**Appendix C**

**PUBLIC HEALTH MONITORING TEMPLATE**

**1. Summary Contact Details**

**CONTACT NAME:**

**DoB:**

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

**RHA:**

**Healthcare Worker:** Y ☐ N ☐ **Contact Phone**:

**Date case identified:** / \_/

**Type of Monitoring: Exposure Risk:**

Passive: ☐ High Risk: ☐

Active: ☐ Medium Risk: ☐

Low Risk: ☐

**Date/Time Monitoring began**: / / \_:

**Vaccinated**: Y ☐ N ☐ Vaccine Brand:

Route: subcutaneous ☐ intradermal ☐

Date vaccinated: Dose 1 / / Dose 2: / /\_

**2. Summary Case Details**

**Name**:

**DoB**:

**CASE CIDR ID:**

**Nationality**:

**Country of Exposure**:

**Current location**:

**3. Full Contact Details**

**Name**:

**Address**:

**County:**   **RHA:**  **Eircode:**

**Phone**:

**DoB:**  \_/ /

**Nationality**:

**Country of birth:**

**Sex**: Male ☐ Female ☐ Trans male ☐ Trans female ☐ Non-binary ☐ Unk ☐

**HCW:** Y ☐ N ☐ **DOB:**  / /

**Occupation**: **Age:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GP Name**:

**GP Phone**: \_

**Seen by GP?** Y ☐ N ☐ Unk ☐ **Date/Time:**  \_/ /\_\_\_\_\_

**Significant past medical history**:

**Pregnant**: Y ☐ N ☐ Unk ☐ **Immunocompromised**: Y ☐ N ☐

**Did they previously receive the smallpox vaccine?** Y ☐ N ☐

*If yes, year of vaccination:* **Smallpox vaccination (scar)**: Y ☐ N ☐ Unk ☐

**Has the contact been referred for vaccination?**

Referred for vaccination ☐ Declined ☐ Already vaccinated ☐ Not offered – outside 14-day window ☐ Not offered as per risk matrix ☐ Not offered – other☐

If not, why? \_

**Vaccinated with Imvanex?** Y ☐ N ☐ Date: \_/ /

Batch No**:**

(If no, give reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Info for Vaccine Referral Form**

PPSN:

Next of kin name:

Next of kin contact number (mobile): Please indicate if referral is recommending a 2nd dose: Y ☐ N ☐ Unk ☐

Referrer name:

Referrer contact number: GP Practice Name:

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of Contact:** | | | **Type of Contact:**  • Indirect: ☐  • Direct: ☐  For episodes of Direct Contact, specify extent/nature of contact/sexual/[PPE breach:](https://www.hpsc.ie/a-z/zoonotic/monkeypox/guidance/INTERIM%20IPC%20for%20HCW%20for%20Possible%20or%20Confirmed%20Monkeypox%20Infection.pdf) |
| • Household: Y ☐ N ☐ | | |
| • Sexual**:** Y ☐ N ☐ | | |
| • Healthcare: Y ☐ N ☐  • Workplace (non-HC) : Y ☐ N ☐  • Community**:** Y ☐ N ☐ | | |
| • Other**:** Y ☐ N ☐ | | |
| (*If Other, please specify* | | |
|  | | |
| **Date of last Contact:** | \_\_\_/ / |  | **Ongoing exposure:** Y ☐ N ☐ |
| **Exposure Risk:** |  |  |  |
| High: ☐ | Medium: | ☐ | Low: ☐ |

**5. Daily Symptom Check[[1]](#footnote-1)**

**Is the case currently symptomatic:** Y ☐ N ☐

|  |  |  |
| --- | --- | --- |
| **SYMPTOMS** | **RESPONSE** | **DATE & TIME of ONSET** |
| **Fever** | Yes  No  Unknown |  |
| **Chills** | Yes  No  Unknown |  |
| **Headache** | Yes  No  Unknown |  |
| **Exhaustion** | Yes  No  Unknown |  |
| **Swollen glands** | Yes  No  Unknown |  |
| **Cough/sore throat** | Yes  No  Unknown |  |
| **Backache** | Yes  No  Unknown |  |
| **Muscle ache** | Yes  No  Unknown |  |
| **Rash** | Yes  No  Unknown |  |
| * Macules * Papules * Vesicles * Pustules * Umbilicated * Scabs | * Yes  No  Unknown * Yes  No  Unknown * Yes  No  Unknown * Yes  No  Unknown * Yes  No  Unknown * Yes  No  Unknown |  |
| **Anogenital/orolabial lesions** | Yes  No  Unknown |  |
| * Describe lesions |  | |

**6. Escalation**

Date & Time of escalation:

Basis for escalation:

Referred to:

Action Taken:

Admitted: YES  NO  UNKNOWN

Name of Facility:

Date & Time of admission:

**7. Exit from Monitoring**

Date & Time of exiting:

1. 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 [Case Definition](https://www.hpsc.ie/a-z/zoonotic/monkeypox/casedefinition/). [↑](#footnote-ref-1)