

CCDPH Monkeypox (MPV) Investigation Form

- Providers should report Probable and Confirmed cases to their local health department, preferably using I-NEDSS. Providers are advised to consult with their Infection Prevention department in relation to reporting.
- If you are an outpatient facility and do not have an I-NEDSS account, complete this form for Probable and Confirmed MPV cases. Fax the **completed** form to 708-836-8697.
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Person reporting case: _____ Phone #: _____

Patient Demographics

1. Patient Name: _____ DOB: _____

2. Address: _____ City: _____ County: _____

3. Phone #: _____ Alternate phone #: _____

4. Age ____ years

5. Sex Assigned at Birth

- Male
- Female
- Refused

6. Gender

- Male
- Female
- Transgender male
- Transgender female
- Another gender identity
- Refused

7. Sexual orientation

- Lesbian or gay
- Straight, that is not gay or lesbian
- Bisexual
- A different term
- Prefer not to answer
- Unknown

8. What is the patient's occupation?

a. If a healthcare worker, employment location _____

9. Patient's race:

10. Patient's ethnicity:

Exposures in the 3 weeks prior to illness onset

1. Has the patient traveled?
 - a. If yes, where did they travel and dates of travel (be as specific as possible) _____

2. Has the patient had contact with someone who was ill and had a rash?
 - a. If yes, was this person diagnosed with MPX?
 - b. If yes, did this person test positive for orthopox or MPX?
 - c. What type of contact did the person have with the ill person? (check all that apply)
 - i. Caregiving
 - ii. Sexual contact
 - iii. Shared clothes, towels or bedding
 - iv. Face to face contact
 - v. Other, list _____

3. Did the patient have sex or close intimate contact with:
 - a. Women
 - i. if yes, how many partners _____
 - b. Men
 - i. If yes, how many partners _____

4. Did the patient have close intimate contact with someone who had recently traveled outside the country, or to a state that has MPX?

Clinical Illness

1. Date of illness onset (first symptom)?
2. Date of rash onset?
3. Date of fever onset (if applicable)?
4. Date of lymphadenopathy (if applicable)?

5. Symptoms during course of illness (choose all that apply):

<input type="checkbox"/> Fever	<input type="checkbox"/> Malaise (general feeling of illness/weakness)
<input type="checkbox"/> Rash	<input type="checkbox"/> Myalgia (muscle aches)
<input type="checkbox"/> Enlarged lymph nodes	<input type="checkbox"/> Headache
<input type="checkbox"/> Cough	<input type="checkbox"/> Tenesmus/urgency to defecate

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(#5 continued)

- | | |
|---|---|
| <input type="checkbox"/> Eye (ocular) lesions | <input type="checkbox"/> Rectal pain |
| <input type="checkbox"/> Conjunctivitis | <input type="checkbox"/> Rectal bleeding |
| <input type="checkbox"/> Pruritis (itching) | <input type="checkbox"/> Pus or blood on stools |
| <input type="checkbox"/> Vomiting or nausea | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Chills | |

6. If the patient had a rash, where did the rash begin (choose all that apply)?

- Face
- Head
- Neck
- Mouth, lips, or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet
- Genitals
- Perianal
- Other location (describe) _____

7. On this day, where is the rash located (choose all that apply)?

- Face
- Head
- Neck
- Mouth, lips, or oral mucosa
- Trunk
- Arms
- Legs
- Palms of hands
- Soles of feet
- Genitals
- Perianal
- Other location (describe) _____

8. Are all the lesions the same size?

9. Are the lesions in the same stage of development (in other words, do all the lesions look similar)?

10. Are the lesions deep seated and profound (deep in the skin)?

11. Are the lesions well circumscribed (well defined from the surrounding skin)?

12. Are the lesions umbilicated (centers of the lesions depressed like a navel)?

13. Did the patient test positive or were they diagnosed with any other disease?

a. If yes, what disease? _____

b. If yes, was it lab confirmed?

14. Is the patient hospitalized?

15. Is the patient immunocompromised?

16. Is the patient pregnant?

a. If yes, due date: _____

17. Does the patient meet criteria for treatment with TPOXX?

a. If yes, please explain: