

* CASE ACCESSION NUMBER	CASE NAME OR INITIALS	CASE PHIN
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MPOX INVESTIGATION FORM

CASE FORM

USER GUIDE LINK

FORM UPDATES _____ (YYYY-MM-DD) _____ (YYYY-MM-DD)
 CIRCLE AND INITIAL CHANGES ON FORM IN DARK PEN OR PENCIL SO UPDATED INFORMATION CAN BE DISTINGUISHED.

*I. CASE IDENTIFICATION

subject > client details > personal information

1. *LAST NAME	2. *FIRST NAME	3. *DATE OF BIRTH YYYY - MM - DD
4. ALTERNATE LAST NAME	5. ALTERNATE FIRST NAME	
6. *SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN	7. *GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> DECLINED <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> OTHER (SPECIFY)	8. *IF OTHER GENDER IDENTITY, SPECIFY
9. *REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS	10. *HEALTH NUMBER (PHIN) 9 DIGITS	11. ALTERNATE ID SPECIFY TYPE OF ID
12. *ADDRESS AT TIME OF DIAGNOSIS → <input type="radio"/> ADDRESS IN FIRST NATION COMMUNITY		13. *CITY/TOWN/VILLAGE
14. *PROVINCE/TERRITORY	15. *POSTAL CODE A## #A#	16. *PHONE NUMBER ### - ### - ####
17. *RACE/ETHNICITY (VOLUNTARY, SELF-REPORTED – SELECT ALL THAT APPLY) <input type="radio"/> AFRICAN <input type="radio"/> BLACK <input type="radio"/> CHINESE <input type="radio"/> DECLINED <input type="radio"/> FILIPINO <input type="radio"/> LATIN AMERICAN <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> OTHER (SPECIFY) <input type="radio"/> SOUTH ASIAN <input type="radio"/> SOUTHEAST ASIAN <input type="radio"/> WHITE		18. IF OTHER RACE OR ETHNICITY IDENTITY, SPECIFY
19. *INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> DECLINED	20. *FIRST NATIONS STATUS (VOLUNTARY, SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> DECLINED	
21. ALTERNATE LOCATION INFORMATION (IF ANY)		

II. INVESTIGATION INFORMATION

Investigation > investigation details > investigation information

Investigation > investigation details > resp. org/investigator

22. *INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING
23. *RESPONSIBLE ORGANIZATION (PRIMARY)	<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC
24. OTHER ORGANIZATIONS INVOLVED	<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC <input type="radio"/> DND
25. SENSITIVE ENVIRONMENT/ OCCUPATION	<input type="radio"/> ANIMAL HANDLER (FARMER, VET, ABBATOIR, ETC.) <input type="radio"/> EDUCATION (STUDENT) <input type="radio"/> PERSONAL CARE HOME (RESIDENT) <input type="radio"/> CHILD CARE (WORK/VOLUNTEER/ATTENDEE) <input type="radio"/> EDUCATION (WORK/VOLUNTEER) <input type="radio"/> PERSONAL CARE HOME (WORK/VOLUNTEER) <input type="radio"/> CORRECTIONAL CENTER (RESIDENT) <input type="radio"/> HEALTH CARE FACILITY (RESIDENT/PATIENT) <input type="radio"/> SHELTER (RESIDENT) <input type="radio"/> CORRECTIONAL CENTER (WORK/VOLUNTEER) <input type="radio"/> *HEALTH CARE FACILITY (WORK/VOLUNTEER) <input type="radio"/> SHELTER (WORK/VOLUNTEER) <input type="radio"/> FOOD HANDLER (WORK/VOLUNTEER) <input type="radio"/> *LABORATORY WORKER <input type="radio"/> OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY):
26. SENSITIVE ENVIRONMENT/ OCCUPATION DETAILS	

