

Monkeypox

Immediately notify WV Bureau for Public Health, Division of Infectious Disease Epidemiology 1-800-423-1271

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

Birth date: __/__/____ Age: _____
 Sex: Male Female Unk
 Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
 Asian Am. Ind/AK Native
 (Mark all that apply) Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to DIDE: __/__/____

Entered in WVEDSS? Yes No Unk
 Case Classification:
 Confirmed Probable Suspect
 Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __/__/____ Diagnosis date: __/__/____ Recovery date: __/__/____

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
 Rhinorrhea
 Cough
 Lymphadenopathy
 Sore throat
 Sweats
 Chills
 Nausea/vomiting
 Diarrhea
 Abdominal pain
 Malaise
 Dyspnea
 Wheeze
 Stridor
 Abnormal chest x-ray
 Headache
 Myalgia
 Backache

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

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: __/__/____

Death

- Y N U
 Patient died due to this illness If yes, date of death: __/__/____

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: __/__/____

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

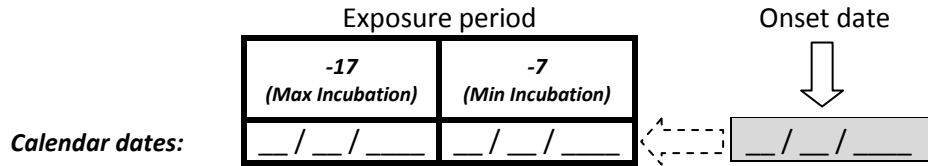
Y=Yes N=No U=Unknown

Division of Infectious Disease Epidemiology

rev 2-17-12

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

History of travel during exposure period (if yes, complete travel history below):

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

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: _ / _ / ____

Type of exposure: Bite Petting/handling Other (specify): _____

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 ≤ distance of 6 feet for >3 hours

Contact with respiratory secretions Other: _____

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

Organ transplant recipient (Date: _ / _ / ____)

Blood transfusion 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: _____

WVEDSS

Y N U

Entered into WVEDSS (Entry date: _ / _ / ____)

Case Status: Confirmed Probable Suspect Not a case Unknown

NOTES

