

* CASE ACCESSION NUMBER OR CASE INVESTIGATION ID  <input type="checkbox"/> CASE NOT IDENTIFIED	CASE SPECIMEN COLLECTION DATE	TRANSMISSION EVENT ID
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# MPOX CONTACT INVESTIGATION FORM

# CONTACT FORM

FORM UPDATES <input type="radio"/> _____ (YYYY-MM-DD) <input type="radio"/> _____ (YYYY-MM-DD) CIRCLE AND INITIAL CHANGES ON FORM IN DARK PEN OR PENCIL SO UPDATED INFORMATION CAN BE DISTINGUISHED.
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## \*I. CONTACT IDENTIFICATION

subject > client details > personal information

1. *LAST NAME	2. *FIRST NAME	3. *DATE OF BIRTH <small>YYYY - MM - DD</small>
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"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> DECLINED <input type="radio"/> OTHER (SPECIFY IN BOX 8)	8. IF OTHER GENDER IDENTITY, SPECIFY
9. *REGISTRATION NUMBER (FORMER MHSC) <small>6 DIGITS</small>	10. *HEALTH NUMBER (PHIN) <small>9 DIGITS</small>	11. ALTERNATE ID <small>SPECIFY TYPE OF ID</small>
12. *ADDRESS AT TIME OF DIAGNOSIS → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY		13. *CITY/TOWN/VILLAGE
14. *PROVINCE/TERRITORY	15. *POSTAL CODE <small>A#A #A#</small>	16. *PHONE NUMBER <small>### - ### - ####</small>
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

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**III. INFECTION INFORMATION**

investigation > investigation details > disease summary

25. <b>*DISEASE</b> O MPOX	26. <b>CONTACT CLASSIFICATION</b> O CONTACT - PERSON UNDER INVESTIGATION O CONTACT - NOT A CONTACT
27. <b>SENSITIVE ENVIRONMENT/OCCUPATION</b> O CHILD CARE (WORK/VOLUNTEER/ATTENDEE)    O HEALTH CARE FACILITY (RESIDENT/PATIENT)    O OTHER CONGREGATE SETTING (WORK/VOLUNTEER/RESIDENT, SPECIFY) O ANIMAL HANDLER    O HEALTH CARE FACILITY (WORK/VOLUNTEER) O CORRECTIONAL CENTER (WORK/RESIDENT)    O LABORATORY WORKER	
28. <b>ENVIRONMENT/OCCUPATION DETAILS</b>	

**IV. SIGNS AND SYMPTOMS**

investigation > signs & symptoms

29. O ASYMPTOMATIC    O SYMPTOMATIC	30. <b>*ONSET DATE IF SYMPTOMATIC</b> (REFER AS PERSON UNDER INVESTIGATION) YYYY-MM-DD
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**V. \*ACQUISITION EXPOSURE**

(INDICATE THE SETTING WHERE THE CONTACT WAS EXPOSED TO THE INFECTION – 1 EXPOSURE ONLY)

Investigation > exposure summary > create acquisition event

31. <b>EXPOSURE SETTING</b> <input type="checkbox"/> ASSISTED LIVING/PERSONAL CARE HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> PROVINCIAL <input type="checkbox"/> FEDERAL <input type="checkbox"/> GROUP HOME <input type="checkbox"/> ROOMING HOUSE/RESIDENTIAL HOTEL <input type="checkbox"/> SHELTER <input type="checkbox"/> OTHER, SPECIFY:	32. <b>EXPOSURE START DATE</b> YYYY-MM-DD	33. <b>EXPOSURE END DATE</b> YYYY-MM-DD	34. <b>EXPOSURE SETTING TYPE</b> TYPE OF EXPOSURE/COMMUNITY CONTACT <input type="checkbox"/> CONGREGATE/COMMUNAL LIVING SETTING <input type="checkbox"/> EVENT (PRIVATE OR PUBLIC) <input type="checkbox"/> HEALTH CARE SERVICES SETTING/LOCATION <input type="checkbox"/> HOUSEHOLD EXPOSURE <input type="checkbox"/> PUBLIC FACILITY OR WORKPLACE <input type="checkbox"/> RECREATIONAL FACILITY/SETTING <input type="checkbox"/> SEXUAL EXPOSURE SETTING/LOCATION <input type="checkbox"/> SHARED TRANSPORTATION <input type="checkbox"/> TRAVEL, SPECIFY:  <input type="checkbox"/> OTHER, SPECIFY:	35. <b>MODE OF ACQUISITION</b> <input type="checkbox"/> AIRBORNE/DROPLET <input type="checkbox"/> DIRECT CONTACT <input type="checkbox"/> SEXUAL CONTACT  IF SEXUAL CONTACT, THE NATURE OF TRANSMISSION SHOULD BE COMPLETED, INCLUDING CONDOM USE, FREQUENCY, AND TYPE OF SEX (GENITAL-GENITAL; ORA-GENITAL, ETC. AS PER PHIMS.)
36. <b>DETAILS OF EXPOSURE SETTING (NAME/ DESCRIPTION/LOCATION)</b>				