PLEASE REVIEW [USER GUIDE](#) FOR DETAILS AND [USER GUIDE APPENDIX A](#) FOR DETAILS REGARDING PHIMS DATA ENTRY

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III. INFECTION INFORMATION

investigation > investigation details > disease summary

27. *DISEASE <input type="radio"/> MPOX	28. *CASE CLASSIFICATION <input type="radio"/> LAB CONFIRMED <input type="radio"/> PROBABLE <input type="radio"/> SUSPECT <input type="radio"/> NOT A CASE	29. *SPECIMEN COLLECTION DATE FOR CURRENT INVESTIGATION YYYY-MM-DD
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IV. SIGNS AND SYMPTOMS

investigation > signs and symptoms

30. *SIGNS AND SYMPTOMS <input type="radio"/> SYMPTOMATIC <input type="radio"/> ASYMPTOMATIC			
SIGNS AND SYMPTOMS	*ONSET DATE YYYY-MM-DD	ONSET TIME (IF APPLICABLE) HH:MM	ESTIMATED
<input type="radio"/> *FEVER >38.0			<input type="checkbox"/>
<input type="radio"/> *HEADACHE			<input type="checkbox"/>
<input type="radio"/> *MYALGIA/ARTHRALGIA			<input type="checkbox"/>
<input type="radio"/> *FATIGUE/EXHAUSTION			<input type="checkbox"/>
<input type="radio"/> *LYMPH NODES ENLARGED (LYMPHANDENOAPATHY; SPECIFY LOCATION OF ADENOPATHY IN DETAIL; SEE USER GUIDE)			<input type="checkbox"/>
<input type="radio"/> *CHILLS			<input type="checkbox"/>
<input type="radio"/> *SORE THROAT			<input type="checkbox"/>
<input type="radio"/> *COUGH			<input type="checkbox"/>
<input type="radio"/> SWEATS			<input type="checkbox"/>
<input type="radio"/> ENCEPHALITIS			<input type="checkbox"/>
<input type="radio"/> *CONJUNCTIVITIS			<input type="checkbox"/>
<input type="radio"/> *NAUSEA/VOMITING			<input type="checkbox"/>
<input type="radio"/> *SKIN LESION (SPECIFY LOCATION/NUMBER IN DETAIL; SEE USER GUIDE)			<input type="checkbox"/>
<input type="radio"/> <input type="checkbox"/> MACULAR			<input type="checkbox"/>
<input type="radio"/> <input type="checkbox"/> VESICULAR			<input type="checkbox"/>
<input type="radio"/> <input type="checkbox"/> PAPULAR			<input type="checkbox"/>
<input type="radio"/> <input type="checkbox"/> PUSTULAR			<input type="checkbox"/>
<input type="radio"/> <input type="checkbox"/> CRUSTED			<input type="checkbox"/>
<input type="radio"/> <input type="checkbox"/> ULCEROUS			<input type="checkbox"/>
<input type="radio"/> SEPSIS			<input type="checkbox"/>
<input type="radio"/> PNEUMONIA (BRONCHOPNEUMONIA)			<input type="checkbox"/>
31. OTHER SYMPTOMS OR COMPLICATIONS (IF NEEDED FOR CASE MANAGEMENT)			
<input type="radio"/> *OTHER: BACK PAIN, CORNEAL INFECTION, SECONDARY INFECTION, MYOCARDITIS, OTHER (ENTER DETAILS IF PRESENT)			

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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 (SEE APPENDIX B OF USER GUIDE FOR EXPOSURE SETTING TYPE. IF TRAVEL, DOCUMENT ADDITIONAL DETAILS ON PAGE 6)	46. *EXPOSURE SETTING DETAILS (NAME/DESCRIPTION/LOCATION). DOCUMENT ADDRESS AT MINIMUM. STREET NAME (AND NUMBER IF AVAILABLE), CITY, AND PROVINCE	47. *EXPOSURE START DATE YYYY-MM-DD	48. *EXPOSURE END DATE YYYY-MM-DD	49. *SUSPECT MODE OF TRANSMISSION
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>
				<input type="radio"/>

