EXTERNAL] CASE IDs Needed

(b)(6)

Good afternoon,

Specimens were received 6/29/2022 and require CASE IDs. Please provide them as soon as you can as to not delay result reporting.

| CDC CSID | Patient ID | CASE ID NEEDED |
|----------|------------|----------------|
| (b)(6) | - SERUM | (b)(6) |
| | - SERUM | |

Thank you,
Ninnie

Nhien Wynn, M.S.
Pre-analytical Clinical Specimen Coordinator
2022 Monkeypox Response
NCEZID/DHCPP/PRB
(o) 404-639-5123

From: Mann, Erin K (DPH)
Sent: Thu, 23 Jun 2022 02:36:18 +0000
To: Poxvirus (CDC)
Cc: Lowe, David (CDC/DDID/NCEZID/DHCPP); CDC IMS 2022 Multi-National MPX Lab Team
Subject: RE: CDC confirmation of 3 probable monkeypox cases [CDC Case IDs (b)(6)]
(b)(6)
Categories: Laurie

Just seeing your note below about out of state. This case is a NY resident. NY DOH has been notified.

CASE 1 /CDC Case ID (b)(6)

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: ~6/13/22

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 22, 2022 10:35 PM
To: Mann, Erin (DPH) <Erin.K.Mann@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: RE: CDC confirmation of 3 probable monkeypox cases [CDC Case IDs (b)(6)]
(b)(6)

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

No problem, let us know if you need anything else. Have a good night.

Julia
CDC Monkeypox Call Center

From: Mann, Erin K (DPH) <erin.k.mann@state.ma.us>
Sent: Wednesday, June 22, 2022 10:33 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: RE: CDC confirmation of 3 probable monkeypox cases [CDC Case IDs (b)(6)]
(b)(6)

Received. Thank you!

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 22, 2022 10:28 PM
To: Mann, Erin (DPH) <Erin.K.Mann@mass.gov>
Cc: Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: CDC confirmation of 3 probable monkeypox cases [CDC Case IDs (b)(6)
(b)(6)]

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Erin,

Thank you for notifying us of these OPX+ samples. These 3 individuals are now considered **probable monkeypox cases** [CDC Case IDs (b)(6) See below for each corresponding ID in red:

CASE 1 /CDC Case ID (b)(6)

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: ~6/13/22

CASE 2 / CDC Case ID (b)(6)

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset/rash onset: ~6/16/2022

CASE 3/CDC Case ID (b)(6)

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset/rash onset: 6/18/2022

Please let us know if this individual is **not** a resident of your state and notify us what their state of residence is or if they are a non-resident international traveler; otherwise, we will assume this individual is a resident of your state for reporting purposes. If you know the LRN specimen ID(s) associated with the OPX+ specimen(s), we ask that you please share them with poxvirus@cdc.gov. If the individual is a resident of another state/territory, please notify that state/territory via your current reporting mechanisms and let them know we will be communicating about this case. Regardless, this

case will be included in CDC case counts: **tomorrow at 5pm EDT**. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: sexual orientation, state of residence
- Clinical information: presence of rash (onset date), fever (onset date), lymphadenopathy (onset date), other symptoms, and first prodromal monkeypox symptom (onset date)
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify), pregnant or breastfeeding, <18 years old, or does their rash involve sensitive mucosal surfaces (genital, anorectal, oral, eyes)?
- Is this individual a health care worker exposed at work?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens

- Lesion swabs in viral transport media (***must be received by CDC within 7 days of collection***)

- Lesion crusts (***must be received by CDC within 7 days of collection***)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances

- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.

- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.

- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.

- Whenever possible, ship specimens on dry ice.
Specimens received outside of acceptable temperature ranges will be rejected.

- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

- Lesion swabs in viral transport media and lesion crusts
must be received by CDC within 7 days of collection.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC](#)

[50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter

(b)(6)

(b)(6)
in each respective "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see

[Submitting Specimens to CDC.](#)

Monkeypox Specimen Mailing Address

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#)
within 1 week for each case.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic

fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see:

[Monitoring](#)

[People Who Have Been Exposed](#)

TRAVEL

If you are reporting a probable monkeypox cases in a person with recent or upcoming travel, please notify your corresponding

[CDC](#)

[Quarantine Station](#) as per standard reporting processes.

