



MONKEYPOX INTAKE & INVESTIGATION FORM

RUHS - Public Health, Disease Control
4065 County Circle Drive, Rm. 219 Riverside, CA 92503
(951) 358-5107 (phone)
(951) 358-5446 (fax)
<https://www.rivco-diseasecontrol.org/>

PATIENT DEMOGRAPHICS

Name (last, first): _____	Birth date: / / ____ Age: ____
Address (mailing): _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk
Address (physical): _____	Ethnicity: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk
City/State/Zip: _____	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Ind/AK Native (Mark all that apply) <input type="checkbox"/> Native HI/Other PI <input type="checkbox"/> Unk
Phone (home): _____ Phone (work/cell): _____	Preferred language: _____
Email: _____	Country of Residence: _____
Alternate contact: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Name: _____ Phone: _____	
Emergency contact: _____ Phone: _____	
Sexual Orientation: <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Not Sure <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unk	

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Other

Reporter Name: _____ Reporter Phone: _____

Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date (mm/dd/yyyy): _____ **Diagnosis date (mm/dd/yyyy):** _____ **Recovery date (mm/dd/yyyy):** _____

Clinical Findings
Y N U

Fever (Highest measured temperature: _____ °F)

Rash (approximate # lesions: _____)

Type of rash: Macular Papular Scabbing
 Vesicular Pustular Drying Other
 Umbilicated Hemorrhagic Unknown

Rash location(s): _____
Centripetal or Centrifugal? _____

Headache

Swollen lymph nodes (neck, armpits, groin)

Muscle aches

Back pain

Fatigue / Exhaustion

Chills

Cough

Sore Throat

Other Signs: _____

Most recent documented weight: _____ kg lb

Clinical Risk Factors
Y N U

Pregnant (if female) (due date: _____)

Underlying medical condition (list: _____)

History of varicella disease

Recent blood/organ donation or transfusion/implantation

Allergies to medication or other relevant medical history (including prior monkeypox): _____

Complications
Y N U

Pneumonia

Corneal ulcer or keratitis

Encephalitis/meningitis

Bacterial sepsis

Hospitalization
Y N U

Patient hospitalized for this illness

If yes, hospital name: _____

Admit date: ___/___/____ Discharge date: ___/___/____

MRN: _____

Date first sought medical care (inpatient or outpatient): ___/___/____

Location(s) of Health Care Visits: _____

Facility/Office Name/Address: _____

Date of Visit: ___/___/____ MRN: _____

Death
Y N U

Did the patient die? If yes, date of death: ___/___/____

Was death caused by this illness?

VACCINATION HISTORY

Y N U

Ever received smallpox vaccine?

If yes, date(s): #1: ___/___/____ #2: ___/___/____

Ever received varicella vaccine?

If yes, date(s): #1: / / ____ #2: ___/___/____

Ever received measles, mumps, and rubella (MMR) vaccine?

If yes, date(s): #1: ___/___/____ #2: ___/___/____
#3: ___/___/____

LABORATORY

Y N U

- Clinical specimen positive by PCR for monkeypox virus
 Clinical specimen positive by culture for monkeypox virus
 Demonstration of monkeypox viral antigens in a clinical specimen by immunohistochemical testing
 Observation of monkeypox virus in a clinical specimen via electron microscopy

EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Individual interviewed as patient proxy, if applicable:

Name: Relationship to patient: Contact information:

Y N U

- History of travel during exposure period (if yes, complete travel history below):
 If patient was on a flight, did the patient wear a mask? Cloth mask/gaiter Surgical Mask N95 or equivalent
 If YES, was patient unmasked at any point while on the flight: Yes No
 If YES, was patient unmasked for ≥ 3 hours while on the flight? Yes No Unsure

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for Travel	Traveled Alone?

