CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba 🗫
			Health

MPOX INVESTIGATION FORM

CASE FORM

USER GUIDE LINK	
-----------------	--

FORM UPDATES	0	(YYYY-MM-DD)	0	(YYYY-MM-DD)
CIRCLE AND INITIAL	CHANGES ON FORM IN DA	ARK PEN OR PENCIL SO	UPDATED IN	FORMATION CAN BE DISTINGUISHED.

1. 1.*LAST NAME			2. *FIR	ST NAME					ient de 3. *DAT	E OF BIRTH
										YYYY - MM - D
4. ALTERNATE L	AST NAME				5. AL]	TERNATE FIRST	NAME			
6. *SEX		7. *GENDEF	R IDENTITY (V	OLUNTARY	, SELF-RE	EPORTED)				8. *IF OTHER GENDER
O FEMALE O O INTERSEX O	MALE UNKNOWN		ER (SAME AS SE NDER WOMAN	X AT BIRTH)		GENDER MAN GENDER PERSON		CLINED HER (SPE	CIFY)	IDENTITY, SPECIFY
9. *REGISTRATIO	ON NUMBER	(FORMER MH	SC) 10. *HE	ALTH NUM	BER (PHIN)			11. ALT	ERNATE ID
		6	DIGITS					9 DIGITS		SPECIFY TYPE OF
12. *ADDRESS A	T TIME OF D	DIAGNOSIS =	O ADDRESS	S IN FIRST N	IATION C	OMMUNITY			13. *CIT	Y/TOWN/VILLAGE
1										
14. *PROVINCE/1	ERRITORY			15. *POST	L CODE			16. *PHON	IE NUM	BER
14. *PROVINCE/]	ERRITORY			15. *POSTA	L CODE		\#A #A#	16. *PHON	IE NUM	
		INTARY, SEL	F-REPORTED				A#A #A#		HER RA	### - ### - ## ACE OR ETHNICITY
14. *PROVINCE/1 17. *RACE/ETHN O AFRICAN O FILIPINO	ICITY (VOLU O BLACI O LATIN	, ∠ AMERICAN	O CHINESE O NORTH AM	- SELECT	ALL THAT	O DECLINED		18. IF OT I	HER RA	### - ### - ### ACE OR ETHNICITY
17. *RACE/ETHN O AFRICAN O FILIPINO O SOUTH ASIAN	O BLACIO LATINO SOUT	AMERICAN HEAST ASIAN	O CHINESE O NORTH AM O WHITE	- SELECT	ALL THAT GENOUS	O DECLINED O OTHER (SPECI	FY)	18. IF OT I	HER RA	### - ### - ## ACE OR ETHNICITY
17. *RACE/ETHN O AFRICAN O FILIPINO O SOUTH ASIAN	O BLACI O LATIN O SOUT	AMERICAN HEAST ASIAN DECLARATIO	O CHINESE O NORTH AM O WHITE	- SELECT	ALL THAT GENOUS ATIONS S	O DECLINED	FY)	18. IF OT I	HER RA	### - ### - ## ACE OR ETHNICITY
17. *RACE/ETHN O AFRICAN O FILIPINO O SOUTH ASIAN 19. *INDIGENOU	O BLACI O LATIN O SOUT S IDENTITY S SELF-REPO	AMERICAN HEAST ASIAN DECLARATIO DRTED)	O CHINESE O NORTH AN O WHITE	- SELECT	ALL THAT GENOUS ATIONS S	O DECLINED O OTHER (SPECI	FY)	18. IF OT I	HER RA	### - ### - ## ACE OR ETHNICITY

II. INVESTIGATION INFORMATION

Investigation > investigation details > investigation information Investigation > investigation details > resp. org/investigator