Please include the CDC Case ID # in all notifications in all communications. This helps assure that the required information (including PII) can be managed securely. CDC Quarantine Station personnel will initiate further review and consultation between

CDC medical officers and your department.

MEDICAL COUNTERMEASURES & CLINICAL CONSULTATION

Medical countermeasures are available through the US Strategic National Stockpile (SNS) for both treatment of monkeypox infection and post-exposure prophylaxis (PEP) of close contacts of cases.

State and tribal health departments can request antivirals and PEP upon confirmation of a probable case within their jurisdiction.

Antiviral requests: State and tribal health departments can request antivirals for treatment of probable or confirmed cases of monkeypox in their state. If a patient is severely ill or at increased risk for severe disease

(e.g., they are immunocompromised, have a rash involving sensitive mucosal surfaces [e.g., genital, anorectal, oral, ocular]), please call the CDC Emergency Operations Center (770-488-7100) to request a clinical consultation with the Monkeypox Clinical Team on-call clinician.

You can also request a consult related to antivirals not directly related to a specific patient. Email poxvirus@cdc.gov or call the CDC Emergency Operations Center (770-488-7100).

For more information on treatment of monkeypox, see: [Treatment](#).

PEP requests: State and tribal health departments can request PEP for vaccination of contacts of probable or confirmed cases of monkeypox cases based on the CDC

[Exposure](#)

[risk assessment and public health recommendations for individuals exposed to a patient with monkeypox.](#)

To request PEP, email poxvirus@cdc.gov or call the CDC's Emergency Operations Center (770-488-7100).

For more information on PEP, see [Monkeypox and Smallpox Vaccine Guidance](#).

INFECTION PREVENTION & CONTROL

In healthcare settings, see:

[Infection](#)

[Prevention and Control of Monkeypox in Healthcare Settings](#)

At home, see: [Infection](#)

[Control: Home](#)

FOR MORE INFORMATION

[2022](#)

[United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

[2022](#)

[Monkeypox: Information for Health Departments](#)

[Information](#)

[For Healthcare Professionals](#)

[U.S.](#)

[Monkeypox Outbreak 2022: Situation Summary](#)

Thank you,

Julia
CDC Monkeypox Call Center

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Controlled Unclassified Information

From: Mann, Erin K (DPH) <erin.k.mann@state.ma.us>
Sent: Wednesday, June 22, 2022 10:12 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Re: Confidential: Presumptive Positive Cases of Monkeypox in MA

Yes, I'm aware. Thank you!

Get [Outlook for iOS](#)

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 22, 2022 10:10:41 PM
To: Mann, Erin (DPH) <Erin.K.Mann@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: Confidential: Presumptive Positive Cases of Monkeypox in MA

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Okay, thanks Erin, give me a moment to generate the IDs – these will be considered *probable* cases per our definition as they tested positive for orthopoxvirus at the state lab.

Julia
CDC Monkeypox Call Center

From: Mann, Erin K (DPH) <erin.k.mann@state.ma.us>
Sent: Wednesday, June 22, 2022 10:07 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: Confidential: Presumptive Positive Cases of Monkeypox in MA

Hi Julia,

Yes, I need CDC case IDs for these, they all tested positive at the MA State Public Health Lab this evening, which according to our lab, will be sent to CDC for confirmatory testing.

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Wednesday, June 22, 2022 10:04 PM
To: Mann, Erin (DPH) <Erin.K.Mann@mass.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: Confidential: Presumptive Positive Cases of Monkeypox in MA

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Hi Erin,

Just to clarify, do you need new CDC Case IDs for these 3 cases that meet our '['suspect' case definition](#)' and you plan to send specimens for all 3 to the LRN for orthopoxvirus testing?

