



Confidential when completed

PERSON REPORTING

Health Authority: ☐ FHA ☐ IHA ☐ VIHA ☐ NHA ☐ VCH

Name:

Last

First

Phone:

Email:

Date report received by health authority:

A. CLIENT INFORMATION

Panorama Investigation ID

PARIS Client ID

Name

Last

First

Middle

Alternate Name(s)

Date of Birth

PHN

YYYY / MM / DD

Home Address

City

Postal Code

Province

Phone (home/office/cell)

Phone (home/office/cell)

Email

What gender does the client identify with? (check all that apply)

☐ Man

☐ Woman

☐ Transgender

☐ Non-binary

☐ Unsure/Questioning

☐ My gender is:

☐ Prefer not to answer

What sex is listed on the client's BC Services or CareCard?

☐ Male

☐ Female

☐ X

Which ethnicity/race does the client self-identify with? (check all that apply)

☐ Arab

☐ Black

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Latin American

☐ South Asian

☐ Southeast Asian

☐ West Asian

☐ White

☐ Other, specify:

☐ Asked but unknown

☐ Declined to answer

☐ Not assessed

Does the client self-identify as an Indigenous person?

☐ Yes

☐ No

☐ Declined to answer

☐ Not assessed

If client identifies as Indigenous

person, is client:

(check all that apply)

☐ First Nations

☐ Inuit

☐ Métis

☐ Asked but unknown

☐ Declined to answer

☐ Not assessed

Is client registered under the Indian Act of Canada (i.e., a Status Indian)?

☐ Yes

☐ No

☐ Asked but unknown

☐ Declined to answer

☐ Not assessed

Is client identifies as a First Nations person, does client live on a reserve?

☐ Yes

☐ No

☐ Asked but unknown

☐ Declined to answer

☐ Not assessed

If client does live on a reserve, which community dose client live in?

Name of client's First Nations Health Service organization

Is the client a health care worker (HCW)?

☐ Yes

☐ No

☐ Unknown

B. CLASSIFICATION

☐ Confirmed

☐ Probable

☐ Suspect

☐ Not a Case

See section K for classifications. Only **confirmed** cases and **probable** cases without test results pending are reportable to BCCDC.



C. CLINICAL INFORMATION

Earliest symptom onset date¹:

____/____/____
YYYY/MM/DD

Date of rash/lesion onset, if present:

____/____/____
YYYY/MM/DD

¹ The earliest date reported of a clinically relevant symptom

Signs and Symptoms	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myalgia (muscle pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthralgia (painful joints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lymphadenopathy (enlarged glands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharyngitis (sore throat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conjunctivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proctitis (burning, pain, itching, bleeding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash/lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If rash/lesions = yes, specify location(s) and number of lesions:

Location of rash/lesions (select all that apply)	
<input type="checkbox"/> Anogenital/perianal	<input type="checkbox"/> Hands and palms of hand
<input type="checkbox"/> Oral (mouth, lips, oral mucosa including throat)	<input type="checkbox"/> Soles of feet
<input type="checkbox"/> Eyes	<input type="checkbox"/> Torso
<input type="checkbox"/> Face, excluding eyes, oral and mucosal surfaces	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Limbs (arms, legs)	

Number of lesions	
<input type="checkbox"/> One lesion	<input type="checkbox"/> 50-100 lesions
<input type="checkbox"/> 2-10 lesions	<input type="checkbox"/> >100 lesions
<input type="checkbox"/> 10-50 lesions	<input type="checkbox"/> Unknown

Complications	Yes	No	Asked but Unknown	Declined to Answer	Not Assessed
Secondary infection (cellulitis, abscess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corneal infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchopneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulcerative lesion with delayed healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myocarditis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



D. CLINICAL PRESENTATION AT TIME OF REPORTING

Highest impact of symptoms

- ☐ Did not interfere with daily activities ☐ Interfered with, but did not prevent daily activities
☐ Prevented daily activities ☐ Prevented daily activities, even with symptom management (e.g., pain medication)

Admitted to hospital due to monkeypox illness ☐ Yes ☐ No ☐ Unknown

Admission date:

YYYY / MM / DD

Discharge date:

YYYY / MM / DD

Admitted to an intensive care unit ☐ Yes ☐ No ☐ Unknown

Outcome

- ☐ Fully recovered ☐ Not yet recovered/recovering ☐ Fatal *If died, date of death:* YYYY / MM / DD
☐ Permanent disability, *specify below* ☐ Unknown ☐ Other, *specify below*
Specify other outcome or permanent disability:
If died, cause of death: ☐ Contributed but wasn't underlying cause ☐ Did not contribute to death/incidental
☐ Other, *specify:* ☐ Underlying cause of death ☐ Unknown

E. MEDICAL RISK FACTORS/HISTORY

Did the case ever receive a smallpox and/or monkeypox vaccine? ☐ Yes ☐ No ☐ Unknown *If yes, number of doses:*

- If yes, specify indication:* ☐ Previous vaccination history (e.g., as childhood vaccine 1960-1980, military, or work on smallpox vaccination research) ☐ Pre-exposure prophylaxis since May 2022
☐ Post-exposure prophylaxis since May 2022
If no, indicate why not: ☐ Not aware of vaccine availability ☐ Not eligible (perceived or per guidelines) ☐ Contraindication
☐ Other reason, *specify:*

Dose	Administered Date YYYY/MM/DD or approx. YYYY/MM if exact date not known	Vaccine Name
1		<input type="checkbox"/> ACAM2000 <input type="checkbox"/> Imvamune <input type="checkbox"/> Unknown <input type="checkbox"/> Other, <i>specify:</i>
2		<input type="checkbox"/> ACAM2000 <input type="checkbox"/> Imvamune <input type="checkbox"/> Unknown <input type="checkbox"/> Other, <i>specify:</i>

Additional details:

Did the case receive antiviral treatment for monkeypox? ☐ Yes ☐ No ☐ Unknown

If yes, which antiviral? ☐ Tecovirimat ☐ Brincidofovir ☐ Cidofovir ☐ Unknown ☐ Other, *specify:*

Does the case have HIV? ☐ Yes ☐ No ☐ Unknown *If yes, specify CD4 counts:*

If yes, is the case on antiretroviral therapy? ☐ Yes ☐ No ☐ Unknown

Is the case immunocompromised? ☐ Yes ☐ No ☐ Unknown

If yes, specify: ☐ Due to disease, *specify below* ☐ Due to medication, *specify below* ☐ Unknown

Specify details of immunocompromising condition or medication:

Is the case currently pregnant or post-partum? ☐ Yes ☐ No ☐ Unknown ☐ Not applicable

If yes, specify: ☐ First trimester ☐ Second trimester ☐ Third trimester ☐ Post-partum (<6 weeks) ☐ Unknown

Was the case diagnosed with a concurrent sexually transmitted or blood borne infection? ☐ Yes ☐ No ☐ Unknown

- If yes, specify:* ☐ Chancroid ☐ Chlamydia ☐ Gonorrhea ☐ Genital warts, HPV ☐ Herpes Simplex Virus Type 1 or 2
☐ Lymphogranuloma venereum ☐ Mycoplasma genitalium ☐ Syphilis
☐ Trichomoniasis ☐ Other, *specify:* ☐ Unknown



G. RISK FACTORS AND EXPOSURE INFORMATION

In the 21 days prior to onset of illness...

Has the case had contact with anyone presenting similar symptoms; or with a known suspect, probable, or confirmed case of monkeypox, or with contaminated material (body fluids, object, bedding, etc.)? ☐ Yes ☐ No ☐ Unknown

If yes, type(s) of contact (check all that apply):
☐ Sexual and/or close intimate contact ☐ Household (e.g. sharing a bed, food, common space)
☐ Close contact, excluding sexual/intimate and household ☐ Other, specify:

If yes, setting(s) of contact (check all that apply):
☐ Household ☐ Workplace ☐ School/nursery ☐ Healthcare
☐ Nightclub, private party, sauna, or similar ☐ Bar, restaurant or other small event ☐ Large event ☐ Transportation
☐ Other, specify: ☐ Unknown

Earliest possible exposure
(YYYY/MM/DD)

Latest possible exposure
(YYYY/MM/DD)

☐ Ongoing exposure?