FOLLOW	-UP COMPL	ETE (UNABLE TO	O COMPLET	E INTERVIEW	V O PENI	DING
) WRHA	O NRHA	О РМН	O SH-SS	O IERHA	O FNIHB	o csc	
WRHA	O NRHA	ОРМН	O SH-SS	O IERHA	O FNIHB	o csc	O DND
DEDUCATION HEALTH (DESCRIPTION OF A PORTO OF	ION (WORK/ CARE FACIL I CARE FACI LUNTEER) ATORY WOR	/VOLUNTEI LITY (RESII ILITY	,	NT) O PER O SHE	RSONAL CARI ELTER (RESID	E HOME (V DENT)	VORK/VOLUNTEER)
APPENDI	X A FOR DE	TAILS REC	SARDING PH	IMS DATA FI	NTRY		
) WRHA) WRHA) EDUCATION) EDUCATION) HEALTH (*HEALTH (VORK/VOLE) *LABORA' ENT, SPEC	OWRHA ONRHA OWRHA ONRHA DEDUCATION (STUDE DEDUCATION (WORK/ HEALTH CARE FACIL WORK/VOLUNTEER) LABORATORY WOR ENT, SPECIFY):	WRHA ONRHA OPMH DWRHA ONRHA OPMH DEDUCATION (STUDENT) DEDUCATION (WORK/VOLUNTEI DEDUCATION (WO	OWRHA ONRHA OPMH OSH-SS OWRHA ONRHA OPMH OSH-SS DEDUCATION (STUDENT) DEDUCATION (WORK/VOLUNTEER) DEDUCATION (WORK/VOLUNTEER) DEPUCATION (WOR	OWRHA ONRHA OPMH OSH-SS OIERHA OWRHA ONRHA OPMH OSH-SS OIERHA DEDUCATION (STUDENT) OEDUCATION (WORK/VOLUNTEER) OPEN OHEALTH CARE FACILITY (RESIDENT/PATIENT) OPEN OFFICE OFFICE OSHE OFFICE OSHE OFFICE OFFICE OFFICE OFFI OFFICE OFFI OFFICE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFFI	OWRHA ONRHA OPMH OSH-SS OIERHA OFNIHB OWRHA ONRHA OPMH OSH-SS OIERHA OFNIHB OEDUCATION (STUDENT) OEDUCATION (WORK/VOLUNTEER) OPERSONAL CAR OHEALTH CARE FACILITY (RESIDENT/PATIENT) OF PERSONAL CAR OF SHELTER (RESIDENT/PATIENT) OF SHELTER (WORK/VOLUNTEER) OF SHELTER (WORK/VOLUNTEER) OF SHELTER (WORK/VOLUNTEER)	OWRHA ONRHA OPMH OSH-SS OIERHA OFNIHB OCSC OWRHA ONRHA OPMH OSH-SS OIERHA OFNIHB OCSC OEDUCATION (STUDENT) OEDUCATION (WORK/VOLUNTEER) OPERSONAL CARE HOME (FOR HEALTH CARE FACILITY (RESIDENT/PATIENT) OF HEALTH CARE FACILITY ONEK/VOLUNTEER) OSHELTER (WORK/VOLUNTIER)

* CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN		Manitoba 4	
III. INFECTION INFOR	RMATION 28. *CASE CLASSIFICATION	ION	investigation > 29.*SPECIMEN C	investigation details > disease	summary :NT
O MPOX	O LAB CONFIRMED O PR O SUSPECT O NO	OBABLE OT A CASE	iii ZonoAno		YYY-MM-DD
IV. SIGNS AND SYMPOSS AND SYMPOSS AND SYMPTOMS SIGNS AND SYMPTOMS	PTOMS O SYMPTOMATIC O ASYMPTOM		DATE YYYY-MM-DD	investigation > signs and	
O *FEVER >38.0		ONOLI	DATE ITTI-MM-50	ONOTE TIME (II YUT EISYBEE) TITIMIN	
O *HEADACHE					
O *MYALGIA/ARTHRALGIA					
O *FATIGUE/EXHAUSTION					
O *LYMPH NODES ENLARGED (LYMADENOPATHY IN DETAIL; SEE USE	MPHANDENOAPATHY; SPECIFY LOCATIO R GUIDE)	N OF			
O *CHILLS					
O *SORE THROAT					
O *cough					
O SWEATS					
O ENCEPHALITIS					
O *conjunctivitis					
O *NAUSEA/VOMITING					
O *SKIN LESION (SPECIFY LOCATI	ON/NUMBER IN DETAIL; <mark>SEE USER GUID</mark>	<mark>DE)</mark>			
O MACULAR					
O VESICULAR					
O PAPULAR					
O PUSTULAR					
O CRUSTED					
O ULCEROUS					
O SEPSIS					
O PNEUMONIA (BRONCHOPNEUMO	ONIA)				

31. OTHER SYMPTOMS OR COMPLICATIONS (IF NEEDED FOR CASE MANAGEMENT)

O *OTHER: BACK PAIN, CORNEAL INFECTION, SECONDARY INFECTION, MYOCARDITIS, OTHER (ENTER DETAILS IF PRESENT)

CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba Son
			Health

V. *RISK FACTOR INFORMATION

COMPLETE THE FOLLOWING AS APPLICABLE AND SPECIFY DETAILS WHERE REQUESTED. FOR EXPOSURES 32-37, PROVIDE A BRIEF DESCRIPTION AND INCLUDE EACH SETTING AS AN ACQUISITION EVENT IN SECTION VI.	YES	NO	UNKNOWN	DECLINED TO ANSWER
32. CONTACT WITH ANYONE PRESENTING WITH SYMPTOMS OR WITH A KNOWN SUSPECT, PROBABLE OR CONFIRMED CASE OF MONKEYPOX, OR WITH CONTAMINATED MATERIAL (BODY FLUIDS, OBJECT, BEDDING, ETC.) SPECIFY DATE(S) YYYY-MM-DD	0	0	0	0
33. EXPOSURE SETTING/LOCATION OTHER COMMUNITY IN MANITOBA 21 DAYS PRIOR TO SYMPTOM ONSET (INCLUDES ANY DAY TRIPS, TRAVEL AND/OR OVERNIGHT VISITS) SPECIFY LOCATION, MECHANISM OF TRAVEL, AND DATES (YYYY-MM-DD TO YYYY-MM-DD)	0	0	0	0
34. EXPOSURE SETTING/LOCATION OTHER PROVINCE IN CANADA 21 DAYS PRIOR TO SYMPTOM ONSET (INCLUDES ANY DAY TRIPS, TRAVEL AND/OR OVERNIGHT VISITS) SPECIFY PROVINCE, MECHANISM OF TRAVEL, AND DATES (YYYY-MM-DD TO YYYY-MM-DD)	0	0	0	0
35. EXPOSURE SETTING/LOCATION OUTSIDE CANADA 21 DAYS PRIOR TO SYMPTOM ONSET (INCLUDES ANY DAY TRIPS, TRAVEL AND/OR OVERNIGHT VISITS) SPECIFY COUNTRY, MECHANISM OF TRAVEL, AND DATES (YYYY-MM-DD TO YYYY-MM-DD)	0	0	0	0
36. SOCIAL EXPOSURE SETTING/LOCATION (BATHHOUSE, SEX CLUB, BAR/CLUB, SAUNAS, GATHERING ETC.)	0	0	0	0
37. ANIMAL OR ANIMAL WASTE CONTACT (DOMESTIC PETS, FARM ANIMAL, WILD ETC) SPECIFY ANIMAL(S): DATE(S):	0	0	0	0
38. PREGNANT OR IF POSTPARTUM <6 WEEKS SPECIFY EDC (YYYY-MM-DD):	0	0	0	0
39. HOUSEHOLD CONTACT WITH CONFIRMED OR SUSPECTED CASE (MPOX)	0	0	0	0
40. UNDERLYING ILLNESS, (E.G. CANCER, DIABETES, IMMUNOCOMPROMISING CONDITION OR MEDICATION, UNTREATED HIV, ETC.) IF YES, SPECIFY (SEE USER GUIDE)	0	0	0	0
41. BORN TO INFECTED MOTHER (E.G., INFANT EXPOSED TO SYMPTOMATIC MOTHER DURING PREGNANCY OR DURING/AFTER BIRTH) IF YES, SPECIFY EXPOSURE, DATE(S)	0	0	0	0
42. PREVIOUSLY DIAGNOSED WITH HIV IF YES, SPECIFY DIAGNOSIS DATE (YYYY-MM-DD) AND CD4 COUNTS IF KNOWN (SEE USER GUIDE)	0	0	0	0
43. NEW SEX PARTNER IN PERIOD OF COMMUNICABILITY OR RECENT HISTORY OF MULTIPLE OR ANONYMOUS SEXUAL PARTNERS (IN THE 5-21 DAYS BEFORE ONSET OF ILLNESS)	0	0	0	0
44. HISTORY OF STI IF YES, SPECIFY DATE(S) AND CONCURRENT INFECTION (F.G. HSV. SYPHILIS: SEE USER GLUDE)		0	0	0

k	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	
				Manitoba 📆
				Health

VI. ACQUISITION EXPOSURES

(POTENTIAL SOURCE OF THE INFECTION)

investigation > exposure summary > create acquisition event

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE ACQUIRED THE INFECTION. DOCUMENT MODE AND NATURE OF TRANSMISSION.

IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE ON PAGE 6. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS.

