Public Health Agency of Canada | Agence de la santé publique du Canada

Protected B when complete

MONKEYPOX CASE REPORT FORM

SECTION 1: CASE PROTECTED INFORMATION – Local / Provincial / Territorial use only DO NOT FORWARD THIS SECTION TO PHAC	
Last name: **First name:** **Usual residential address:** **City:** **Postal code:**	**Province/Territory:** ..Select One.. **Phone number:** **Date of birth (*yyyy-mm-dd*):** **Local case ID:**

Instructions for Completion

- This form is to be used by medical and/or public health professionals for the reporting of probable and confirmed cases to their local or provincial/territorial health authorities via secure methods.
- If you are a member of the public who has concerns about monkeypox, please visit: https://www.canada.ca/en/public-health/services/diseases/monkeypox.html
- Please complete as much detail as possible on this form at the time of the initial report.
- Please submit an updated report when there is a change in case classification and/or there is a change in outcome status for the duration of the illness.
- Please note that variables indicated with a red asterisk (*) and pink field are being requested by the World Health Organization under the International Health Regulations.

Instructions to local public health authorities

- **Reporting:** Please report cases using normal local/provincial/territorial methods.

Instructions to provincial / territorial public health authorities

- **Reporting of probable and confirmed cases:** Please report cases using the secure methods established between PHAC and provincial and territorial partners.

SECTION 2: ADMINISTRATIVE INFORMATION

☒ Initial Report ☐ Updated Report

Reporting Province/Territory*	☐ BC ☐ AB ☐ SK ☐ MB ☐ ON ☐ QC ☐ NB ☐ NS ☐ PE ☐ NL ☐ YK ☐ NT ☐ NU
Forward Sortation Area (First 3 digits of postal code)	
OR	
Health region	

SECTION 3: CASE INFORMATION

P/T case ID *		**Laboratory ID** (if available, provide the submitting lab ID sent to the National Microbiology Lab)	
Investigation date			
Public health report date*			
Month/Year of birth			
OR*			
Age	years; if under 2 years, indicate in months: months		
Sex assigned at birth*	☐ Female ☐ Male ☐ Intersex ☐ Prefer not to respond/disclose ☐ Unknown		
Gender identity* <u>Sex and gender based on StatCan</u>	☐ Woman ☐ Man ☐ Non-binary person ☐ If none of the above, then case identifies as: ☐ Prefer not to respond/disclose ☐ Unknown		
Race *In our society, people are often described by their race or racial background. These are not based in science, but our race may influence the way we are treated by individuals and institutions, and this may affect our health. Which category(ies) best describes you? Select all that apply*	☐ Black (African, African Canadian, Afro-Caribbean descent) ☐ East Asian (Chinese, Japanese, Korean, Taiwanese descent) ☐ Indigenous (First Nations, Inuk/Inuit, Métis, Other, please specify below) ☐ Latin American (Hispanic or Latin American descent) ☐ Middle Eastern (Arab, Persian, West Asian descent (e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish) ☐ South Asian (South Asian descent, e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan) ☐ Southeast Asian (Southeast Asian descent, e.g. Cambodian, Filipino, Indonesian, Thai, Vietnamese, Laotian, Malaysian) ☐ White (European descent) ☐ Another race category, specify: ☐ Unknown ☐ Declined to answer		