Thanks,

Julia
CDC Monkeypox Call Center

From: Mann, Erin K (DPH) <erin.k.mann@state.ma.us>
Sent: Wednesday, June 22, 2022 9:12 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: Confidential: Presumptive Positive Cases of Monkeypox in MA

Hello,

Three new presumptive positive cases of monkeypox to report:

CASE 1

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset and date of rash onset if different: ~6/13/22

CASE 2

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset/rash onset: ~6/16/2022

CASE 3

Age: (b)(6)
Gender: (b)(6)
MSM: (b)(6)

Date of symptom onset/rash onset: 6/18/2022

Erin Mann, MPH | Epidemiologist
Massachusetts Department of Public Health
Bureau of Infectious Disease and Laboratory Sciences
Division of Epidemiology
305 South St. | Jamaica Plain, MA 02130
(: (617) 983-6800 | 7: (617) 983-4305

From: Poxvirus (CDC)
Sent: Wed, 15 Jun 2022 00:38:21 +0000
To: Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)
Cc: CDC IMS 2022 Multi-National MPX Lab Team; Lowe, David (CDC/DDID/NCEZID/DHCPP)
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

Great, thanks so much!

Julia

Julia Petras, MSPH, BSN, RN
Epidemic Intelligence Service (EIS) Officer
2022 Monkeypox Response – CDC Call Center

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Tuesday, June 14, 2022 8:36 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

Additional info:

All are Florida residents
None are hospitalized
None are exposed health care workers
Will ask about photo permissions

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 14, 2022 7:54 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Cc: CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>
Subject: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hi Danielle,

Thank you for notifying us of these 4 OPX+ samples. These 4 individuals are now considered **probable monkeypox cases** [Case ID (b)(6) see table below with corresponding Florida case ID's you provided me:

| Florida ID | Age/Sex | CDC Case ID |
|------------|---------|-------------|
|------------|---------|-------------|

| | | | | | | |
|----|--------|--|--------|--|--------|--|
| ID | (b)(6) | | (b)(6) | | (b)(6) | |
| ID | | | | | | |
| ID | | | | | | |
| ID | | | | | | |

We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC. This case will be included in CDC case counts tomorrow at 5pm EST.

Thanks for the information you provided me on the phone. Also, if available, can you provide the following information

- Are all these cases Florida residents?
- Are any of these individuals currently hospitalized?
- Are any of these individuals a health care worker who was exposed at work?
- Are there any photos of the patient's rash? If so, please send to poxvirus@cdc.gov.

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:

- a. Collect multiple specimens for preliminary and confirmatory testing as follows:
 - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
 - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
 - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
 - iv. Do not add or store in viral or universal transport media.
- b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
 - i. CDC can only test dry swabs, no transport media added.

- ii.Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
- iii.Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
- iv.Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
- v.Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter [CDC Case ID] (b)(6) in each respective "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

2. Please complete the Case Report Form (CRF) at the following link within 1 week:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can

be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox (eocevent570@cdc.gov).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:
<https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

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Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

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Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

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[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,

Julia Petras
CDC Monkeypox Call Center

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Controlled Unclassified Information

From: EOC Report (CDC) <eocreport@cdc.gov>
Sent: Tuesday, June 14, 2022 7:03 PM
To: Petras, Julia (CDC/DDID/NCEZID/DHCPP) <rhu2@cdc.gov>; Khan, Mohammed (CDC/DDID/NCEZID/DFWED) <odt5@cdc.gov>; Gosdin, Lucas (CDC/DDNID/NCBDDD/DBDID) <[njw4@cdc.gov](mailto:nwj4@cdc.gov)>
Cc: Poxvirus (CDC) <Poxvirus@cdc.gov>; EOC Report (CDC) <eocreport@cdc.gov>
Subject: Follow-up email for notification for Monkeypox- (FL)

Follow-up email for notification of Monkeypox

Caller contact information:

Name: Danielle Stanek
Organization: FL DoH
Phone Number/Email: 850-294-1087/ danielle.stanek@flhealth.gov

Situation Overview:

(Florida State Health Department) contacted the CDC EOC regarding 4 (**presumptive**) cases of Monkeypox. They are requesting information. The CDC EOC Watch Team (**did**) transfer the call to (**Julia Petras**) for follow-up.

