Mpox case investigation and Enhanced surveillance form

V5.2– DATE 17/09/2024

CONFIDENTIAL

IMPORTANT INFORMATION

Please note that all confirmed cases of mpox require dual follow-up by the treating clinical service and the Area Department of Public Health. Any confirmed cases who present to clinical services require notification via phone call to the relevant Department of Public Health. This process is required to allow for timely follow-up of non-sexual close contacts for mpox cases.

Please provide the following information regarding the confirmed mpox case to the Department of Public Health:

- Name
- Date of Birth
- Phone number
- Address

Contact information for Area Departments of Public Health is available here:
https://www.hpsc.ie/notifiablediseases/whotonotify/

Please ensure that all cases are aware of the following:
The sexual health clinic will collect information regarding any sexual contacts so that they can be informed of their potential exposure, given appropriate advice +/- offered post-exposure prophylaxis if required. The Area Department of Public Health will be in contact with the confirmed case regarding any non-sexual contacts (e.g. household, workplace contacts), and will perform a risk assessment to determine if any of them need to be informed of their potential exposure, given appropriate health advice +/- offered post-exposure prophylaxis.

Please ensure that case investigation and contact tracing is completed using the most recent available guidance.

When completed, the remainder of the Case Investigation/Enhanced surveillance form should be securely emailed to the relevant Public Health Department as soon as possible: https://www.hpsc.ie/notifiablediseases/whotonotify/

1. Case Details					
Date/Time of Interview:					
Date diagnosed:					
Case classification:	Confirmed ☐ Probable ☐ Unknown ☐				
(see here for latest Irish case definition)					
Patient details					
Forename:		**Surname:**			
Patient ID:		**Date of Birth**		**Age (years)**	
Address (Ireland):					
Eircode:		**Phone Number**:			
Sex at birth: Male ☐ Female ☐ Unknown ☐	**Gender Identity:** Male ☐ Female ☐ Transmale ☐ Transfemale ☐ Non-binary ☐ Other ☐ If other: _____	**Sexual Orientation:** Heterosexual ☐ Gay/ Homosexual ☐ Lesbian ☐ Bisexual ☐ Other ☐ If other: _____ Unknown ☐	**Sexual Behaviour (usual):** Sex with Men ☐ Sex with Women ☐ Sex with Both ☐ Other ☐ If other: _____ Unknown ☐		
Country of Birth:					
Ethnicity:	***White*** Irish ☐ Irish Traveller ☐ Roma ☐ Any other white background ☐	***Black or Black Irish*** African ☐ Any other Black or Black Irish Background (Black other) ☐	***Asian or Asian Irish*** Chinese ☐ Indian/Pakistani/Bangladeshi ☐ Any other Asian or Asian Irish background ☐	***Other, including mixed group/background*** Arabic ☐ Mixed background ☐ Other ☐ Not known ☐ Not specified ☐	
GP Details					
Seen by GP for this illness	Yes ☐ No ☐ Unknown ☐	**Date seen by GP:**			
GP Name and Address:		**GP Phone number:**			

2. Clade/Subclade

☐ Clade Ia	☐ Clade Ib	☐ Clade I - subclade unknown	☐ Clade IIa	☐ Clade IIb	☐ Clade II - subclade unknown	☐ Unknown

3. Clinical Details

Is the case symptomatic:	Yes ☐ No ☐ Unknown ☐
Date of Initial Symptom Onset:	
Where did the case first present for care:	General practice ☐ STI/GUM Clinic ☐ ID Clinic ☐ Unknown ☐ Emergency Department ☐ Other ☐
If Other, please specify:	

Clinical Manifestation - Tick all that apply	Oral dermatological skin/mucosal lesions ☐ Anogenital dermatological skin/mucosal lesions ☐ Skin/mucosal lesions excluding oral or anogenital ☐ Skin/mucosal lesions - location not known ☐ Genital soft-tissue oedema/swelling ☐ General lymphadenopathy ☐ Localised lymphadenopathy ☐ Lymphadenopathy - location not known ☐	Systemic symptoms ☐ Anogenital pain ☐ Anogenital bleeding ☐ Tenesmus ☐ Conjunctivitis ☐ Dysphagia ☐ Unknown ☐ Other symptoms ☐

If Other, please specify:		
If rash present:	**Date rash onset:**	

4. Vaccination History

Previous smallpox vaccination (pre-2000)	Yes ☐ No ☐ Unknown ☐
If yes, visible smallpox vaccination scar	Yes ☐ No ☐ Unknown ☐
Mpox vaccination (since May 2022)	Yes ☐ No ☐ Unknown ☐
If No, reason why:	Declined ☐ Not offered ☐ Unaware of vaccine ☐ Unknown ☐
Number of doses received	

