MINISTRY OF HEALTH & WELLNESS
NATIONAL SURVEILLANCE UNIT
24-26 Grenada Crescent, Kingston 5
Jamaica, West Indies
Tel:(876) 633-7925 / 8195
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Appendix 41: MPox (MPX) Surveillance Case Investigation Report

Date of Reporting: _____ **Region:** _____ **Parish:** _____
Doctor: _____ **Hospital / Site:** _____ **Ward:** _____
Email: _____ **Phone #:** _____

Hospital Medical Record Number: _____ **NEW CASE ☐** **UPDATE ☐**
Last Name: _____ **First Name:** _____
Date of Birth: _____ **Age:** _____ **Sex: MALE ☐** **FEMALE ☐**
Country of Residence: _____ **Parish:** _____ **Community:** _____
Street #: _____ **Street Name:** _____

Date of Onset of Illness: _____ **Admitted** ☐ Y ☐ N ☐ **If Yes, Admission Date:** _____

CLINICAL PROFILE

SYMPTOMS

Symptoms	Yes	No	Date of Onset	Symptoms	Yes	No	Date of Onset
Rash				Asthenia (profound weakness)			
Type of rash: Maculopapular ☐ Vesicular ☐ Pustular ☐ Crusted ☐ Other, please specify:							
Fever over 38.5°C				Arthralgia			
Headache				Cough			
Lymphadenopathy				Other, please specify:			
Myalgia							
Back pain							

COMORBIDITIES

Pregnancy			Lung Disease including COPD			Immunocompromised due to disease or treatment		
If yes, Trimester			Asthma			HIV / AIDS		
Diabetes Mellitus			Neurological Disease			Malignancy		
Sickle Cell Disease			Liver Disease			Obesity		
Heart Disease			Renal Disease			Other, please specify:		
Hypertension								

EPIDEMIOLOGICAL PROFILE

Occupation Health Care Worker ☐ Health Laboratory Worker ☐ Working with Animals ☐ Student ☐ Other, please specify:

Vaccination History:
Smallpox (scar seen) ☐ MMR ☐ Dates _____ Varicella ☐ Dates_____ Monkeypox ☐ Dates_____

CONTACT HISTORY

In the 21 days before symptom onset, did the individual:	
Have close contact[3] with a probable or confirmed case of monkeypox?	☐ Y ☐ N ☐ Unknown
Have contact with contaminated materials e.g. clothing, bedding or utensils of a probable or confirmed case of monkeypox?	☐ Y ☐ N ☐ Unknown
Have contact with animals?	☐ Y ☐ N ☐ Unknown
If yes, please specify: Where: Home ☐ Work ☐ Health Care Setting ☐ Other, please specify:_____	
Sexual contact	☐ Y ☐ N ☐ Unknown
Was the contact ill at the time of contact?	☐ Y ☐ N ☐ Unknown
In which country was the contact diagnosed with monkeypox? _____	

Contact's Name: _____

Fever (> 38 °C) may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations
A contact is a person who experienced any one of the following exposures face-to-face, direct physical contact, or direct care for a patient during the 21 days after the onset of symptoms of a probable or confirmed case.

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TRAVEL HISTORY

In the 21 days before symptom onset, did the individual:

Travel to Jamaica from another Country: ☐ Y ☐ N ☐ Unknown

If Yes,

Country .....Province/City.....Departure Date .....

Country .....Province/City.....Departure Date .....

LABORATORY DATA

MOLECULAR TESTING

Sample Type	Collection Date	Test Type	Results	Result Date
Swab of lesion ☐	Date	PCR ☐ Other (specify)	Monkeypox +ve ☐ Monkeypox -ve ☐ Other+ve ☐	
Lesion/Tissue Sample ☐	Date	PCR ☐ Other (specify)	Monkeypox +ve ☐ Monkeypox -ve ☐ Other+ve ☐	
Aspirate/Exudate Swab ☐	Date	PCR ☐ Other (specify)	Monkeypox +ve ☐ Monkeypox -ve ☐ Other+ve ☐	
Other (specify)				

CONTACT TRACING

Name of Contact	Contact Type (bedroom, household, conveyance, health facility, other)	Contacts Sampled	

Treatment Received (in hospital): Antiviral Yes ☐ No ☐ Type: _____

Antibiotics Yes ☐ No ☐ Type: _____

Admitted to ICU: Yes ☐ No ☐ If Yes, Date admitted to ICU _____ Date discharged from ICU_____

Recovered: Yes ☐ No ☐ **Date of Recovery:** ____/____/_____

Died: Yes ☐ No ☐ **Date of Death:** ____/____/_____

FINAL DIAGNOSIS: _____

MO(H) Signature: _____ **Date:** _____

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