Travel in the 21 days prior to onset of illness

Did the case travel? ☐ Yes ☐ No ☐ Unknown If yes: ☐ within BC only ☐ outside BC but within Canada ☐ outside Canada

Date of Departure YYYY / MM / DD	Date of Return YYYY / MM / DD	Location (e.g., Province/Territory or Country)	Notes

In the 21 days prior to onset of illness...

Has the case had contact with an infected or potentially infected animal(s)? ☐ Yes ☐ No ☐ Unknown

If yes, type(s) of animal(s) (check all that apply):
☐ Household pets, excluding rodents ☐ Pet rodent ☐ Farm animals ☐ Wild rodents
☐ Wild animals, excluding wild rodents ☐ Captive wildlife ☐ Other, specify below ☐ Unknown

Additional details (e.g. specify animal, type and frequency of contact, date of last contact)

Indicate exposure settings where the case may have reasonably been exposed and acquired infection (check all that apply)

Exposure setting is based on local public health assessment (consider known presence of monkeypox, likelihood of transmission, time spent at location, activity at that location)

☐ Acute care setting ☐ Community health care setting ☐ Congregate living setting ☐ Correctional facility
☐ Mass gathering (>1,000 people) ☐ Occupational/workplace ☐ Personal care setting ☐ Recreational facility
☐ Sex-on-premises venue ☐ School/nursery/daycare/daycamp ☐ Social event ☐ Transportation
☐ Restaurant/bar/nightclub ☐ Unknown ☐ Declined to answer
☐ Other, specify:

In the 21 days prior to onset of illness did the case have multiple sexual partners?

☐ Yes ☐ No ☐ Asked but unknown ☐ Declined to answer ☐ Not assessed

In the 21 days prior to onset of illness did the case have one or more anonymous sexual partners?

☐ Yes ☐ No ☐ Asked but unknown ☐ Declined to answer ☐ Not assessed

Exposure information continues on the next page



G. RISK FACTORS AND EXPOSURE INFORMATION continued

In the 21 days prior to onset of illness...

Indicate methods and locations used for meeting sexual partners (*check all that apply*)

- ☐ Bar/ club ☐ Sex-on-premises venue ☐ Cruising/ public spaces ☐ Dating apps/internet ☐ Friends/family/school/work
☐ Out of province, *specify*: ☐ Other, *specify*: ☐ Unknown ☐ Declined to answer
☐ Not applicable (e.g., No sexual partners met in 21 days prior to onset of illness)

Indicate the gender(s) of sexual partner(s) (*check all that apply*)

- ☐ Woman ☐ Man ☐ Non-binary person ☐ Unknown or undetermined ☐ If none of the above, *specify*:
☐ Not applicable (e.g., No sexual partners in 21 days prior to onset of illness)

Based on public health assessment, which is most likely mode of transmission for this case? (*check one*)

- ☐ Animal to human transmission ☐ Healthcare-associated, *specify details*: ☐ Transmission from mother to child during pregnancy or birth
☐ Person-to-person via sexual contact ☐ Person-to-person excluding mother-to-child, healthcare associated, or sexual transmission ☐ Contact with contaminated materials
☐ Parenteral transmission including intravenous drug use and transfusion ☐ Transmission in a laboratory due to occupational exposure ☐ Other, *specify*: ☐ Unknown

Based on public health assessment, what is the **earliest** possible date of most likely exposure? (YYYY/MM/DD)

Based on public health assessment, what is the **latest** possible date of most likely exposure? (YYYY/MM/DD)

H. CONTACTS DURING COMMUNICABILITY PERIOD

During the communicability period ...