Indigenous identity Does the case identify as First Nations, Inuk/Inuit and/or Métis? Select all that apply	☐ Yes, First Nations ☐ Yes, Métis ☐ Yes, Inuk/Inuit ☐ Other Indigenous, specify: ☐ No ☐ Unknown ☐ Declined to answer
Dwelling type	☐ Private dwelling (single family home) ☐ Private dwelling (apartment) ☐ Student residence ☐ Rooming house/group home ☐ Assisted living facility ☐ Long term care facility ☐ Retirement residence ☐ Correctional facility ☐ Shelter/homeless ☐ Unknown ☐ Other, specify:
Is the case a healthcare worker?*	☐ Yes ☐ No ☐ Unknown
If the case is a healthcare worker, what is the healthcare occupation of the case?	☐ Administrative services ☐ Allied health professional (e.g. respiratory therapist, physiotherapist, social workers) ☐ Dental professional ☐ Emergency medical personnel ☐ Laboratory worker ☐ Nurse ☐ Pharmacist or pharmacy technician ☐ Physician ☐ Support services (e.g. cleaners, kitchen staff) ☐ Student ☐ Volunteer ☐ Unknown ☐ Other, specify:
If case is not a healthcare worker or volunteer, indicate case's occupation	☐ Animal worker/volunteer (e.g. animal shelter, wildlife rehabilitation, zoo, veterinary clinic), specify: ☐ Border services ☐ Cleaning/custodial services ☐ Correctional facility worker ☐ Farm worker ☐ Flight attendant ☐ Industrial worker (e.g. mining, construction, warehouse, factory) ☐ Law enforcement (e.g. police, RCMP) ☐ Restaurant/bar worker ☐ Retail worker (e.g. grocery, retail) ☐ Office worker ☐ Retired ☐ Sex worker ☐ School or daycare worker ☐ Works with homeless/under-housed population ☐ Student ☐ Unemployed ☐ Unknown ☐ Other, specify:
Case classification*	☐ Confirmed ☐ Probable ☐ Suspect ☐ Does not meet definition (e.g., if ruled out after testing)

SECTION 4: CLINICAL CASE PRESENTATION

Was the case hospitalized?*	☐ Yes ☐ No ☐ Unknown	**If yes:**	
		Admission date	
		Discharge date	
If the case was hospitalized, what was the main reason for hospitalization?*	☐ Due to monkeypox illness ☐ Clinically indicated for another reason ☐ Need for isolation ☐ Other, specify: ☐ Unknown		
Was the case admitted to an intensive care unit or high dependency unit?*	☐ Yes ☐ No ☐ Unknown		
Outcome status at time of reporting*	☐ Recovered	Date of recovery	
	☐ In hospital		
	☐ Symptomatic at home		
	☐ Deceased	**Date of death***	
		Cause of death, if known at time of reporting:	
	☐ Unknown		

Please provide a summary of the signs and symptoms of the illness and dates of onset if known:

The case presents/has presented ANY symptoms:*	☐ Yes ☐ No ☐ Unknown			
Please provide the onset date of the first symptoms:*				
Symptom	**Symptom present**			**Symptom onset date**
	Yes	**No**	**Unknown**	
Fever*	☐	☐	☐	
	Temperature: ☐ Celsius ☐ Fahrenheit			
Headache*	☐	☐	☐	
Myalgia/arthralgia*	☐	☐	☐	
Fatigue/exhaustion*	☐	☐	☐	

Please provide a summary of the signs and symptoms of the illness and dates of onset if known:				
Symptom	**Symptom present**			**Symptom onset date** ***(yyyy-mm-dd)***
Swollen lymph nodes*	☐	☐	☐	
	Specify location of adenopathy (select all that apply)*: ☐ Submandibular ☐ Cervical ☐ Inguinal ☐ Axillary ☐ Unknown ☐ Other, specify:			
Chills*	☐	☐	☐	
Sore throat*	☐	☐	☐	
Cough*	☐	☐	☐	
Sweating	☐	☐	☐	
Back pain	☐	☐	☐	
Conjunctivitis*	☐	☐	☐	
Vomiting/nausea*	☐	☐	☐	
Rash/lesions*:	☐	☐	☐	*
macular	☐	☐	☐	
papular	☐	☐	☐	
vesicular	☐	☐	☐	
pustular	☐	☐	☐	
ulcerous	☐	☐	☐	
crusted	☐	☐	☐	
Location(s) of the rash/lesions*: ☐ Anogenital/perianal ☐ Oral (mouth, lips, oral mucosa including throat) ☐ Face, excluding oral and mucosal surfaces ☐ Limbs (arms. legs) ☐ Hands and palms of hand ☐ Soles of feet ☐ Torso ☐ Other, specify:				
Number of lesions: ☐ One lesion ☐ 2-10 lesions ☐ 10-50 lesions ☐ 50-100 lesions ☐ >100 lesions ☐ Unknown				
Other symptom, specify:				
Other symptom, specify:				
Other symptom, specify:				
Other symptom, specify:				
Other symptom, specify:				