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VII. INTERVENTIONS

investigation > treatment and intervention > interventions summary

50. <input type="radio"/> CONTACT TRACING		51. <input type="radio"/> EDUCATION – TRANSMISSION AND PREVENTIVE MEASURES	
52. <input type="radio"/> TREATMENT RECOMMENDED			
SPECIFY TREATMENT:		DATE:	
SEE USER GUIDE . DOCUMENT THE ADMINISTERED ANTIVIRAL IN THE PHIMS INTERVENTION COMMENTS BOX.			
53. <input type="radio"/> ISOLATION (SPECIFY)		54. <input type="radio"/> EXCLUSION FROM WORK/ SCHOOL/ DAYCARE	55. <input type="radio"/> SYMPTOM MONITORING
<input type="radio"/> HOME <input type="radio"/> FACILITY		<input type="radio"/> ACTIVE	<input type="radio"/> PASSIVE
56. <input type="radio"/> STATUS ASSESSEMENT – HOSPITALIZATION			
REASON FOR HOSPITALIZATION (ENTER IN COMMENTS)			
<input type="radio"/> DUE TO MONKEYPOX ILLNESS		<input type="radio"/> CLINICALLY INDICATED FOR ANOTHER REASON	
<input type="radio"/> NEED FOR ISOLATION		<input type="radio"/> OTHER, SPECIFY:	

VIII. *IMMUNIZATION (SMALLPOX)

Subject > imms history interpretation (58-60)

investigation > treatment and intervention > interventions summary(61-63)

57. INTERPRETATION OF IMMUNITY TO DISEASE PRIOR TO INFECTION		
<input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE	<input type="radio"/> PARTIALLY IMMUNIZED	<input type="radio"/> UNIMMUNIZED
<input type="radio"/> FULLY IMMUNIZED	<input type="radio"/> UNKNOWN/NOT DETERMINED	
58. SOURCE OF IMMUNIZATION RECORD	59. REASON IF NOT FULLY IMMUNIZED	
<input type="radio"/> CLIENT/PARENT/GUARDIAN	<input type="radio"/> GENERAL OBJECTION (NON-PHILOSOPHICAL)	<input type="radio"/> NOT ELIGIBLE FOR ROUTINE IMMUNIZATION
<input type="radio"/> CLIENT/PARENT/GUARDIAN AND OFFICIAL RECORD	<input type="radio"/> IMMUNOCOMPROMISED	<input type="radio"/> NOT UP TO DATE WITH IMMUNIZATIONS
<input type="radio"/> HEALTH RECORD/ HEALTHCARE PROVIDER	<input type="radio"/> MEDICAL CONTRAINDICATION	<input type="radio"/> PHILOSOPHICAL OBJECTION
<input type="radio"/> HEALTH RECORD/ HEALTHCARE PROVIDER	<input type="radio"/> UNKNOWN/ NOT DETERMINED	
60. PREVIOUS VACCINE	61. IMMUNIZATION COMPLETION (FILL OUT IF IMMUNIZATION IS UP TO DATE OR ONCE DOSE HAS BEEN PROVIDED)	62. IMMUNIZATION OUTCOME
<input type="radio"/> IMVAMUNE®	<input type="radio"/> DOSE 1 START DATE:	<input type="radio"/> COMPLETED
<input type="radio"/> OTHER, SPECIFY:	<input type="radio"/> DOSE 2 FOLLOW-UP DATE:	<input type="radio"/> DECLINED
	<input type="radio"/> OTHER, SPECIFY VACCINE, DOSES RECEIVED AND (APPROXIMATE) VACCINATION DATES	<input type="radio"/> PENDING

IX. *OUTCOMES

investigation > outcomes

63. <input type="radio"/> ER VISIT	64. <input type="radio"/> HOSPITAL ADMISSION	65. <input type="radio"/> HOSPITAL DISCHARGE	66. <input type="radio"/> ICU ADMISSION	67. <input type="radio"/> 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	
<input type="radio"/> DECEASED <input type="radio"/> PENDING <input type="radio"/> RECOVERED <input type="radio"/> UNKNOWN <input type="radio"/> SEQUELAE (SPECIFY)				
(SPECIFY DATE OF DEATH) YYYY-MM-DD				

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

investigation > investigation
 details > close
 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 YYYY-MM-DD	REPORTER USE ONLY STAMP HERE
81. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	82. ORGANIZATION <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	

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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			
	NAME PHIN DOB/AGE ADDRESS PHONE			

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