Please contact the agent SME for additional information

Very Respectfully,

Nubria Monroe
CDC EOC Watch Officer
Desk: 770-488-7100
eocreport@cdc.gov

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From: Poxvirus (CDC)
Sent: Wed, 15 Jun 2022 00:24:32 +0000
To: Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)
Cc: CDC IMS 2022 Multi-National MPX Lab Team; Lowe, David (CDC/DDID/NCEZID/DHCPP)
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

Thanks Danielle for the correction. I updated this in our system and below in the table.

Julia

Julia Petras, MSPH, BSN, RN
Epidemic Intelligence Service (EIS) Officer
2022 Monkeypox Response – CDC Call Center

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Tuesday, June 14, 2022 7:57 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Cc: CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>
Subject: Re: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

Thank you very much! F (b)(6) should be FL (b)(6) and age is actually (b)(6) years for that one rather than (b)(6).
Thanks!
Danielle

Danielle Stanek, DVM, DACVPM
State Public Health Veterinarian
Florida Department of Health
850-245-4117 work
850-294-1087 cell

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 14, 2022 7:53:45 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Cc: CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>
Subject: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

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Hi Danielle,

Thank you for notifying us of these 4 OPX+ samples. These 4 individuals are now considered **probable monkeypox cases** [Case ID (b)(6) See table below with corresponding Florida case ID's you provided me:

| Florida ID | Age/Sex | CDC Case ID |
|------------|---------|-------------|
| ID | (b)(6) | |
| ID | | |
| ID | | |
| ID | | |

We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC. This case will be included in CDC case counts tomorrow at 5pm EST.

Thanks for the information you provided me on the phone. Also, if available, can you provide the following information

- Are all these cases Florida residents?
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[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

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(b)(6)

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(b)(6)

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Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case](#) | [Monkeypox](#) | [Poxvirus](#) | [CDC](#)

Thank you,

Julia Petras
CDC Monkeypox Call Center

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Controlled Unclassified Information

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Sent: Tuesday, June 14, 2022 7:03 PM
To: Petras, Julia (CDC/DDID/NCEZID/DHCPP) <rhu2@cdc.gov>; Khan, Mohammed (CDC/DDID/NCEZID/DFWED) <odt5@cdc.gov>; Gosdin, Lucas (CDC/DDNID/NCBDDD/DBDID) <[njw4@cdc.gov](mailto:nwj4@cdc.gov)>
Cc: Poxvirus (CDC) <Poxvirus@cdc.gov>; EOC Report (CDC) <eocreport@cdc.gov>
Subject: Follow-up email for notification for Monkeypox- (FL)

Follow-up email for notification of Monkeypox

Caller contact information:

Name: Danielle Stanek
Organization: FL DoH
Phone Number/Email: 850-294-1087/ danielle.stanek@flhealth.gov

Situation Overview:

(Florida State Health Department) contacted the CDC EOC regarding 4 (**presumptive**) cases of Monkeypox. They are requesting information. The CDC EOC Watch Team (**did**) transfer the call to (**Julia Petras**) for follow-up.

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Very Respectfully,

Nubria Monroe

CDC EOC Watch Officer

Desk: 770-488-7100

eocreport@cdc.gov

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From: Stanek, Danielle R
Sent: Wed, 15 Jun 2022 00:04:14 +0000
To: Poxvirus (CDC)
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]
(b)(6)
Categories: Julia

Just verifying all the CDC ID numbers are included for FL (b)(6) looks like less digits than the others.

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 14, 2022 7:54 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Cc: CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>
Subject: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]
(b)(6)

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| Florida ID | Age/Sex | CDC Case ID |
|------------|---------|-------------|
| ID | | |
| ID | | |
| ID | (b)(6) | |
| ID | | |

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(b)(6) each respective "Case ID" field. There are no additional

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

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Thank you,

Julia Petras
CDC Monkeypox Call Center

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Cc: Poxvirus (CDC) <Poxvirus@cdc.gov>; EOC Report (CDC) <eocreport@cdc.gov>
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Desk: 770-488-7100
eocreport@cdc.gov

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Sensitive But Unclassified (SBU) This document may contain sensitive information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552. This information is for internal government use only. Further distribution to authorized personnel with a "need to know" and for situation awareness is authorized by the Centers for Disease Control and Prevention.