WHEN COMPLETE, PLEASE MAKE OVERALL ASSESSMENT ON MOST LIKELY ACQUISITION TYPE IN SECTION III INFECTION INFORMATION. 45. *SETTING TYPE 46. *EXPOSURE SETTING DETAILS 48. *EXPOSURE 19. *SUSPECT 47. *EXPOSURE (SEE APPENDIX B OF <mark>USER GUIDE</mark> (NAME/DESCRIPTION/LOCATION). DOCUMENT MODE OF **START DATE END DATE YYYY-**FOR EXPOSURE SETTING TYPE. IF ADDRESS AT MINIMUM, STREET NAME (AND NUMBER YYYY-MM-DD **TRANSMISSION** MM-DD TRAVEL, DOCUMENT ADDITIONAL IF AVAILABLE), CITY, AND PROVINCE DETAILS ON PAGE <mark>6</mark>) 0 0 0 0 0

*	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba 999
---	-----------------------	-----------------------	-----------	--------------

VII. INTERVENTIONS

investigation > treatment and intervention > interventions summary

52. O TREATMENT RECOMMENDED SPECIFY TREATMENT: DATE: SEE USER GUIDE. DOCUMENT THE ADMINISTERED ANTIVIRAL IN THE PHIMS INTERVENTION COMMENTS BOX. 53. O ISOLATION (SPECIFY) 54. O EXCLUSION FROM WORK/ SCHOOL/ 55. O SYMPTOM MONITORING		
SPECIFY TREATMENT: DATE: SEE USER GUIDE. DOCUMENT THE ADMINISTERED ANTIVIRAL IN THE PHIMS INTERVENTION COMMENTS BOX. 53. O ISOLATION (SPECIFY) 54. O EXCLUSION FROM WORK/ SCHOOL/ 55. O SYMPTOM MONITORING	50. O CONTACT TRACING	51. O EDUCATION - TRANSMISSION AND PREVENTIVE MEASURES
SEE USER GUIDE. DOCUMENT THE ADMINISTERED ANTIVIRAL IN THE PHIMS INTERVENTION COMMENTS BOX. 53. O ISOLATION (SPECIFY) 55. O SYMPTOM MONITORING	52. O TREATMENT RECOMMENDED	<u> </u>
53. O ISOLATION (SPECIFY) 54. O EXCLUSION FROM WORK/ SCHOOL/ 55. O SYMPTOM MONITORING	SPECIFY TREATMENT:	DATE:
53. O ISOLATION (SPECIFY) 54. O EXCLUSION FROM WORK/ SCHOOL/ 55. O SYMPTOM MONITORING		
` '		
	SEE <mark>USER GUIDE</mark> . DOCUMENT THE ADMINISTERED ANTIVIR	RAL IN THE PHIMS INTERVENTION COMMENTS BOX.
O HOME O FACILTY DAYCARE O ACTIVE O PASSIVE	53. O ISOLATION (SPECIFY) 54. O E	EXCLUSION FROM WORK/ SCHOOL/ 55. O SYMPTOM MONITORING
	O HOME O FACILTY DAY	YCARE O ACTIVE O PASSIVE
56. O STATUS ASSESSEMENT - HOSPITALIZATION	56. O STATUS ASSESSEMENT - HOSPITALIZATION	<u>-</u>
REASON FOR HOSPITALIZATION (ENTER IN COMMENTS)	REASON FOR HOSPITALIZATION (ENTER IN COMMENTS)	
O DUE TO MONKEYPOX ILLNESS O CLINICALLY INDICATED FOR ANOTHER REASON	REAGON FOR HOS HALLANON (LINIER IN COMMENTS)	
O NEED FOR ISOLATION O OTHER, SPECIFY:	O DUE TO MONKEYPOX ILLNESS	O CLINICALLY INDICATED FOR ANOTHER REASON
	O DUE TO MONKEYPOX ILLNESS	

Subject > imms history interpretation (58-60)