Please document all accompanying travelers in the Monkeypox Contact Listing Form

Y N U

- Exposures to any of the following animals:
 Prairie dog Gambian rat Rabbit Wallaby Rope squirrel African tree squirrel Other: _____

Where was animal obtained: _____

Earliest date of exposure: _____ Latest date of exposure: _____

Priority Level:

Animal Contact: 1 = (highest priority) Direct: Bite, scratch, petting/handling, other direct physical contact; 2 = close contact: contact within 6 feet of the animal case with respiratory symptoms and manipulated; 3 = other > 6 feet of the animal case (e.g. not in the same room but in the same hospital or facility)

Human Contact: 1 = (highest priority) Case household/intimate contacts: all family members, housemates, intimate contacts, persons sharing a bed, others spending ≥ 3 hours in the household; 2 = Non-household close contacts: direct exposure to the human case for ≥ 3 hours and within 6 feet; 3 = Other: contact with human case for < 3 hours and < 6 feet; or any length of time exposure and ≥ 6 feet

Exposure setting (e.g., home, school, etc): _____

Status of animal at time of exposure: Alive (well) Alive (ill) Dead Unknown

If animal was ill, date of animal's illness onset: ___/___/___

Is animal available for testing? Yes No Unknown

- Exposure to symptomatic human (specify relationship: _____)

Earliest date of exposure: ___/___/___ Latest date of exposure: ___/___/___

Type of exposure: Skin-to-skin contact Sexual/intimate contact \leq distance of 6 feet for >3 hours Contact with respiratory secretions Group event/outing School Other: _____

Exposure setting (e.g., home, school, etc): _____

- Organ transplant recipient (Date: ___/___/___)

Where did exposure most likely occur? County: _____ State: _____ Country: _____

PUBLIC HEALTH ISSUES

Y N U

- Case donated blood products, organs or tissue in the 30 days prior to symptom onset
 Date: ___/___/___
 Agency/location: _____
 Type of donation: _____
- Illegal pet trade suspected
- Case knows someone who had shared exposure and is currently having similar symptoms
- Epi link to another confirmed case of same condition
- Epi link to a documented exposure
- Case is part of an outbreak
- Other:

PUBLIC HEALTH ACTIONS

Y N U

- Notified blood or tissue bank
- Disease education and prevention information provided to patient and/or family/guardian
- Facilitate laboratory testing of other symptomatic persons who have a shared exposure
- Follow up of laboratory personnel exposed to specimen
- Patient is lost to follow up
- Other:

NOTES

First three letters of
patient's last name:

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CASE DEFINITION**Clinical Criteria**

- | | |
|--|---|
| <ul style="list-style-type: none"> • New rash (any of the following) <ul style="list-style-type: none"> ○ Macular ○ Papular ○ Vesicular ○ Pustular ○ Generalized or localized ○ Discrete or confluent | <ul style="list-style-type: none"> • Fever (either of the following) <ul style="list-style-type: none"> ○ Subjective ○ Measured temperature of $\geq 100.4^{\circ}\text{F}$ [$>38^{\circ}\text{C}$] • Other signs and symptoms: <ul style="list-style-type: none"> ○ Chills and/or sweats ○ New lymphadenopathy (periauricular, axillary, cervical, or inguinal) |
|--|---|

Epidemiologic Criteria

Within 21 days of illness onset:

- Report having had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or probable monkeypox **OR**
- Is a man who regularly has close or intimate in-person contact with other men, including through an online website, digital application ("app"), or social event (e.g., a bar or party) **OR**
- Traveled to a country with confirmed cases of monkeypox **AND** at least one of the above criteria **OR**
- Traveled to country where MPXV is endemic **OR**
- Contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived such animals (e.g., game meat, creams, lotions, powders, etc.)

Other Criteria

Exclusion Criteria: A case may be excluded as a possible, probable, or confirmed monkeypox case if:

- An alternative diagnosis* can fully explain the illness **OR**
- An individual with symptoms consistent with monkeypox but who does not develop a rash within 5 days of illness onset **OR**
- A case where specimens do not demonstrate the presence of orthopoxvirus or monkeypox virus or antibodies to orthopoxvirus as describe in the laboratory criteria

* The rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster). Historically, sporadic reports of patients co-infected with monkeypox virus and other infectious agents (e.g., varicella zoster, syphilis).

Case Classification**Person Under Investigation**

- Persons under investigation (PUI) are individuals who are reported as suspicious but have not been tested in an LRN laboratory. This includes cases that health departments have been consulted on because of clinician concern.

