NATIONAL SURVEILLANCE UNIT
24-26 Grenada Crescent, Kingston 5
Jamaica, West Indies
Tel:(876) 633-7925 / 8195
Email:surveillance@moh.gov.jm

Monkeypox (MPX) Surveillance Case Investigation Form

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

COMORBIDITIES

Pregnancy	Yes	No	Lung Disease including COPD	Yes	No	Immunocompromised due to disease or treatment	Yes	No
If yes, Trimester	1 2 3		Asthma	Yes	No	HIV / AIDS	Yes	No
Diabetes Mellitus	Yes	No	Neurological Disease	Yes	No	Malignancy	Yes	No
Sickle Cell Disease	Yes	No	Liver Disease	Yes	No	Obesity	Yes	No
Heart Disease	Yes	No	Renal Disease	Yes	No	Other, please specify:		
Hypertension	Yes	No						

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 ⁰C) 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	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

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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