From: Stanek, Danielle R
Sent: Wed, 15 Jun 2022 00:35:43 +0000
To: Poxvirus (CDC)
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

(b)(6)

Thank you!

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 14, 2022 8:24 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

(b)(6)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hi Danielle,

Yes all the digits are correct for FL ID (b)(6) just verified. We have a new case ID algorithm that includes the millisecond it was added into the system!

Thanks!

Julia Petras
CDC Monkeypox Call Center

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Tuesday, June 14, 2022 8:04 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

(b)(6)

Just verifying all the CDC ID numbers are included for FL 32? Looks like less digits than the others.

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 14, 2022 7:54 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Cc: CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>
Subject: CDC confirmation of 4 probable monkeypox cases [CDC Case ID (b)(6)]

(b)(6)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Hi Danielle,

Thank you for notifying us of these 4 OPX+ samples. These 4 individuals are now considered **probable monkeypox cases** [REDACTED] (b)(6) See table below with corresponding Florida case ID's you provided me:

| Florida ID | Age/Sex | CDC Case ID |
|------------|------------|-------------|
| ID | [REDACTED] | [REDACTED] |
| ID | [REDACTED] | [REDACTED] |
| ID | (b)(6) | [REDACTED] |
| ID | [REDACTED] | [REDACTED] |

We have included links to guidance as well as instructions for confirmatory monkeypox testing at CDC. This case will be included in CDC case counts [tomorrow at 5pm EST](#).

Thanks for the information you provided me on the phone. Also, if available, can you provide the following information

- Are all these cases Florida residents?
- Are any of these individuals currently hospitalized?
- Are any of these individuals a health care worker who was exposed at work?
- Are there any photos of the patient's rash? If so, please send to poxvirus@cdc.gov.

If this individual is willing to allow us to use anonymized lesion photos for examples of rash during this outbreak, please complete and return the attached a photo release permission form.

1. Confirmatory monkeypox testing at CDC:

- a. Collect multiple specimens for preliminary and confirmatory testing as follows:
 - i. More than one lesion should be sampled, preferably from different locations on the body and/or from lesions with differing appearances.
 - ii. Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
 - iii. Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container.
 - iv. Do not add or store in viral or universal transport media.

- b. Specimen collection, storage, and shipping of human specimens is subject to CLIA restrictions.
- i. CDC can only test dry swabs, no transport media added.
 - ii. Specimens should be stored frozen within an hour of collection. They may also be refrigerated, but it is strongly preferred to store at -20°C or lower.
 - iii. Consult the CDC Test Directory to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.
 - iv. Whenever possible, ship specimens on dry ice. Specimens received outside of acceptable temperature ranges will be rejected.
 - v. Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

CDC 50.34 form must be included for each specimen. Please enter [CDC Case ID] (b)(6) (b)(6) each respective "Case ID" field. There are no additional forms needed.

[Home](#) | [Submitting Specimens to CDC](#) | [Infectious Diseases Laboratories](#) | [CDC](#)

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

2. Please complete the Case Report Form (CRF) at the following link within 1 week:

(b)(6)

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted. CRF forms can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours. If you have any other questions regarding REDCap or implementing the CRF locally, please reach out to the informatics inbox (eocevent570@cdc.gov).

3. Guidance for contact monitoring can be found here:

[Monitoring People Who Have Been Exposed | Monkeypox | Poxvirus | CDC](#)

If you are reporting any probable monkeypox cases among persons with recent or upcoming travel, please notify your corresponding CDC Quarantine Station as per standard reporting processes. **Please include the CDC Case ID in all notifications.** This helps assure that the required information (including PII) can be managed securely. DGMQ staff at the CDC Quarantine Stations will initiate further review and consultation between our medical officers and the health departments. Contact information is here:

(b)(6)

4. Vaccine guidance can be found here:

[Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

State health departments can request post-exposure prophylaxis (PEP) and antivirals upon a probable case confirmation in their state.