Possible Case

- Meets one of the epidemiologic criteria **AND** has fever or new rash **AND** at least one other sign or symptom with onset 21 days after last exposure meeting epidemiologic criteria

Probable Case

- Meets one of the epidemiologic criteria **AND** has new rash *with or without* fever **AND** at least one other sign or symptom with onset 21 days after last exposure meeting epidemiologic criteria **AND**
- Demonstration of detectable levels of anti-orthopoxvirus IgM antibody during the period of 4 to 56 days after rash onset

Confirmed Orthopoxvirus Case

- Meets possible case definition **AND**
- Demonstration of orthopoxvirus DNA by polymerase chain reaction testing of a clinical specimen **OR** demonstration of presence of orthopoxvirus using immunohistochemical or electron microscopy testing methods

Confirmed Monkeypox Case

- Meets possible case definition **AND**
- Demonstration of presence of monkeypox virus DNA by polymerase chain reaction testing or Next-Generation sequencing of a clinical specimen **OR** isolation of monkeypox virus in culture from a clinical specimen

First three letters of
patient's last name:

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Prioritization**Animal Contact:**

1 = (highest priority) Direct: Bite, scratch, petting/handling, other direct physical contact; 2 = close contact: contact within 6 feet of the animal case with respiratory symptoms and manipulated; 3 = other > 6 feet of the animal case (e.g. not in the same room but in the same hospital or facility)

Human Contact:

1 = (highest priority) Case household/intimate contacts: all family members, housemates, intimate contacts, persons sharing a bed, others spending ≥ 3 hours in the household; 2 = Non-household close contacts: direct exposure to the human case for ≥ 3 hours and within 6 feet; 3 = Other: contact with human case for < 3 hours and < 6 feet; or any length of time exposure and ≥ 6 feet

Definitions:

1. Period of interest = onset of prodromal symptoms through resolution of the rash (i.e., shedding of crusts and observation of healthy pink tissue at all former lesion sites).
2. Direct contact = contact with the MPX case-patient, case-patient materials (e.g., linens, clothing, healthcare equipment), crusts, or bodily fluids of the case-patient (including soiled surfaces)
3. Indirect contact = presence within 6 feet of a monkeypox case-patient in the absence of, at a minimum, a surgical mask, for ≥ 3 hours

RACE DESCRIPTIONS	
Race	Description
American Indian or Alaska Native	Patient has origins in any of the original peoples of North and South America (including Central America).
Asian	Patient has origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in any of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in any of the original peoples of Europe, the Middle East, or North Africa.
OCCUPATION SETTING	
<ul style="list-style-type: none"> • Childcare/Preschool • Correctional Facility • Drug Treatment Center • Food Service • Health Care - Acute Care Facility • Health Care - Long Term Care Facility • Health Care - Other 	<ul style="list-style-type: none"> • Homeless Shelter • Laboratory • Military Facility • Other Residential Facility • Place of Worship • School • Other
OCCUPATION	
<ul style="list-style-type: none"> • Adult film actor/actress • Agriculture - farmworker or laborer (crop, nursery, or greenhouse) • Agriculture - field worker • Agriculture - migratory/seasonal worker • Agriculture - other/unknown • Animal - animal control worker • Animal - farm worker or laborer (farm or ranch animals) • Animal - veterinarian or other animal health practitioner • Animal - other/unknown • Clerical, office, or sales worker • Correctional facility - employee • Correctional facility - inmate • Craftsman, foreman, or operative • Daycare or child care attendee • Daycare or child care worker • Dentist or other dental health worker • Drug dealer • Fire fighting or prevention worker • Flight attendant • Food service - cook or food preparation worker • Food service - host or hostess • Food service - server • Food service - other/unknown • Homemaker • Laboratory technologist or technician • Laborer - private household or unskilled worker • Manager, official, or proprietor • Manicurist or pedicurist • Medical - emergency medical technician or paramedic • Medical - health care worker 	<ul style="list-style-type: none"> • Medical - medical assistant • Medical - pharmacist • Medical - physician assistant or nurse practitioner • Medical - physician or surgeon • Medical - nurse • Medical - other/unknown • Military • Police officer • Professional, technical, or related profession • Retired • Sex worker • Stay at home parent/guardian • Student - preschool or kindergarten • Student - elementary or middle school • Student - high school • Student - college or university • Student - other/unknown • Teacher/employee - preschool or kindergarten • Teacher/employee - elementary or middle school • Teacher/employee - high school • Teacher/instructor/employee - college or university • Teacher/instructor/employee - other/unknown • Unemployed - seeking employment • Unemployed - not seeking employment • Unemployed - other/unknown • Volunteer • Other • Refused • Unknown