Please provide a summary of the signs and symptoms of the illness and dates of onset if known:					
Were any of the following complications reported?					
	Yes	**No**	**Unknown**	**Declined to Answer**	
Secondary infection	☐	☐	☐	☐	
Corneal infection	☐	☐	☐	☐	
Bronchopneumonia	☐	☐	☐	☐	
Sepsis	☐	☐	☐	☐	
Encephalitis	☐	☐	☐	☐	
Ulcerative lesion with delayed healing	☐	☐	☐	☐	
Myocarditis	☐	☐	☐	☐	
Other, specify:					

SECTION 5: MEDICAL RISK FACTORS / HISTORY

Please provide a summary of vaccination and treatment

	Risk factor/history present	**Details**
Ever received the smallpox vaccine *	☐ Yes – previous vaccination unrelated to current event ☐ Yes – pre-exposure prophylaxis for current event ☐ Yes – post-exposure prophylaxis for current event ☐ No ☐ Unknown	**Date of last vaccination, if known** *: ☐ Documented immunisation ☐ Undocumented immunisation
	If yes, the name of vaccine: ☐ ACAM2000 ☐ Imvamune (Imvanex/Jynneos) ☐ Other vaccine, specify: ☐ Other smallpox vaccine, name unknown	**Additional details:**
Antiviral treatment received for monkeypox *	Did the case receive antiviral treatment for monkeypox? ☐ Yes (please specify below) ☐ No antiviral treatment ☐ Unknown If yes, which antiviral treatment was received? ☐ Tecovirimat ☐ Brincidofovir ☐ Cidofovir ☐ The name of antiviral treatment not known ☐ Other, specify:	

Please provide a summary of the relevant medical risk factors and history:		
	Risk factor/history present	**Details**
Immunocompromised (e.g. by medication, or by disease such as cancer, diabetes, untreated HIV, etc.)*	☐ Yes, due to disease ☐ Yes, due to medication ☐ Yes, reason unknown ☐ No ☐ Unknown	**If yes, specify (select all that apply):** ☐ HIV/AIDS (*see next question*) ☐ Diabetes (type 1 or 2) ☐ Lupus ☐ Organ transplants ☐ Stem cell transplants ☐ Cancer ☐ Chemotherapy ☐ Steroids ☐ Other, specify: ☐ Unknown
Does the case have HIV?*	☐ Positive, treated ☐ Positive, untreated ☐ Negative ☐ Unknown	**If HIV status is positive, CD4 counts:*** ☐ Unknown
Currently pregnant or post-partum*	☐ Yes, Pregnancy, trimester is unknown ☐ Yes, Pregnancy, 1st trimester (from week 1 to the end of week 12) ☐ Yes, Pregnancy, 2nd trimester (from week 13 to the end of week 26) ☐ Yes, Pregnancy, 3rd trimester (from week 27 to the end of the pregnancy) ☐ Post-partum (<6 weeks) ☐ No ☐ Unknown ☐ Not applicable	
Was the case diagnosed with a concurrent sexually transmitted or blood borne infection?*	☐ Yes ☐ No ☐ Unknown	**If yes, specify (select all that apply):*** ☐ Chancroid (anal/perianal, genital) ☐ Chlamydia (genital, pharyngeal, rectal) ☐ Gonorrhea (genital, pharyngeal, rectal) ☐ Genital warts, HPV (anal, genital) ☐ Genital herpes, HSV (anal/perianal, oral, genital) ☐ Lymphogranuloma venereum (anal/perianal, genital, oral) ☐ Mycoplasma genitalium (genital, pharyngeal, rectal) ☐ Syphilis (any stage) ☐ Trichomoniasis ☐ Other, specify: ☐ Unknown
Other comorbidities not listed above	Please list:	

