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|  | **Mpox case investigation and Enhanced surveillance form**  V5.1– DATE 29/06/2023  **CONFIDENTIAL** | hpsc_logo |

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| **IMPORTANT INFORMATION** |
| **Please note that all confirmed cases of mpox require dual follow-up by the treating clinical service and the Area Department of Public Health. Any confirmed cases who present to clinical services require notification via phone call to the relevant Department of Public Health. This process is required to allow for timely follow-up of non-sexual close contacts for mpox cases.**  **Please provide the following information regarding the confirmed mpox case to the Department of Public Health:**   * Name * Date of Birth * Phone number * Address   **Contact information for Area Departments of Public Health is available here:**  <https://www.hpsc.ie/notifiablediseases/whotonotify/>  **Please ensure that all cases are aware of the following:**  *The sexual health clinic will collect information regarding any sexual contacts so that they can be informed of their potential exposure, given appropriate advice +/- offered post-exposure prophylaxis if required. The Area Department of Public Health will be in contact with the confirmed case regarding any non-sexual contacts (e.g. household, workplace contacts), and will perform a risk assessment to determine if any of them need to be informed of their potential exposure, given appropriate health advice +/- offered post-exposure prophylaxis.*  Please ensure that case investigation and contact tracing is completed using the most recent available guidance.  **When completed, the remainder of the Case Investigation/Enhanced surveillance form should be securely emailed**  **to the relevant Public Health Department as soon as possible:** <https://www.hpsc.ie/notifiablediseases/whotonotify/> |

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| **1. Case Details** | | | | | | | |
| **Date/Time of Interview:** | | Click or tap to enter a date. | | | | | |
| **Date diagnosed:** | | Click or tap to enter a date. | | | | | |
| **Case classification:** | | Confirmed  Probable  Unknown | | | | | |
| *(see* [*here*](https://www.hpsc.ie/a-z/zoonotic/monkeypox/casedefinition/) *for latest Irish case definition)* | | | | | | | |
| **Patient details** | | | | | | | |
| **Forename:** | Click or tap here to enter text. | | **Surname:** | | Click or tap here to enter text. | | |
| **Patient ID:** | Click or tap here to enter text. | | **Date of Birth** | | Click or tap to enter a date. | **Age (years)** | Click or tap here to enter text. |
| **Address (Ireland)**: | Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Eircode:** | Click or tap here to enter text. | | **Phone Number**: | | Click or tap here to enter text. | | |
| **Sex at birth:**  Male ☐  Female ☐  Unknown ☐ | **Gender Identity:**  Male  Female  Transmale  Transfemale  Non-binary  Other  Click or tap here to enter text. | | | | **Sexual Orientation:**  Heterosexual  Gay/ Homosexual  Lesbian  Bisexual  Other  Click or tap here to enter text.  Unknown | **Sexual Behaviour (usual):**  Sex with Men  Sex with Women  Sex with Both  Other  Click or tap here to enter text.  Unknown | |
| **Country of Birth:** | Click or tap here to enter text. | | | | | | |
| **Ethnicity:** | ***White*** | ***Black or Black Irish*** | | ***Asian or Asian Irish*** | | ***Other, including mixed group/background*** | |
| Irish | African | | Chinese | | Arabic | |
| Irish Traveller | Any other Black or Black Irish Background (Black other) | | Indian/Pakistani/Bangladeshi | | Mixed background | |
| Roma | Any other Asian or Asian Irish background | | Other | |
| Any other white background |
| Not known | |
| Not specified | |
| **GP Details** | | | | | | | |
| **Seen by GP for this illness** | Yes  No  Unknown | | **Date seen by GP:** | | Click or tap to enter a date. | | |
| **GP Name and Address:** | Click or tap here to enter text. | | **GP Phone number:** | | Click or tap here to enter text. | | |