For antiviral requests: State health departments can request antivirals for probable or confirmed cases of monkeypox in their state. They also may call to request a consult related to antivirals that is not directly related to a specific patient. Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit requests which will be routed to a clinician for evaluation. If a severely ill or high risk for severe disease (e.g., immunocompromised) patient is being admitted where time is of the essence and we have a very high suspicion for MPX, please call the Emergency Operations Center for consultation.

Please find more information on treatment of monkeypox: [Treatment | Monkeypox | Poxvirus | CDC](#)

For PEP requests: State health departments can request PEP for vaccination of contacts of probable or confirmed monkeypox cases based on the CDC [risk assessment](#). Poxvirus@cdc.gov or CDC's Emergency Operations Center (770-488-7100) is how to submit post-exposure vaccination requests which will be routed to a clinician for evaluation.

Please find more information on vaccination for prevention of monkeypox: [Monkeypox and Smallpox Vaccine Guidance | Monkeypox | Poxvirus | CDC](#)

5. Information on infection prevention and control in healthcare settings can be found here:

[Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#)

More Information about 2022 Monkeypox in the US can be found here: [2022 United States Monkeypox Case | Monkeypox | Poxvirus | CDC](#)

Thank you,

Julia Petras
CDC Monkeypox Call Center

Controlled Unclassified Information

This message contains information that may be exempt from public release under the Freedom of Information Act (FOIA) (5 U.S.C. 552), exemption 6 applies. Approval by the Centers for Disease Control and Prevention Document Control Officer, Office of Security and Emergency Preparedness, and the CDC FOIA Officer, prior to public release via the FOIA Office is required.

Controlled Unclassified Information

From: EOC Report (CDC) <eocreport@cdc.gov>
Sent: Tuesday, June 14, 2022 7:03 PM
To: Petras, Julia (CDC/DDID/NCEZID/DHCPP) <rhu2@cdc.gov>; Khan, Mohammed (CDC/DDID/NCEZID/DFWED) <odt5@cdc.gov>; Gosdin, Lucas (CDC/DDNID/NCBDDD/DBDID) <[njw4@cdc.gov](mailto:nwj4@cdc.gov)>
Cc: Poxvirus (CDC) <Poxvirus@cdc.gov>; EOC Report (CDC) <eocreport@cdc.gov>
Subject: Follow-up email for notification for Monkeypox- (FL)

Follow-up email for notification of Monkeypox

Caller contact information:

Name: Danielle Stanek
Organization: FL DoH
Phone Number/Email: 850-294-1087/ danielle.stanek@flhealth.gov

Situation Overview:

(Florida State Health Department) contacted the CDC EOC regarding 4 (**presumptive**) cases of Monkeypox. They are requesting information. The CDC EOC Watch Team (**did**) transfer the call to (**Julia Petras**) for follow-up.

Please contact the agent SME for additional information

Very Respectfully,

Nubria Monroe

CDC EOC Watch Officer
Desk: 770-488-7100
eocreport@cdc.gov

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From: Poxvirus (CDC)
Sent: Tue, 21 Jun 2022 18:43:30 +0000
To: Stanek, Danielle (CDC flhealth.gov); Poxvirus (CDC)
Subject: RE: CDC confirmation of probable monkeypox case (b)(6)

You're welcome! We also need the LRN specimen IDs. Is that the Lab number you included?

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Tuesday, June 21, 2022 2:42 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: CDC confirmation of probable monkeypox case (b)(6)

Perfecto, thank you!

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 21, 2022 2:40 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>; Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: CDC confirmation of probable monkeypox case (b)(6)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

I included the two numbers from the original email (Lab (b)(6) or Epi: (b)(6) below.
Is the Lab number the same as the *LRN specimen ID* number?

Ahlia

From: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Sent: Tuesday, June 21, 2022 2:37 PM
To: Poxvirus (CDC) <Poxvirus@cdc.gov>
Subject: RE: CDC confirmation of probable monkeypox case (b)(6)

What FL ID number does this connect with? Thanks!