SECTION 6: RISK FACTORS / EXPOSURE HISTORY

Below exposures refer to the period of 21 days prior to onset of symptoms or diagnosis

Has the case had any day trips, travel and/or overnight visits to other locations outside of the province of residence or Canada?*	☐ Yes ☐ No ☐ Unknown Date of departure: Date of return:
	If the case travelled within Canada, specify province, territory (select all that apply): ☐ BC ☐ QC ☐ NL ☐ AB ☐ NB ☐ YK ☐ SK ☐ NS ☐ NT ☐ MB ☐ PE ☐ NU ☐ ON
	If the case travelled outside of Canada, list the country(ies) visited:* **If the case travelled internationally, please complete travel details in Section 9 on page 12*.**
Has the case had contact with <u>anyone presenting similar symptoms; or with a known suspect, probable, or confirmed case</u> of monkeypox, or with contaminated material (body fluids, object, bedding, etc.)?*	☐ Yes ☐ No ☐ Unknown **If yes, specify type of contact (select all that apply):** ☐ Sexual and/or close intimate contact ☐ Household (e.g., sharing bed, food, common space) ☐ Providing care to someone ☐ Other, specify: **If yes, specify setting where the contact occurred (select all that apply)*:** ☐ Household (e.g., sharing bed, food, common space) ☐ Workplace ☐ School/nursery ☐ Healthcare (including laboratory exposure) ☐ Night club / private party / sauna or similar setting ☐ Bar / restaurant or other small event ☐ Large event (e.g., festival or sports event) ☐ Transportation (airplane, cars, other private or public transit) ☐ Other, specify (or any organized event, provide name, location, attendees, etc): ☐ Unknown

Has the case had any known contact with animals?*	☐ Yes ☐ No ☐ Unknown	
If yes, specify type of animal (select all that apply)*	**Animal type**	**Additional details** *(e.g. specify animal, approximate dates, location, type of contact, frequency of contact)*
	☐ Household pets, excluding rodents *(e.g. dog, cat, rabbit, ferret, hedgehog, etc)*	
	☐ Pet rodent *(e.g. rat, mouse, hamster, guinea-pig, prairie dog, etc, including those in breeding facilities, raised as 'feeders' etc.)*	
	☐ Farm animals *(e.g. pig, cow, sheep, horse, etc)*	
	☐ Wild animals, excluding wild rodents	
	☐ Wild rodents *(e.g. mouse, rat, squirrel, beaver, etc)*	
	☐ Captive wildlife *(e.g. zoo animals, animals in research facilities, etc., in particular non-human primates and rodents)*	
	☐ Other/Unsure of classification	
	☐ Unknown	
Indicate other exposure settings where the case may have been exposed and acquired infection (select all that apply) *Exposure setting is based on local public health assessment (consider risk, likelihood of transmission, time spent at location, activity at that location, etc.)*	☐ Acute care setting (e.g. hospital, emergency room) ☐ Community healthcare setting (e.g. private clinics) ☐ Congregate living setting (e.g. shelter, group homes, university dormitories, etc.) ☐ Correctional facility ☐ Mass gathering (*e.g. conference, festival, etc. A mass gathering is defined here as an aggregation of >1,000 people.*) ☐ Occupational/Workplace, specify type: ☐ Personal care setting (e.g. spa, hair salon, etc.) ☐ Recent history of multiple or anonymous sexual partners ☐ Recreational facility (e.g. gym, museum, community centre) ☐ Sex-on-premises venue such as sauna / bathhouse / sex club / sex party ☐ School (e.g. elementary, secondary, post-secondary) / Nursery / Daycare / Day camp ☐ Social event (e.g. house party, family event, etc.) ☐ Transportation (e.g. municipal transport system, taxi, etc.) ☐ Restaurant / bar / nightclub ☐ Other, specify: ☐ Unknown ☐ Declined to answer **Additional details on exposure settings:**	
Indicate methods and locations used for meeting sexual partners, if applicable (select all that apply)	☐ Bar / club ☐ Sex-on-premises venue such as sauna / bathhouse / sex club / sex party ☐ Cruising / public spaces (parks, streets, bathrooms, etc) ☐ Dating apps, internet, online social network ☐ Friends / family / school / work ☐ Out of the province/territory, specify: ☐ Other, specify (e.g. adult bookstore, correctional facility): ☐ Unknown ☐ Declined to answer	

