

## Mpox Close Contact Investigation Questionnaire

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

I'm reaching out to you because you were diagnosed with 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). Transmission of mpox requires prolonged close contact with a symptomatic individual, so brief interactions do not warrant any type of isolation or post exposure prophylaxis, unless they later become symptomatic.

### Degree of Exposure: High

- Unprotected contact between a person's skin or mucous membranes and the skin, lesions, or bodily fluids from a patient (e.g., any sexual contact, inadvertent splashes of patient saliva to the eyes or oral cavity of a person, ungloved contact with patient), or contaminated materials (e.g., linens, clothing)
- Being inside the patient's room or within 6 feet of a patient during any procedures that may create aerosols from oral secretions, skin lesions, or resuspension of dried exudates (e.g., shaking of soiled linens), without wearing an N95 or equivalent respirator (or higher) and eye protection
- 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

- Being within 6 feet for 3 hours or more of an unmasked patient without wearing, at a minimum, a surgical mask
- Activities resulting in contact between sleeves and other parts of an individual's clothing and the patient's skin lesions or bodily fluids, or their soiled linens or dressings (e.g., turning, bathing, or assisting with transfer) while wearing gloves but not wearing a gown
- 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: Low/Uncertain

- Entered the patient room without wearing eye protection on one or more occasions, regardless of duration of exposure
- During all entries in the patient care area or room (except for during any procedures listed above in the high-risk category), wore gown, gloves, eye protection, and at minimum, a surgical mask
- Being within 6 feet of an unmasked patient for less than 3 hours without wearing at minimum, a surgical mask
- 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)

## 1. INTERVIEWER INFORMATION

Interviewer Name:

Date of Interview:

Interviewer phone number:

Interviewer email:

## 2. PATIENT INFORMATION

Respondent identity:  Self  Parent  Spouse/partner  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 direct contact with, including sexual and intimate contacts, and people you may live with – since your illness onset on (*date of symptom onset*)

The local health department 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 a high risk 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	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?