Has the case had any high risk contacts? ☐ Yes ☐ No ☐ Unknown

If yes, estimate number of contacts:

Did the case travel? ☐ Yes ☐ No ☐ Unknown If yes: ☐ within BC only ☐ outside BC but within Canada ☐ outside Canada

If high risk contacts outside of BC are identified, please notify BCCDC of identifiable contacts for follow-up in home jurisdiction by emailing monkeypox.IJN@bccdc.ca

Has the case had contact with animals? ☐ Yes ☐ No ☐ Unknown

- If yes, type(s) of animal(s) (*check all that apply*):
☐ Household pets, excluding rodents ☐ Pet rodent ☐ Farm animals ☐ Wild rodents
☐ Wild animals, excluding wild rodents ☐ Captive wildlife ☐ Other, *specify below* ☐ Unknown

Additional details (e.g. specify animal, type and frequency of contact, date of last contact)

I. LABORATORY INFORMATION

Specimen type	Collection date YYYY / MM / DD	Lab test	Result
<input type="checkbox"/> Skin lesion <input type="checkbox"/> Genital swab <input type="checkbox"/> Lesion crust <input type="checkbox"/> Rectal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Other, <i>specify</i> : <input type="checkbox"/> Semen		<input type="checkbox"/> Monkeypox virus PCR <input type="checkbox"/> Other, <i>specify</i> :	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate
<input type="checkbox"/> Skin lesion <input type="checkbox"/> Genital swab <input type="checkbox"/> Lesion crust <input type="checkbox"/> Rectal swab <input type="checkbox"/> Oropharyngeal swab <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Other, <i>specify</i> : <input type="checkbox"/> Semen		<input type="checkbox"/> Monkeypox virus PCR <input type="checkbox"/> Other, <i>specify</i> :	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate



J. NOTES



K. DEFINITIONS

Case Definitions

Confirmed case	A person who is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.
Probable case	<p>A person who presents with an unexplained¹ acute rash or lesion(s)² AND Has one or more of the following in the 21 days before symptom onset:</p> <ul style="list-style-type: none"> Has an epidemiological link to a probable or confirmed monkeypox case, Has an epidemiological link to a location/event where transmission of monkeypox is suspected or known to have occurred, <ul style="list-style-type: none"> Epidemiological link such as: <ul style="list-style-type: none"> face-to-face exposure, including health workers without appropriate personal protective equipment (PPE) direct physical contact, including sexual contact; or contact with contaminated materials such as clothing or bedding <p>AND Monkeypox virus has not been ruled out by an <i>Orthopoxvirus</i> or monkeypox virus PCR (i.e. laboratory testing is not available).</p>
Suspect case	<p>A person in whom monkeypox virus has not yet been ruled out by a negative <i>Orthopoxvirus</i> or monkeypox virus PCR result who presents with one or more of the following:</p> <ul style="list-style-type: none"> An unexplained¹ acute rash² AND has at least one of the following signs or symptoms <ul style="list-style-type: none"> Headache acute onset of fever (>38.5°C) lymphadenopathy (swollen lymph nodes) myalgia back pain asthenia (profound weakness) An unexplained¹ acute genital, perianal or oral lesion(s)

- Common causes of acute rash can include varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum, hand-foot-and-mouth disease.
- Acute rash
Monkeypox illness includes a progressively developing rash that usually starts on the face and then spreads elsewhere on the body. The rash can affect the mucous membranes in the mouth, tongue, and genitalia. The rash can also affect the palms of hands and soles of the feet. The rash can last 2 to 4 weeks and progresses through the following stages before falling off:
 - Macules
 - Papules
 - Vesicles
 - Pustules
 - Scabs
- Reported travel history includes regional, national, or international travel in the 21 days before symptom onset to any area where monkeypox may be reported.

Exposures

Close contact / Medium-risk contact	Face-to-face contact within 2 metres for at least one hour, AND does not meet the high-risk exposure characteristics.
High-risk contact	<p>Direct contact between a person's skin or mucous membrane and the case's skin lesions, mucosal lesions or bodily fluids without appropriate PPE.</p> <p>Unprotected skin or mucous membrane contact with objects that have been in contact with infectious bodily fluid or lesions (i.e. clothing, bedding, sex toys).</p> <p>Any procedure that may generate aerosols from bodily fluids, skin lesions, or dried exudates without the use of respirators (e.g., N95 or equivalent respirators) or a medical masks and other personal protective equipment (e.g., gloves, gowns, and eye protection).</p>

Hospitalization

Any person admitted to a hospital for at least an overnight stay, or with a prolongation of hospitalization, for reasons directly or indirectly related to their monkeypox infection. Includes persons admitted to hospital but without transfer to a ward/unit.