

 Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	Human Monkeypox Infection Contact Management Form V2.2 – 07/06/22 ¹	
--	---	---

1. Summary Contact Details

CONTACT NAME: _____ **DoB:** _____

CONTACT ID: **HSE-Area:** **County:**

Healthcare Worker: Y N

Contact Phone:

Type of Surveillance:

Passive (Cat 1):

Active (Cat 2):

Quarantine/Active (Cat3):

Risk Categorisation:

Low Risk:

High Risk:

Date/Time Surveillance began: ___/___/___ __:___

Vaccinated: Y N **Date vaccinated:** ___/___/___ **Vaccine Details:** _____

2. Summary Case Details

Name: _____

Dob: _____

CASE CIDR ID:

Nationality: _____ **Country of Exposure:** _____

Current location: _____

¹ To be completed in conjunction with [Human Monkeypox Infection – Management of Contacts](#) document and [Contact Tracing Matrix](#).

3. Full Contact Details

Name: _____

Address: _____

Phone: _____ DoB: ___/___/___

Nationality: _____ Sex: Male Female Unk HCW: Y N DOB: ___/___/___ Age: _____

Occupation: _____

GP Name: _____ GP Phone: _____

Seen by GP? Y N Unk Date/Time: ___/___/___ :___

Significant past medical history: _____

Pregnant: Y N Unk Immunocompromised: Y N Smallpox vaccination (scar): Y N Unk Vaccinated with Imvanex? Y N Date: ___/___/___ Batch No: _____

(If no, give reason _____)

Nature of Contact:

- Household: Y N
- Sexual: Y N
- cgMSM: Y N
- Healthcare: Y N
- Inflight: Y N
- Community: Y N
- Other: Y N

(If Other, please specify

_____)

Type of Contact:

- Indirect:
- Direct:

For episodes of Direct Contact, specify extent/nature of contact/sexual/[PPE breach](#):

Risk Categorisation:Category 1A: Category 2: Category 3:

4. Type of Surveillance

Passive Surveillance:

Active Surveillance:

Quarantine and Active Surveillance:

Quarantine Address: _____

5. Daily Symptom Check²

Onset

Fever Y N ____/____/____ : ____

Chills Y N ____/____/____ : ____

Headache Y N ____/____/____ : ____

Exhaustion Y N ____/____/____ : ____

Swollen glands Y N ____/____/____ : ____

Cough/sore throat Y N ____/____/____ : ____

Backache Y N ____/____/____ : ____

Muscle ache Y N ____/____/____ : ____

Rash Y N ____/____/____ : ____

 Macules Y N ____/____/____ : ____

 Papules Y N ____/____/____ : ____

 Vesicles Y N ____/____/____ : ____

 Pustules Y N ____/____/____ : ____

 Umbilicated Y N ____/____/____ : ____

 Scabs Y N ____/____/____ : ____

Anogenital/orolabial Y N _____

Describe Anogenital/oro
labial rash: _____

² These are for use if the contact develops symptoms and is for assessment as a probable case – complete only if symptoms develop. Check any symptoms against the HMI Case Definition in Appendix 1 (below).

6. Escalation

Date/Time Escalation: ____/____/____ ____:____

Basis for escalation: _____

Referred to: _____

Action Taken: _____

Admitted: Y N **Date/Time:** ____/____/____ ____:____

7. Exit from Surveillance

Date/Time: ____/____/____ ____:____

Appendix 1: Human Monkeypox Infection Case Definition

See the [Interim monkeypox case definition](#).

Appendix 2: Daily Active Surveillance/Quarantine Log³

Surveillance/Quar. Day	Day/Date	Phoned Y/N	Time of Call	Fever ⁴ Y/N	Other Symptoms Y/N	Comments/Actions
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

³ Can be used for Passive/Active Surveillance and Active Surveillance + Quarantine

⁴ If fever or other symptoms develop, complete Section 5 - Daily Symptom Check

Quar. Day	Day/Date	Phoned in Y/N	Time of Call	Fever ⁵ Y/N	Other Symptoms Y/N	Comments/Actions
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

⁵ If fever or other symptoms develop, complete Section 5 - Daily Symptom Check