From: Poxvirus (CDC) <Poxvirus@cdc.gov>
Sent: Tuesday, June 21, 2022 2:31 PM
To: Stanek, Danielle R <Danielle.Stanek@flhealth.gov>
Cc: Poxvirus (CDC) <Poxvirus@cdc.gov>; Lowe, David (CDC/DDID/NCEZID/DHCPP) <nqu9@cdc.gov>; CDC IMS 2022 Multi-National MPX Lab Team <eocevent334@cdc.gov>
Subject: CDC confirmation of probable monkeypox case (b)(6)

EXTERNAL EMAIL: DO NOT CLICK links or open attachments unless you recognize the sender and know the content is safe.

Dear Danielle,

Thank you for notifying us of this OPX+ sample (Lab (b)(6) - Epi: (b)(6)). This individual is now considered a **probable monkeypox case** (b)(6). We request that you please share the LRN specimen ID(s) associated with the OPX+ specimen(s) with poxvirus@cdc.gov. We have included links to information as well as instructions for requesting confirmatory monkeypox testing at CDC.

This case will be included in CDC case counts **tomorrow at 5pm EDT**.

CLINICAL & EPIDEMIOLOGICAL DATA COLLECTION

Please provide available information by encrypted email (or by phone call with CDC, if preferred)

- Demographic information: age, gender
- Known co-infections? If yes, please specify and include date of diagnosis.
- Is this individual currently hospitalized, immunocompromised (if yes, please specify)?
- Has this individual traveled recently? If so, please provide location and dates of travel.
- Send photos of the patient's rash to poxvirus@cdc.gov. If this person will allow CDC to use anonymized lesion photos, please complete and return the attached photo release form.

CONFIRMATORY MONKEYPOX TESTING AT CDC

CDC can perform confirmatory monkeypox virus-specific testing on

- Dry lesion swab specimens
- Lesion swabs in viral transport media (**must be received by CDC within 7 days of collection**)
- Lesion crusts (**must be received by CDC within 7 days of collection**)

Specimen collection procedures for confirmatory testing

- Collect samples from more than one lesion, preferably from different locations on the body and/or from lesions with differing appearances
- Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs.
- Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container

Collection, storage, and shipping of human specimens is subject to CLIA regulations

- Freeze and store specimens within one hour of collection. Specimens can be refrigerated, but storage at temperatures ≤ -20°C is strongly preferred.
- Consult the [CDC Test Directory](#) to determine the acceptable holding time from collection to receipt at CDC, which varies based on storage temperature. Specimens shipped beyond the listed timeframes will be rejected.

- Whenever possible, ship specimens on dry ice. *Specimens received outside of acceptable temperature ranges will be rejected.*
- Diagnostic specimens from suspect monkeypox cases are a Category B Infectious Substance with a UN3373 designation.
- Lesion swabs in viral transport media and lesion crusts *must be received by CDC within 7 days of collection.*

Please send tracking information and total number of specimens being sent, when available. Please make sure to note the location on the body that the lesion was sampled for each swab on the submission form.

Include [CDC 50.34 Specimen Submission Form](#) for each specimen (**required**). Please enter (b)(6) in the "Case ID" field. There are no additional forms needed. For more information on submitting specimens to CDC, see [Submitting Specimens to CDC](#).

Monkeypox Specimen Mailing Address

Poxvirus Laboratory

Centers for Disease Control and Prevention

RDSB/STATT

ATTN: Laboratory - Poxvirus

1600 Clifton Road, NE

Atlanta, GA 30329

404-639-4129

CASE REPORTING

Complete [Case Report Form \(CRF\)](#) **within 1 week**.

CRF completion is essential to better understand and describe the clinical and epidemiologic picture of cases we are seeing nationwide in a timely, systematic fashion. Additionally, you will be able to visualize data from cases in your state once CRF forms are submitted.

The CRF can be saved as partial entries, edited/updated after submission, and downloaded after submission. If a user cannot get into the CRF despite having SAMS, email our informatics inbox (eocevent570@cdc.gov) and we can get them access, usually within 24 hours.

Questions regarding REDCap or implementing the CRF locally? Contact the informatics inbox (eocevent570@cdc.gov).

CONTACT MONITORING

For contact monitoring information, see: [Monitoring People Who Have Been Exposed](#)

TRAVEL