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| **2. Clinical Details** | | | | |
| **Is the case symptomatic:** | | Yes  No  Unknown | | |
| **Date of Initial Symptom Onset**: | | Click or tap to enter a date. | | |
| **Where did the case first present for care:** | | General practice  STI/GUM Clinic  ID Clinic  Unknown  Emergency Department  Other | | |
| *If Other, please specify:* | | Click or tap here to enter text. | | |
| **Clinical Manifestation -**  **Tick all that apply** | Oral dermatological skin/mucosal lesions  Anogenital dermatological skin/mucosal lesions  Skin/mucosal lesions excluding oral or anogenital  Skin/mucosal lesions - location not known  Genital soft-tissue oedema/swelling  General lymphadenopathy  Localised lymphadenopathy  Lymphadenopathy - location not known | | | Systemic symptoms  Anogenital pain  Anogenital bleeding  Tenesmus  Conjunctivitis  Dysphagia  Unknown  Other symptoms |
| *If Other, please specify:* | | | | Click or tap here to enter text. |
| If rash present: | **Date rash onset:** | | Click or tap to enter a date. | |

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| **3. Vaccination History** | | | | | | |
| **Previous smallpox vaccination (pre-2000)** | | | Yes  No  Unknown | | | |
| *If yes, visible smallpox vaccination scar* | | | Yes  No  Unknown | | | |
| **mpox vaccination (since May 2022)** | | | Yes  No  Unknown | | | |
| *If No, reason why:* | | | Declined  Not offered  Unaware of vaccine  Unknown | | | |
| **Number of doses received** | | Click or tap here to enter text. | | | | |
| **Date of first dose** | Click or tap to enter a date. | | | **Reason for first dose** | | Pre-exposure prophylaxis  Post-exposure prophylaxis  Other  Unknown |
| **Route of administration (dose 1)** | Subcutaneous  Intradermal | | |
| **Date of second dose** | Click or tap to enter a date. | | | **Reason for second dose** | | Pre-exposure prophylaxis  Post-exposure prophylaxis  Other  Unknown |
| **Route of administration (dose 2)** | Subcutaneous  Intradermal | | |
| **Date of third dose** | Click or tap to enter a date. | | | **Reason for third dose** | | Pre-exposure prophylaxis  Post-exposure prophylaxis  Other  Unknown |
| **Route of administration (dose 3)** | Subcutaneous  Intradermal | | |
| **4. Previous mpox** | | | | | | |
| **Has this case previously been diagnosed with mpox?** | | | | | Yes  No  Unknown | |
| **Date of previous mpox diagnosis** | | | | | Click or tap to enter a date. | |
| **Additional comment on previous mpox diagnosis** | | | | | Click or tap here to enter text. | |

