Public Health Ontario | Santé publique Ontario

Ontario Monkeypox Investigation Tool

Legend	for interview with case	♦ System-Mandatory	❖ Required	Personal Health information

***** Note to clinician: Please complete relevant information on pages 1-4 before sending to PHO. The responsible public health unit will be responsible for completing the remaining sections.*****

Cover Sheet

♦ Client Name: Enter name

Alias: Enter alias

♦ Gender: Select an option

♦ DOB: YYYY-MM-DD

Address: Enter address

Enter address

Tel. 1: ###-###-####

Type: ☐ Home ☐ Mobile ☐ Work ☐ Other, specify

Tel. 2: ###-###-####

Type: ☐ Home ☐ Mobile ☐ Work ☐ Other, specify

Email 1: Enter email address

Email 2: Enter email address

Is the client homeless? ☐ Yes ☐ No

New Address: Enter address

♦ Language: Specify

Translation required? ☐ Yes ☐ No

Proxy respondent

Name: Enter name

☐ Parent/Guardian ☐ Spouse/Partner

☐ Other Specify

♦ Healthcare Provider's Name:

Enter name

♦ Role: ☐ Attending Physician ☐ Family Physician ☐ Specialist ☐ Walk-In Physician ☐ Nurse Practitioner ☐ Unknown ☐ Other Enter role

OPTIONAL

Additional Healthcare Provider's Name:

Enter name

Address: Enter address

Tel: ###-###-#### Fax: ###-###-####

Role: Enter role

Symptoms

Incubation period *can range from 5-21 days, usually 7-14 days.*

Communicability*: most commonly from onset of initial lesions (typically on the tongue and in the mouth), until scabs have fallen off and new skin present. Some cases may be contagious during their early set of symptoms (prodrome) such as fever, malaise, headache before the rash develops.*

Specimen collection date: YYYY-MM-DD

Specimen collection site:

♦ **Symptom** *Ensure that symptoms in **bold font** are asked*	♦ **Response**					❖ **Use as Onset** *(choose one)*	❖ **Onset Date** YYYY-MM-DD	**Onset Time** 24-HR Clock HH:MM *(discretionary)*	❖ **Recovery Date** YYYY-MM-DD *(one date is sufficient)*
	Yes	**No**	**Don't Know**	**Not Asked**	**Refused**				
Fever _____°C/F	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Headache	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Myalgia (muscle aches)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Fatigue/ Exhuastion	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Swollen lymph nodes (Lymphadenopathy)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Specify location of swollen lymph nodes, if applicable:									
Chills	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Macular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Papular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Vesicular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Pustular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
If responding yes to a rash:	Specify location of rash/lesions on the body and whether these are in the same stage of development, if applicable.								

Sore throat	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Cough	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Runny nose (coryza)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Back pain/ache	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Sweating	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Oral lesions	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Genital lesions	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Other, *specify* (e.g., scabs, other lesions)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Note: This list is not comprehensive. There are additional symptoms listed in iPHIS.									

♦ Complications

☐ Secondary infection ☐ Bronchopneumonia ☐ Sepsis ☐ Encephalitis

☐ Corneal infection ☐ Ulcerative lesion with delayed healing ☐ Myocarditis

☐ None ☐ Other ☐ Unknown

Incubation Period

Enter onset date and time, using this as day 0, then count back to determine the incubation period.

- 21 days
Select a date

- 5 day
Select a date

onset
Select a date & time

Medical Risk Factors	❖ Response				Details
	Yes	No	Unknown	Not asked	*iPHIS character limit: 50.*
Maternal infection (e.g. infant exposed to symptomatic mother during pregnancy or during/after birth)	☐	☐	☐	☐	If yes, specify
Are you currently pregnant?	☐	☐	☐	☐	
❖ Have you ever received	☐	☐	☐	☐	If yes, specify number of vaccine doses and date of last vaccination

smallpox vaccine?					If yes, specify if vaccination scar present
❖ Have you ever received chickenpox vaccine?	☐	☐	☐	☐	If yes, specify number of vaccine doses and date of last vaccination If yes, specify if vaccination scar present
❖ Immunocompromised (e.g., by medication or by disease such as cancer, diabetes, untreated HIV etc.)	☐	☐	☐	☐	
❖ Do you currently have an STI (either a diagnosis or current infection)	☐	☐	☐	☐	
❖ Unknown	☐	☐	*→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.*		

Hospitalization & Treatment		*Mandatory in iPHIS only if admitted to hospital*
Did you go to an emergency room?	☐ Yes ☐ No	If yes, Name of hospital: Enter name Date(s): YYYY-MM-DD
♦ Were you admitted to hospital as a result of your illness (not including stay in the emergency room)?	☐ Yes ☐ No ☐ Don't recall	If yes, Name of hospital: Enter name ♦ Date of admission: YYYY-MM-DD ❖ Date of discharge: YYYY-MM-DD ☐ Unknown discharge date
→ For iPHIS data entry – if the case is hospitalized enter information under Interventions.		
Were you prescribed antibiotics or medication for your illness?	☐ Yes ☐ No ☐ Don't recall	If yes, Medication: Enter name Start date: YYYY-MM-DD End date: YYYY-MM-DD Route of administration: Enter route Dosage: Enter dosage
Did you take over-the-counter medication?	☐ Yes ☐ No ☐ Don't recall	If yes, specify
*Treatment information can be entered in iPHIS under **Cases > Case > Rx/Treatments>Treatment** as per current iPHIS User Guide*		