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**VI. INTERVENTIONS**

investigation > treatment and intervention > interventions summary

37. INTERVENTION	38. START DATE YYYY-MM-DD	39. END DATE (if applicable) YYYY-MM-DD
<input type="radio"/> EDUCATION/COUNSELLING		
<input type="radio"/> EXCLUSION FROM WORK/SCHOOL/DAYCARE		
<input type="radio"/> QUARANTINE (SELF-ISOLATION)		
<input type="radio"/> IMMUNIZATION (DETAILS TO BE ENTERED IN SECTION VII)		
<input type="radio"/> SYMPTOM MONITORING <input type="radio"/> ACTIVE <input type="radio"/> PASSIVE		
<input type="radio"/> TESTING RECOMMENDED		
<input type="radio"/> OTHER (SPECIFY)		

**VII. TREATMENT AND INTERVENTION: IMMUNIZATION**

investigation > treatment & interventions > interventions summary > interventions > create intervention

<b>40. IMMUNIZATION STATUS</b> <input type="radio"/> IMMUNIZATION NOT RECOMMENDED <input type="radio"/> IMMUNIZATION RECOMMENDED <input type="radio"/> IMMUNIZATION UP TO DATE	<b>41. COMMENT: REASON IMMUNIZATION NOT RECOMMENDED</b>  PLEASE ENTER DETAILS IN COMMENTS SECTION
<b>42. VACCINE</b>  <input type="radio"/> IMVAMUNE®  <input type="radio"/> OTHER, SPECIFY:  FOR "OTHER" IMMUNIZATION PREPARATIONS, PLEASE ENTER DETAILS IN COMMENTS SECTION	<b>43. IMMUNIZATION COMPLETION (FILL OUT IF IMMUNIZATION IS UP TO DATE OR ONCE DOSE HAS BEEN PROVIDED)</b> <input type="radio"/> DOSE 1    START DATE: <input type="radio"/> DOSE 2    FOLLOW-UP DATE: <input type="radio"/> OTHER, SPECIFY VACCINE, DOSES RECEIVED AND (APPROXIMATE) VACCINATION DATES  FOR "OTHER" IMMUNIZATION PREPARATIONS, PLEASE ENTER DETAILS IN COMMENTS SECTION
<b>44. IMMUNIZATION OUTCOME</b> <input type="radio"/> COMPLETED <input type="radio"/> DECLINED <input type="radio"/> PENDING	<b>45. <input type="radio"/> ALLERGIES (RELEVANT TO TREATMENT, IF ANY)</b> subject > allergies SPECIFY ALLERGEN(S):

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**VIII. \*REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)**

46. FORM COMPLETED BY (PRINT NAME)	47. FACILITY NAME/ADDRESS/PHONE#	REPORTER USE ONLY          STAMP HERE
48. SIGNATURE		
49. FORM COMPLETION DATE  YYYY-MM-DD	50. ORGANIZATION (IF APPLICABLE) <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	

**IX. RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY**

investigation > investigation details > close investigation

51. FORM COMPLETED BY (PRINT NAME)	52. SIGNATURE	53. FORM COMPLETION DATE  YYYY-MM-DD
54. FORM REVIEWED BY (PRINT NAME)	55. FORM REVIEWED DATE  YYYY-MM-DD	RHA USE ONLY       STAMP HERE
56. INVESTIGATION STATUS  <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	57. 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	

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT  
<http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT  
<http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

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