Indicate the gender(s) of sexual partner(s) (select all that apply)*	☐ Woman ☐ Man ☐ Non-binary person ☐ Unknown or undetermined ☐ If none of the above, specify: ☐ Not applicable
Describe any close contacts, including the approximate number, type or nature of contacts and any additional details:	
Based on the previously reported information, which is the most likely mode of transmission?*	☐ Animal to human transmission ☐ Healthcare-associated ☐ Transmission from mother to child during pregnancy or at birth ☐ Person-to-person transmission via sexual contact ☐ Person-to-person transmission **excluding** mother-to-child, healthcare-associated or sexual transmission ☐ Contact with contaminated material (e.g. bedding, clothing, object) ☐ Parenteral transmission including intravenous drug use and transfusion ☐ Transmission in a laboratory due to occupational exposure ☐ Other transmission, specify: ☐ Unknown

SECTION 7: LABORATORY RESULTS / INVESTIGATIONS	
Monkeypox laboratory	
Specimen collection date for monkeypox	☐ Not applicable
Laboratory report date*	☐ Not applicable
What specimen(s) were analyzed for the diagnosis of the case? (select all that apply)*	☐ Skin lesion material (including swabs of lesion surface, and/or exudate, roofs from more than one lesion) ☐ Lesion crust ☐ Oropharyngeal swab ☐ Urine ☐ Semen ☐ Genital swab ☐ Rectal swab ☐ Serum ☐ Other specimen, specify: ☐ Not applicable

SECTION 7: LABORATORY RESULTS / INVESTIGATIONS

What laboratory methods were used to analyse the specimen(s) for diagnosis? (select all that apply)*	☐ Positive monkey poxvirus-specific PCR ☐ Positive orthopoxvirus PCR ☐ Sequencing ☐ Serology ☐ Other (specify): ☐ Not applicable
Indicate whether genomic characterization has been undertaken*	☐ Yes ☐ No ☐ Unknown ☐ Not applicable **If sequencing conducted, indicate clade of monkeypox virus** ☐ West African clade ☐ Congo Basin clade **Accession number of the sequence uploaded to public database** ☐ Not applicable

Other laboratory testing (if available)

Test Name	Result				Specimen collection date
	Detected	Not detected	Not tested	Pending	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	

SECTION 8: ANY OTHER INFORMATION

Are there any other remarkable events, interactions, or experiences in the 21 days prior to symptom onset that have not been reported so far that might be important or that you suspect may have caused or contributed to the illness?	☐ Yes ☐ No ☐ Unknown ☐ Declined to answer If yes, specify details:

SECTION 9: INTERNATIONAL TRAVEL HISTORY

If the case travelled internationally in the 21 days prior to symptom onset, please provide the following details

Plane	**Airline and Flight Number**	**Origin and Destination**	**Row and Seat Number**	**Date of Departure**	**Date of Arrival**	**Other Notes**
Accommodation	**Name of Hotel / Residence**		**Location**	**Date (Start)**	**Date (End)**	**Other Notes**
Cruise	**Name of Cruise Ship**	**Origin and Destination**	**Room Number**	**Sailing Date (Start)**	**Sailing Date (End)**	**Other Notes**
Conference/event/ places visited	**Name of Event / Event Space**		**Location**	**Date (Start)**	**Date (End)**	**Other Notes**
Known International Contacts	**Is there any information anticipated to be shared via the International Health Regulations such as name and contact information for known contacts residing outside of Canada?** ☐ Yes ☐ No ☐ Unknown ☐ Declined to answer					
Additional details related to international travel						

END OF QUESTIONNAIRE