

# Monkeypox Virus Reporting

**Immediately notify DHHR's Bureau for Public Health, Division of Infectious Disease Epidemiology: 1-800-423-1271, ext. 2**

## PATIENT DEMOGRAPHICS

<b>Name</b> (last, first): _____	<b>Birth date:</b> ___/___/___ <b>Age:</b> _____
<b>Address</b> (mailing): _____	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk
<b>Address</b> (physical): _____	<b>Ethnicity:</b> <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Unk
<b>City/State/Zip:</b> _____	<b>Race:</b> <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
<b>Phone</b> (home): _____ <b>Phone</b> (work/cell): _____	
<b>Alternate contact:</b> <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
<b>Name:</b> _____ <b>Phone:</b> _____	

## INVESTIGATION SUMMARY

<b>Local Health Department</b> (Jurisdiction): _____	<b>Entered in WVEDSS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
<b>Investigation Start Date:</b> ___/___/___	<b>Case Classification:</b>
<b>Earliest date reported to LHD:</b> ___/___/___	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect
<b>Earliest date reported to DIDE:</b> ___/___/___	<input type="checkbox"/> Not a case <input type="checkbox"/> 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 or WGS for monkeypox virus
- Clinical specimen positive by culture for monkeypox virus
- Clinical specimen positive by PCR for orthopox DNA
- Demonstration of orthopox viral antigens in a clinical specimen by immunohistochemical testing or electron microscopy
- Anti-orthopox IgM antibody detected (4-56 days after rash onset)

**INFECTION TIMELINE**

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

Calendar dates:

Exposure period		Onset date
-17 (Max Incubation)	-7 (Min Incubation)	
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 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  Sexual contact  
 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  Person Under Investigation (PUI)

**NOTES**