VIII. *IMMUNIZATION (SMALLPOX) investigation > treatment and intervention > interventions summary(61-63) 57. INTERPRETATION OF IMMUNITY TO DISEASE PRIOR TO INFECTION O IMMUNITY – HISTORY OF PREVIOUS DISEASE O PARTIALLY IMMUNIZED O FULLY IMMUNIZED O UNIMMUNIZED O UNKNOWN/NOT DETERMINED 58. SOURCE OF IMMUNIZATION RECOF59. REASON IF NOT FULLY IMMUNIZED O CLIENT/PARENT/GUARDIAN O GENERAL OBJECTION (NON-PHILOSOPHICAL) O NOT ELIGIBLE FOR ROUTINE IMMUNIZATION O CLIENT/PARENT/GUARDIAN AND O NOT UP TO DATE WITH IMMUNIZATIONS O IMMUNOCOMPROMISED OFFICIAL RECORD O MEDICAL CONTRAINDICATION O PHILOSOPHICAL OBJECTION O HEALTH RECORD/ HEALTHCARE O UNKNOWN/ NOT DETERMINED PROVIDER 60. PREVIOUS VACCINE 61. IMMUNIZATION COMPLETION (FILL OUT IF IMMUNIZATION IS 62. IMMUNIZATION OUTCOME UP TO DATE OR ONCE DOSE HAS BEEN PROVIDED) O IMVAMUNE® O COMPLETED O DOSE 1 START DATE: O OTHER, SPECIFY: O DECLINED O DOSE 2 FOLLOW-UP DATE: O PENDING O OTHER, SPECIFY VACCINE, DOSES RECEIVED AND (APPROXIMATE) VACCINATION DATES

IX *OUTCOMES

IX. COTCOME				investigation > outcomes	
63. O ER VISIT	64. O HOSPITAL ADMISSION	65. O HOSPITAL DISCHARGE	66. O ICU ADMISSION	67. O ICU DISCHARGE	
YYYY-MM-DD	YYYY-MM-DD WHAT WAS THE MAIN REASON FOR HOSPITALIZATION? SPECIFY IN COMMENTS (SEE USER GUIDE)	YYYY-MM-DD	YYYY-MM-DD WHAT WAS THE MAIN REASON FOR ICU ADMISSION? SPECIFY IN COMMENTS (SEE USER GUIDE)	YYYY-MM-DD	
68. OUTCOME OF ILLNESS (ENTER AT CASE CLOSURE) 69. SPECIFY SEQUELAE					
O DECEASED O PENI	DING ORECOVERED OUNKNOV	VN O SEQUELAE (SPECIFY)			
		(SPECIFY DATE OF DEATH) YYYY-MM-	DD		

*	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba 🐆
				Health

X. TRANSMISSION EXPOSURES - SETTINGS

(POTENTIAL SPREAD TO CONTACTS DURING PERIOD OF COMMUNICABILITY)

investigation > exposure summary > create transmission

INDICATE ALL SETTINGS WHERE THE CASE MAY HAVE SPREAD THE INFECTION TO CONTACTS. DOCUMENT MODE AND NATURE OF TRANSMISSION. IF TRAVEL-RELATED, LIST IN THIS TABLE AND SPECIFY DETAILS OF TRAVEL IN TABLE ON PAGE 6. COPY THIS PAGE IF REQUIRED FOR ADDITIONAL SETTINGS. 70. SETTING 75. ***NUMBER** 71. *SETTING TYPE 72. *EXPOSURE SETTING DETAILS 73. *EXPOSURE 74. *EXPOSURE OF (USE IN (PLEASE SEE APPENDIX B OF USER (NAME/DESCRIPTION/LOCATION) START DATE **END DATE CONTACTS** GUIDE FOR EXPOSURE SETTING TYPES) CONTACT **FOR THIS** YYYY-MM-DD YYYY-MM-DD TABLE ON **SETTING** LAST PAGE)

^{*} IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF DATA ARE MISSING, THE FORM WILL BE RETURNED.

*	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba Sha
---	-----------------------	-----------------------	-----------	--------------

XI. *RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

		investigation
76. FORM COMPLETED BY (PRINT NAME)	77. SIGNATURE	78. FORM COMPLETION DATE
		YYYY-MM-DD
79. FORM REVIEWED BY (PRINT NAME)	80. FORM REVIEWED DATE	REPORTER USE ONLY
	YYYY-MM-DD	
81. INVESTIGATION STATUS O ONGOING O CLOSED TO THE REGION	82. ORGANIZATION O WRHA O NRHA O PMH O SH-SS O IERHA O FNIHB O CSC	STAMP HERE

*	CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN	Manitoba The Health
---	-----------------------	-----------------------	-----------	---------------------

XII. CONTACTS COPY THIS PAGE IF REQUIRED FOR ADDITIONAL CONTACTS

83. SETTING # (FROM TRANSMISSION PAGE)	84. CONTACT	85. EARLIEST CONTACT DATE YYYY-MM-DD	86. MOST RECENT CONTACT DATE YYYY-MM-DD	87. INTERVENTIONS/ NOTES
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			
	NAME			
	PHIN			
	DOB/AGE			
	ADDRESS			
	PHONE			