Date of first dose		**Reason for first dose**	Pre-exposure prophylaxis ☐ Post-exposure prophylaxis ☐ Other ☐ Unknown ☐
Route of administration (dose 1)	Subcutaneous ☐ Intradermal ☐		
Date of second dose		**Reason for second dose**	Pre-exposure prophylaxis ☐ Post-exposure prophylaxis ☐ Other ☐ Unknown ☐
Route of administration (dose 2)	Subcutaneous ☐ Intradermal ☐		
Date of third dose		**Reason for third dose**	Pre-exposure prophylaxis ☐ Post-exposure prophylaxis ☐ Other ☐ Unknown ☐
Route of administration (dose 3)	Subcutaneous ☐ Intradermal ☐		

5. Previous mpox

Has this case previously been diagnosed with mpox?	Yes ☐ No ☐ Unknown ☐
Date of previous mpox diagnosis	
Additional comment on previous mpox diagnosis	

6. Other Conditions

A. Pregnancy

Is this case pregnant	Yes ☐ No ☐ Unknown ☐
Is the case ≤6 weeks post-partum	Yes ☐ No ☐ Unknown ☐
If pregnant: **Number of weeks gestation at symptom onset**	
Outcome of pregnancy	Still pregnant ☐ Miscarriage ≤24 weeks ☐ Termination ☐ Stillbirth ☐ Unknown ☐

B. HIV Status

HIV status	Positive ☐ Negative ☐ Not previously tested ☐ Unknown ☐
If HIV positive: **On ART** Yes ☐ No ☐ Unknown ☐	*If HIV negative:* **On PrEP** Yes ☐ No ☐ Unknown ☐
CD4 count (cells/microlitre)	**Viral load (copies/ml)**

C. Immunosuppression			
Other immunosuppression: (Please reference UK Green Book)			Yes ☐ No ☐ Unknown ☐
Details of immunosuppression:			

7. Clinical Care and Outcome	
A. Antiviral Treatment	
Antiviral treatment given	Yes ☐ No ☐ Unknown ☐
If yes, name of antiviral treatment given	Tecovirimat ☐ Other ☐ *If Other, please specify:* _____

B. Hospital			
Admitted to hospital:	Yes ☐ No ☐ Unknown ☐		
Hospital of admission:			
Reason for admission:	Due to mpox ☐ For isolation ☐ Unrelated ☐ Unknown ☐		
Date of hospital admission:		**Date of hospital discharge:**	
Patient admitted to ICU:	Yes ☐ No ☐ Unknown ☐		

C. Complications			
Complications related to the current mpox event	None ☐	Encephalitis ☐	Sepsis ☐
	Upper Respiratory Tract Disease ☐	Ocular or periocular disease ☐	Acute Kidney Injury ☐
	Lower Respiratory Tract Disease ☐	Abscess ☐	Genital oedema ☐
	Myocarditis ☐	Secondary bacterial infection ☐	Unknown ☐
	Other (please specify) ☐ _____		

D. Outcome			
Outcome:	Still ill ☐ Recovered ☐ Died ☐ Unknown ☐		
If died, ***Date of death:***		**Cause of death:**	

8. Potential Sources					
A. Exposure setting					
☐ House	☐ Work	☐ Health	☐ Bar	☐ Large Event Contact	☐ Other
☐ House Abroad	☐ School	☐ Party	☐ Large event	☐ Plane	☐ Unknown
Exposure setting details:					

B. Occupation	
Commercial sex worker?	Yes ☐ No ☐ Unknown ☐
Healthcare worker?	Yes ☐ No ☐ Unknown ☐
If healthcare worker, explain role:	

C. Sexual History	
In the 21 days prior to symptom onset, did case have any sexual/intimate skin-to-skin contact	Yes ☐ No ☐ Unknown ☐
If yes:	
Number of sexual contacts of case in the 21 days before onset:	
Gender of recent contact(s) in 21 days before onset:	Male ☐ Female ☐ Both ☐ Unknown ☐
Location(s)/Forum of last contact (e.g. bar/sauna/social media app):	
Date of last sexual contact:	
Did the case exchange sex for money or goods in the past 3 months	Yes ☐ No ☐ Unknown ☐

D. Previous Contact with Confirmed, Probable or Potential Cases			
In the 21 days prior to symptom onset, did case have contact with a person with symptoms consistent with mpox			Yes ☐ No ☐ Unknown ☐
If yes:			
Date of last contact		**Country of contact:**	
Does case know if this person was confirmed as having mpox			Yes ☐ No ☐ Unknown ☐
Nature of contact:	Sexual contact ☐ Household ☐ Other ☐		
If Other, please specify:			

E. International Travel					
In the 21 days prior to symptom onset, did case travel internationally (including Northern Ireland)?				Yes ☐ No ☐ Unknown ☐	
If yes, please name country and date of travel:					
Country 1		**From**		**Until**	
Country 2		**From**		**Until**	
Country 3		**From**		**Until**	

9. Mode of Transmission		
Most likely mode of transmission (please select one)	Healthcare associated ☐	Transmission in a laboratory due to occupational exposure ☐
	Sexual contact ☐	Person to person (excluding mother to child/HCA/Sexual transmission) ☐
	Transfusion recipient ☐	Transmission from mother to child during pregnancy or at birth ☐
	Unknown ☐	Animal to human transmission ☐
	Other (please specify) ☐ _____	