Legend	for interview with case	♦ System-Mandatory	❖ Required	Personal Health information

***** Note to public health units: Please complete relevant information on 5-9 before sending pages 1-10 to PHO. The responsible public health unit will be responsible for completing the remaining sections.*****

Bring Forward Date: __YYYY-MM-DD

iPHIS Client ID #: _ Enter number

♦ Investigator: Enter name

♦ Branch Office: _ Enter office

♦ Reported Date: _____YYYY-MM-DD

❖Diagnosing Health Unit: Enter health unit

♦ Disease: MONKEYPOX

♦ Is this an outbreak associated case? ☐ No ☐ Yes, *OB #* ####-####-###

Is the client in a high-risk occupation/ environment?

☐ Yes, specify: Specify ☐ No

Verification of Client's Identity & Notice of Collection

Client's identity verified? ☐ Yes, *specify*: ☐ DOB ☐ Postal Code ☐ Physician ☐ No

Notice of Collection

Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under PHIPA s. 16. Insert Notice of Collection, as necessary.

Record of File

♦ Responsible Health Unit	Date	♦ Investigator's Name	Investigator's Signature	Investigator's Initials	Designation
Specify	❖Investigation Start Date YYYY-MM-DD	Specify	Specify	Specify	☐ PHI ☐ PHN ☐ Other _____
Specify	Assignment Date YYYY-MM-DD	Specify	Specify	Specify	☐ PHI ☐ PHN ☐ Other _____

Call Log Details						
	Date	**Start Time**	**Type of Call**	**Call To/From**	**Outcome** (contact made, v/m, text, email, no answer, etc.)	**Investigator's initials**
Call 1	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 2	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 3	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 4	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 5	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Date letter sent: YYYY-MM-DD						

Case Details			
Aetiologic Agent	**Monkeypox virus**		
♦ **Classification**	☐ Confirmed ☐ Probable ☐ Suspect ☐ Does Not Meet Definition	♦ **Classification Date**	YYYY-MM-DD
♦ **Outbreak Case Classification**	☐ Confirmed ☐ Probable ☐ Does Not Meet Definition	♦ **Outbreak Classification Date**	YYYY-MM-DD
♦ **Disposition**	☐ Complete ☐ Closed- Duplicate-Do Not Use ☐ Entered In Error ☐ Lost to Follow Up ☐ Does Not Meet Definition ☐ Untraceable	♦ **Disposition Date**	YYYY-MM-DD
♦ **Status**	☐ Closed Initial here	♦ **Status Date**	YYYY-MM-DD
	☐ Open (re-opened) Initial here	♦ **Status Date**	YYYY-MM-DD
	☐ Closed Initial here	♦ **Status Date**	YYYY-MM-DD

Behavioural & social risk factors in the 21 days prior to onset of illness **Travel**	❖ **Response**				**Details** (e.g., Location visited, flight details) *iPHIS character limit: 50.*
	Yes	**No**	**Unknown**	**Not asked**	
❖ Travel within the province in the 21 days prior to illness (specify)	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
❖ Travel outside the province in the 21 days prior to illness (specify)	☐	☐	☐	☐	
Within Canada	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
Outside of Canada	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify Hotel/Resort: Specify

Attention! *If the case travelled during the incubation period and while symptomatic, obtain additional details including flight carrier, dates of travel, whether a mask/respirator was worn in flight and whether lesions were covered during the flight (if applicable).*

Behavioural & social risk factors in the 21 days prior to onset of illness	**Yes**	**No**	**Unknown**	**Not asked**	**Details**
❖ Travelled to, lived or worked in a country with endemic or known monkeypox activity in the last 21 days (specify province/country)	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
Direct contact (e.g. touch) with a domesticated or wild animals (e.g., rodents, monkeys, squirrels)	☐	☐	☐	☐	
Consumption of bush meat	☐	☐	☐	☐	
❖Close contact with a traveler from out of province in the last 21 days	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Location of origin: Specify
❖Did you attend any gatherings such as weddings, parties, showers, family gatherings, music concerts or raves in the last 21 days?	☐	☐	☐	☐	If yes, specify (e.g., location, number attended, any ill)
Anonymous sex	☐	☐	☐	☐	