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| **5. Other Conditions** | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Pregnancy** | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this case pregnant** | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | | |
| **Is the case ≤6 weeks post-partum** | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | | |
| If pregnant: **Number of weeks gestation at symptom onset** | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | |
| **Outcome of pregnancy** | | | | | Still pregnant  Miscarriage ≤24 weeks  Termination  Stillbirth  Unknown | | | | | | | | | | | | | | | | | | |
| **B. HIV Status** | | | | | | | | | | | | | | | | | | | | | | | |
| **HIV status** | | Positive  Negative  Not previously tested  Unknown | | | | | | | | | | | | | | | | | | | | | |
| *If HIV positive:* **On ART** Yes  No  Unknown | | | | | | | | | | | | | *If HIV negative:* **On PrEP** Yes  No  Unknown | | | | | | | | | | |
| **CD4 count (cells/microlitre)** | | | | | | Click or tap here to enter text. | | | | | | | **Viral load (copies/ml)** | | | | | | | Click or tap here to enter text. | | | |
| **C. Immunosuppression** | | | | | | | | | | | | | | | | | | | | | | | |
| **Other immunosuppression:** (Please reference [UK Green Book)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655225/Greenbook_chapter_6.pdf) | | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | | | |
| **Details of immunosuppression:** | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **6. Clinical Care and Outcome** | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Antiviral Treatment** | | | | | | | | | | | | | | | | | | | | | | | |
| **Antiviral treatment given** | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | |
| *If yes, name of antiviral treatment given* | | | | | | Tecovirimat  Other  *If Other, please specify:* Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **B. Hospital** | | | | | | | | | | | | | | | | | | | | | | | |
| **Admitted to hospital:** | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | |
| **Hospital of admission:** | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Reason for admission:** | | | | | | Due to mpox  For isolation Unrelated  Unknown | | | | | | | | | | | | | | | | | |
| **Date of hospital admission:** | | | | | | Click or tap to enter a date. | | | | | | **Date of hospital discharge:** | | | | | | | | | | Click or tap to enter a date. | |
| **Patient admitted to ICU:** | | | | | | Yes  No  Unknown | | | | | | | | | | | | | | | | | |
| **C. Complications** | | | | | | | | | | | | | | | | | | | | | | | |
| **Complications related to the current mpox event** | | None ☐  Upper Respiratory Tract Disease ☐  Lower Respiratory Tract Disease ☐ Myocarditis ☐ | | | | | | | | | Encephalitis ☐  Ocular or periocular disease ☐  Abscess ☐  Secondary bacterial infection ☐ | | | | | | | | | | | | Sepsis ☐  Acute Kidney Injury ☐  Genital oedema ☐  Unknown ☐ |
| Other (please specify) ☐ Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **D. Outcome** | | | | | | | | | | | | | | | | | | | | | | | |
| **Outcome:** | | | Still ill  Recovered  Died  Unknown | | | | | | | | | | | | | | | | | | | | |
| *If died,* ***Date of death:*** | | | Click or tap to enter a date. | | | | | | | | **Cause of death:** | | | | Click or tap here to enter text. | | | | | | | | |
| **7. Potential Sources** | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Sexual History** | | | | | | | | | | | | | | | | | | | | | | | |
| **In the 21 days prior to symptom onset, did case have any sexual/intimate skin-to-skin contact** | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | |
| *If yes:* | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of sexual contacts of case in the 21 days before onset:** | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |
| **Gender of recent contact(s) in 21 days before onset:** | | | | | | | | | | | | | Male  Female  Both  Unknown | | | | | | | | | | |
| **Location(s)/Forum of last contact (e.g. bar/sauna/social media app):** | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | |
| **Date of last sexual contact:** | | | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | |
| **Did the case exchange sex for money or goods in the past 3 months** | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | |
| **B. Previous Contact with Confirmed, Probable or Potential Cases** | | | | | | | | | | | | | | | | | | | | | | | |
| **In the 21 days prior to symptom onset, did case have contact with a person with symptoms consistent with mpox** | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | |
| *If yes:* | | | | | | | | | | | | | | | | | | | | | | | |
| **Date of last contact** | | | | Click or tap to enter a date. | | | | | | | | | **Country of contact:** | | | | Click or tap here to enter text. | | | | | | |
| **Does case know if this person was confirmed as having mpox** | | | | | | | | | | | | | | | | | Yes  No  Unknown | | | | | | |
| **Nature of contact:** | | | | Sexual contact  Household  Other | | | | | | | | | | | | | | | | | | | |
| *If Other, please specify:* | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **C. International Travel** | | | | | | | | | | | | | | | | | | | | | | | |
| **In the 21 days prior to symptom onset, did case travel internationally (including Northern Ireland)?** | | | | | | | | | | | | | | | | | | | | | Yes  No  Unknown | | |
| *If yes, please name country and date of travel* | | | | | | | | | | | | | | | | | | | | | | | |
| **Country 1** | Click or tap here to enter text. | | | | | | | **From** | Click or tap here to enter text. | | | | | **Until** | | | | | Click or tap here to enter text. | | | | |
| **Country 2** | Click or tap here to enter text. | | | | | | | **From** | Click or tap here to enter text. | | | | | **Until** | | | | | Click or tap here to enter text. | | | | |
| **Country 3** | Click or tap here to enter text. | | | | | | | **From** | Click or tap here to enter text. | | | | | **Until** | | | | | Click or tap here to enter text. | | | | |

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| **8. Mode of Transmission** | | |
| **Most likely mode of transmission (please select one)** | Healthcare associated  Sexual contact  Transfusion recipient  Unknown | Transmission in a laboratory due to occupational exposure  Person to person (excluding mother to child/HCA/Sexual transmission)  Transmission from mother to child during pregnancy or at birth  Animal to human transmission |
| Other (please specify) Click or tap here to enter text. | |