

Mpox Close Contact Investigation Questionnaire

Hi, my name is (*investigator*), and I am calling from the (enter *local health department/DIS*). Am I speaking with (*name of case*)? Can you verify your date of birth please?

I'm reaching out to you because you tested positive for mpox. Public health is tasked with closely tracking cases of mpox, but please know that everything we discuss is completely confidential and is protected by HIPAA. Contacts of people who have mpox should be monitored for symptoms for 21 days after their last exposure. Contacts who remain asymptomatic can be permitted to continue routine activities (e.g., go to work or school).

Degree of Exposure: High

- Contact between an exposed individual's broken skin or mucous membranes and the skin lesions or bodily fluids from a person with mpox or with materials (e.g., linens, clothing, objects, sex toys) that have contacted the skin lesions or bodily fluids of a person with mpox (e.g., sharing food, handling or sharing of linens used by a person with mpox without having been disinfected† or laundered) -OR-
- Any sexual or intimate contact involving mucous membranes (e.g., kissing, oral-genital, oral-anal, vaginal or anal sex (insertive or receptive)) with a person with mpox
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level (i.e., exposure that ordinarily would be considered a lower risk exposure, raised to this risk level because of unique circumstances)

Degree of Exposure: Intermediate

- Contact between an exposed individual's intact skin or clothing and the skin lesions or bodily fluids from a person with mpox or materials (e.g., linens, clothing, sex toys) visibly contaminated with body fluids or lesions, exudates, or crusts from a person with mpox without having been disinfected† or laundered -OR-
- Being within 6 feet of a person with mpox who has laryngeal disease, cough, respiratory symptoms, or oral lesions for an extended period.
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level because of unique circumstances (e.g., if the potential for an aerosol exposure is uncertain, public health authorities may choose to decrease risk level from high to intermediate)

Degree of Exposure: Uncertain to minimal

- Entry into the living space of a person with mpox regardless of whether the person with mpox is present (risk classification may vary depending on the extent of the exposed person's interaction*) -OR-
- Contact between a person's intact skin or clothing and the intact skin or clothing of a person with mpox who has completely covered lesions (e.g., bandaged, covered with clothing)
- Exposure that, at the discretion of public health authorities, was recategorized to this risk level based on unique circumstances (e.g., uncertainty about whether mpox virus was present on a surface and/or whether a person touched that surface)

Degree of Exposure: No identifiable Risk

- No contact with the person with mpox, their potentially contaminated materials, and only transient time spent within 6 feet of the person with mpox

1. INTERVIEWER INFORMATION	
Interviewer Name:	Date of Interview:
Interviewer phone number:	Interviewer email:

2. PATIENT INFORMATION		
Respondent identity: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/partner <input type="checkbox"/> Other:		
Name of Person Interviewed (if not case):		
First Name:	Last Name:	
Date of birth (mm/dd/yy):	Phone number:	
City:	State:	ZIP:
Notes:		

3. CONTACTS
 Try to think of all the people you had contact with, including sexual and intimate contacts, people you may live with, and people you may have been around – since 4 days prior to your illness onset on (date of symptom onset)

We (*the local health department/DIS*) will follow up with the people you name to assess their risk of exposure to the virus based on the type and extent of contact. Those who are thought to have an increased risk of infection may be offered post exposure vaccination. Please know that your name will NOT be shared with any of your contacts, unless you prefer/request otherwise.

Type of contact (e.g., sexual, direct, close) AND where/when it last occurred	Name (Last, First)	Contact Information (phone # and address)	Degree of Exposure	Symptomatic (yes/no)

Thank you for your cooperation and time in answering these questions. This will help us identify new cases of mpox before they get sick, and help stop the spread of mpox.

Before we end the call, what questions do you have for me?