# Interim Public Health Risk Assessment for Humanitarian Aid Worker returning from MPXV Clade I Areas[[1]](#footnote-1),[[2]](#footnote-2)

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| **Section 1 - Demographic Details** | |
| **First Name:** Click or tap here to enter text. | **Family Name:** Click or tap here to enter text. |
| **Date of birth:** Click or tap here to enter text. | **Sex:** Choose an item. |
| **Address:** Click or tap here to enter text. | **Occupation:** Click or tap here to enter text. |
| **Have you ever received smallpox/mpox vaccination:** Choose an item.  **If yes, please provide date(s):** Click or tap here to enter text. | |
| **Which country where you deployed in:** Click or tap here to enter text.  **Please provide date of arrival:** Click or tap here to enter text.  **Please provide date of departure:** Click or tap here to enter text. | |
| **Mobile**: Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Section 2 - Public Health Exposure Assessment** | |
| **The following questions pertain to activities while on deployment in MPXV Clade 1 areas** | |
| **Did you attend/work in any healthcare facility (fixed or temporary):** Choose an item.  **If no, skip to next question, if yes, please provide details:**   * **Did you wear appropriate PPE?** Choose an item. * **Where there any known breaches of PPE?** Choose an item. * **Did you experience any exposure to broken skin or mucous membranes or bodily fluids of confirmed/suspected mpox case?** Choose an item. * **If YES, please provide date of exposure to healthcare facility?** Choose an item. | |
| **Did you have contact (occupational or social) with any confirmed/suspected case(s) of mpox?** Choose an item.  **Were you identified as close contact of confirmed case(s) of mpox?** Choose an item.  **If no, skip to next question, if yes, please provide details:**   * **What was the date of last exposure to case(s)?** Click or tap here to enter text. * **Have you experienced any symptoms suggestive of mpox in the last 21 days?** Choose an item.   + **If YES, please provide details of symptoms?** Click or tap here to enter text. | |
| **Did you have contact with wild animals?** Choose an item.  **If no, skip to next question, if yes, please provide details:**   * **Did you take part in activities like hunting, trapping, or processing infected wild animal s in endemic areas?** Choose an item. * **Did you have direct close contact with an infected animal, animal fluids or waste, or were you bitten or scratched?** Choose an item.   **If no, skip to next question, if yes, please provide details:**   * **What was the date of last exposure to wild animal(s)?** Click or tap here to enter text. * **What was the type of activity/exposure?** Click or tap here to enter text. | |
| **Section 3 - Public Health Risk Assessment** | |
| **Based on the information provided above, risk from exposure for this named HAW would be?** Choose an item.   * **Advise that HAW commence 21 days of self-monitoring following exposure to mpox on:** Click or tap here to enter text.**, and this can be ended by and including:** Click or tap here to enter text.**.** * **Advice provided in line with national guidelines:** Choose an item. | |
| **Name of Public Health Assessor:** Click or tap here to enter text.  **Date of Assessment:** Click or tap to enter a date.  **Department of Public Health:** Choose an item. | |

1. Up to date information regarding the global distribution of reported mpox clades may be found on the WHO website (Link: [**https://worldhealthorg.shinyapps.io/mpx\_global/**](https://worldhealthorg.shinyapps.io/mpx_global/)) [↑](#footnote-ref-1)
2. Up to date information regarding the global distribution of reported mpox clades and a list of at risk countries can be found on the UKHSA website (Link: [**https://www.gov.uk/guidance/clade-i-mpox-affected-countries**](https://www.gov.uk/guidance/clade-i-mpox-affected-countries)) [↑](#footnote-ref-2)