MPOX HUMAN CASE NOTIFICATION FORM

NOTIFICATION INFORMATION

EpiID[1] : Notification date: /_____/_____/_____/

Name of person completing the form: _____

Position: _____ Phone number: _____

Email address: _____

Region: _____ Health district: _____ Health area: _____

GPS coordinates Latitude: _____ Longitude: _____

CASE IDENTIFICATION

Name of the case: _____ Date of birth /____/_____/_____/

Age: _____ ☐ Years ☐ Months Gender: ☐ Male ☐ Female

Region of residence: _____ District of residence: _____

Health area of residence: _____ Village/ neighbourhood _____

Main occupation of the case (tick one checkbox)

☐ Pupil	☐ Bushmeat seller	☐ Health personnel
☐ Student	☐ Veterinary staff	☐ Eco guard
☐ Housewife	☐ Hunter	☐ Farmer

☐ Other occupation (specify): _____

Status of the case: ☐ Alive ☐ Dead Case hospitalized? ☐ Yes ☐ No

If yes, Hospitalization date /_____/_____/_____/ name of hospital: _____

Was the case admitted in the isolation ward? ☐ Yes ☐ No ☐ Unknown

If dead, date of death /_____/_____/_____/ Place of death: _____

Has the case been vaccinated against smallpox? ☐ Yes ☐ No ☐ Unknown

If yes, Number of doses received _____

Date of last dose vaccination /_____/_____/_____/

Name(s) of vaccine(s) received: _____

SIGNS AND SYMPTOMS

☐ Fever (> 38,3°C) Date of onset of fever /____/_____/_____/

Headaches	☐ Yes ☐ No	Lymphadenopathy	☐ Yes ☐ No
Muscular pain	☐ Yes ☐ No	Back pain	☐ Yes ☐ No
Severe fatigue	☐ Yes ☐ No	Conjunctivitis	☐ Yes ☐ No

If any other signs or symptoms, specify _____

☐ Rash Date of onset of rash /____/_____/_____/

Localisation ☐ All over the body ☐ Arms ☐ Thorax ☐ Palms of the hands ☐ Legs
☐ Soles of the feet ☐ Genitals ☐ Head ☐ Face
☐ Another localisation, specify _____

Are the lesions in the same state of development on the body? ☐ Yes ☐ No ☐ Unknown

What was the evolution of the lesions? (Tick only one proposition)

☐ Generalized and spontaneous ☐ From the head to the lower limbs

☐ From the lower limbs to the head ☐ Other evolution, specify_____

[1] EpiID: Disease Code – Country Code – Region Code – District Code – Year – Case Order
Example: MPX-CMR-CEN-AYO-22-09 (nineth mpox case detected at Ayos Health district in 2022)

Did the case have any of the following medical conditions? (Tick all that apply)

☐ Pregnancy ☐ Malnutrition ☐ HIV

☐ Diabetes ☐ Other condition, specify: _____

EXPOSURE FACTORS

Has the case been in contact with a rodent, monkey or any other animal in the 3 weeks prior to the onset of symptoms? ☐ Yes ☐ No ☐ Unknown

If yes, what kind of animal _____

Type of contact (tick all that apply)

☐ Alive animal living in the house ☐ Alive animal living in the forest

☐ Dead animal found in the forest ☐ Animal bought for meat

☐ Other, specify _____

Has the patient travelled in the 3 weeks prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

If yes, place/region/country_____

Has the patient been in contact with someone with the same signs and symptoms in the 3 weeks prior to onset of illness? ☐ Yes ☐ No ☐ Unknown

If yes, Date of contact /_____/_____/_____/

Type of contact (tick all that apply)

☐ Cared for the sick person ☐ family contact/live together

☐ Shared a bed ☐ Sexual relationship

☐ Other (specify) _____

Has the sick person been in contact with other people after the onset of his or her symptoms?

☐ Yes ☐ No ☐ Unknown

SPECIMEN COLLECTION

Was a specimen collected? ☐ Yes ☐ No

If no, give the reason why _____

If yes, specimen collection date /_____/_____/_____/

Type of specimen ☐ skin swab ☐ crust ☐ blood ☐ oropharyngeal swab

LABORATORY

Laboratory ID _____ Name of laboratory: _____

Type of specimen analysed ☐ skin swab ☐ crust ☐ blood ☐ oropharyngeal swab

Date specimen received /_____/_____/_____/

Generic PCR Result: ☐ Positive ☐ Negative ☐ Inconclusive

Clade identified: ☐ Clade I ☐ Clade II

Conclusion: _____

Date of return of laboratory results /_____/_____/_____/

Head of laboratory: _____ Phone number: _____

CASE OUTCOME

Date of discharge from hospital /_____/_____/_____/

Outcome ☐ Recovered ☐ Dead ☐ Lost of follow-up Date of outcome /_____/_____/_____/