More that one sex partner in previous six months	☐	☐	☐	☐	Specify approximate number
New sex partner in previous 2 months	☐	☐	☐	☐	
Sex with individual of the same sex	☐	☐	☐	☐	
Sex with individual of the opposite sex	☐	☐	☐	☐	
Shared sex toy	☐	☐	☐	☐	
Shared needles	☐	☐	☐	☐	
Shared drug equipment (other than needles)	☐	☐	☐	☐	
Shared mouthed items (e.g, toothbrush, vape, musical instrument)	☐	☐	☐	☐	
Contact with animals (including pets, farm animals and petting zoos)	☐	☐	☐	☐	Specify
❖ Contact with a person who has one or more symptoms of monkeypox	☐	☐	☐	☐	Specify
Direct contact with non-intact skin/lesions	☐	☐	☐	☐	Specify
Indirect contact with non-intact skin/lesions (e.g., surfaces/bedding)	☐	☐	☐	☐	Specify

♦ Create Exposures *Identify Exposures to be entered in iPHIS.*

→ *For iPHIS data entry – record details of exposure(s) in iPHIS Case Exposure Form as required.*

High Risk Occupation/High Risk Environment		
Are you in a high risk occupation or high risk environment (including paid and unpaid/volunteer position)?	☐ Yes ☐ No	☐ Flight attendant ☐ Health care worker (including indirect patient care) ☐ Laboratory worker ☐ Animal handler/keeper OR animal product handler ☐ Other (specify) Occupation: Specify
Name of Employer / Self-employed	Enter name	
Employer Contact Information (name, phone number, etc.)	Enter contact information	
Address	Enter address	

Symptomatic cases are to isolate pending a negative test result, or as per public health unit direction.

Contact Information	
Are you aware of anyone who experienced similar symptoms before, during, or after you (or your child) became ill? This includes those in your family, household, child care or kindergarten class, sexual partner(s), friends or coworkers.	☐ Yes ☐ No ☐ N/A

Contact 1			
Name	Enter name	Relation to case	Specify
Contact information (phone, address, email)	Enter contact information		
Notes	Enter notes		
Recommend contact seek medical attention/testing?	☐ Yes ☐ No ☐ N/A		

Contact 2			
Name	Enter name	Relation to case	Specify
Contact information (phone, address, email)	Enter contact information		
Notes	Enter notes		
Recommend contact seek medical attention/testing?	☐ Yes ☐ No ☐ N/A		

Contact 3			
Name	Enter name	Relation to case	Specify
Contact information (phone, address, email)	Enter contact information		
Notes	Enter notes		
Recommend contact seek medical attention/testing?	☐ Yes ☐ No ☐ N/A		

Education/Counselling		*Discuss the relevant sections with case*
Person to person transmission	☐	Close contact with respiratory secretions, and skin lesions of an infected person increase the risk of transmission.
	☐	Review importance of personal hygiene.
Travel-related Illness	☐	Avoid contact with sick or dead animals while visiting endemic countries. Thoroughly cook all meat, including bush meat.

Outcome *Mandatory in iPHIS only if Outcome is Fatal*

☐ Unknown ☐ ♦ Fatal
☐ Ill ☐ Pending
☐ Residual effects ☐ Recovered

If fatal, please complete additional required fields in iPHIS

Thank you

Thank you for your time. This information will be used to help prevent future illnesses caused by Monkeypox. Please note that another investigator may contact you again to ask additional questions if it is identified that there is a possibility that you are included in an outbreak.

*****Please fax completed questionnaires to Public Health Ontario at 647-260-7603*****

❖ Intervention Type	Intervention implemented (check all that apply)	Investigator's initials	♦ Start Date YYYY-MM-DD	❖ End Date YYYY-MM-DD
Chemoprophylaxis	☐		YYYY-MM-DD	YYYY-MM-DD
Counselling	☐		YYYY-MM-DD	YYYY-MM-DD
Education (e.g., provided with fact sheet)	☐		YYYY-MM-DD	YYYY-MM-DD
ER visit	☐		YYYY-MM-DD	YYYY-MM-DD
Exclusion	☐		YYYY-MM-DD	YYYY-MM-DD
Hospitalization	☐		YYYY-MM-DD	YYYY-MM-DD
Isolation	☐		YYYY-MM-DD	YYYY-MM-DD
Letter - Client	☐		YYYY-MM-DD	YYYY-MM-DD
Letter - Physician	☐		YYYY-MM-DD	YYYY-MM-DD
Other (i.e., contacts assessed, PHI/PHN contact information)	☐		YYYY-MM-DD	YYYY-MM-DD
Phone call	☐		YYYY-MM-DD	YYYY-MM-DD
Press release	☐		YYYY-MM-DD	YYYY-MM-DD
Self-isolation	☐		YYYY-MM-DD	YYYY-MM-DD
Symptoms – active monitoring	☐		YYYY-MM-DD	YYYY-MM-DD
Symptoms – self-monitoring	☐		YYYY-MM-DD	YYYY-MM-DD
Vaccination	☐		YYYY-MM-DD	YYYY-MM-DD
→ *For iPHIS data entry – enter information under **Cases > Case > Interventions.***				

Progress Notes
Enter notes