BC Centre for Disease Control
Provincial Health Services Authority

Mpox
Case Report Form

INSTRUCTIONS

- Confidential when completed
- Submit this form to BCCDC via shared folder if possible (Case_Reports_HAname). Otherwise, please fax to 604-707-2516
- Fields with an asterisk (*) indicate required minimum data required for public health surveillance

PERSON REPORTING

Health Authority:	☐ FHA ☐ IHA ☐ VIHA ☐ NHA ☐ VCH
Name:	*Last* *First*
Phone:	
Email:	
*Report Date (received):	

A. CLIENT INFORMATION

Panorama Investigation ID		PARIS Client ID	
*Name *Last *First Middle			
Alternate Name(s)	*Date of Birth YYYY / MM / DD	*PHN	
*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 (Male§) ☐ Woman (Female§) ☐ Transgender ☐ Non-binary ☐ Unsure/Questioning

☐ My gender is: ☐ Prefer not to answer

§ *Gender identity mapping for Panorama options*

*What sex is listed on the client's BC Services or CareCard? ☐ Male ☐ Female ☐ X (Undifferentiated) ☐ Unknown

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

☐ Arab ☐ Black ☐ Chinese ☐ Filipino ☐ Indigenous (First Nations, Métis, Inuk/Inuit)§ ☐ Japanese

☐ Korean ☐ Latin American ☐ South Asian ☐ Southeast Asian ☐ West Asian ☐ White

☐ Other, *specify:* ☐ Asked but unknown ☐ Declined to answer ☐ Not assessed

§If client identifies as Indigenous, does client self-identify as First Nations, Métis and/or Inuk/Inuit? *(check all that apply)* *If using Panorama, this can be recorded in the Indigenous Information section* ☐ First Nations ☐ Inuk/Inuit ☐ Métis ☐ Asked but unknown ☐ Declined to answer ☐ Not assessed

Is the client a health care worker (HCW)? ☐ Yes ☐ No ☐ Unknown

B. *CLASSIFICATION

☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a Case

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

C. CLINICAL INFORMATION

*Earliest symptom onset date[1]: _____ 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	☐	☐	☐	☐	☐
Headache	☐	☐	☐	☐	☐
Myalgia (muscle pain)	☐	☐	☐	☐	☐
Arthralgia (painful joints)	☐	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐	☐
Lymphadenopathy (enlarged glands)	☐	☐	☐	☐	☐
Chills	☐	☐	☐	☐	☐
Pharyngitis (sore throat)	☐	☐	☐	☐	☐
Cough	☐	☐	☐	☐	☐
Conjunctivitis	☐	☐	☐	☐	☐
Vomiting	☐	☐	☐	☐	☐
Nausea	☐	☐	☐	☐	☐
Proctitis (burning, pain, itching, bleeding)	☐	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐	☐
Rash/lesions	☐	☐	☐	☐	☐
Other, *specify:*	☐	☐	☐	☐	☐

**If rash/lesions = yes, specify location(s):*

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

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 an in-patient hospital unit? ☐ 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 mpox vaccine?	☐ Yes ☐ No ☐ Unknown

***Immunizing Agent** (ACAM2000, Imvamune, Unknown, Other)	***Date(s) of Immunization** *(YYYY/MM/DD)*

Please provide additional details if the immunization agent or date are unknown:

*Did the case have a previous laboratory confirmed mpox infection? ☐ Yes ☐ No ☐ Unknown

If yes, provide the date[§] of previous infection: _____

[§]Please use earliest date of: symptom onset date, specimen collection date, test result date, and date of notification to public health

Did the case receive antiviral treatment for mpox? ☐ 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

F. 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 mpox, or with contaminated material (body fluids, object, bedding, etc.)? ☐ Yes ☐ No ☐ Unknown

If yes, please complete the following:

*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:*

*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

Location of contact (city/country):

Earliest possible exposure: *(YYYY/MM/DD)*

Latest possible exposure: *(YYYY/MM/DD)*

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

*Based on public health assessment, what is the most likely location of transmission?

☐ Within BC ☐ Outside BC but within Canada ☐ Outside Canada

If the infection was likely acquired outside of BC, please provide additional details about the suspected acquisition during travel (e.g., did the case attend any mass gatherings):

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)*

*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

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

☐ Woman ☐ Man ☐ Non-binary person ☐ Transgender ☐ Unsure/Questioning ☐ Prefer not to answer/Unknown

☐ If none of the above, *specify:* ☐ Not applicable (e.g., No sexual partners in 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:* ☐ Transactional sex ☐ Other, *specify:*

☐ Not applicable (e.g., No sexual partners met in 21 days prior to onset of illness) ☐ Unknown ☐ Declined to answer

*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

G. CONTACTS DURING COMMUNICABILITY PERIOD

During the communicability period …

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 publichealthresponsenotifications@bccdc.ca

H. *LABORATORY INFORMATION

*Specimen type	*Collection date *YYYY / MM / DD*	*Lab test	*Result
☐ Skin lesion ☐ Lesion crust ☐ Oropharyngeal swab ☐ Urine ☐ Semen ☐ Genital swab ☐ Rectal swab ☐ Serum ☐ Other, *specify:*		☐ Mpox virus PCR ☐ Other, *specify:*	☐ Positive ☐ Negative ☐ Indeterminate
☐ Skin lesion ☐ Lesion crust ☐ Oropharyngeal swab ☐ Urine ☐ Semen ☐ Genital swab ☐ Rectal swab ☐ Serum ☐ Other, *specify:*		☐ Mpox virus PCR ☐ Other, *specify:*	☐ Positive ☐ Negative ☐ Indeterminate

I. NOTES

J. DEFINITIONS

Case Definitions	
Confirmed case	A person who is laboratory confirmed for mpox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or sequencing.

Probable case	A person who presents with an unexplained[1] acute rash or lesion(s)[2]
	AND
	Has one or more of the following in the 21 days before symptom onset:
	• Has an epidemiological link to a probable or confirmed mpox case,
	• Has an epidemiological link to a location/event where transmission of mpox is suspected or known to have occurred,
	  ○ Epidemiological link such as:
	  ▪ 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
	AND
	Mpox virus has not been ruled out by an *Orthopoxvirus* or mpox virus PCR (i.e. laboratory testing is not available).

Suspect case	A person in whom mpox virus has not yet been ruled out by a negative *Orthopoxvirus* or mpox virus PCR result who presents with one or more of the following:
	• An unexplained[1] acute rash[2] AND has at least one of the following signs or symptoms
	  ○ Headache
	  ○ acute onset of fever (>38.5°C)
	  ○ lymphadenopathy (swollen lymp nodes)
	  ○ myalgia
	  ○ back pain
	  ○ asthenia (profound weakness)
	• An unexplained[1] acute genital, perianal or oral lesion(s)

1. Common causes of acute rash can include varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum, hand-foot-and-mouth disease.
2. Acute rash
   Mpox 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
3. Reported travel history includes regional, national, or international travel in the 21 days before symptom onset to any area where mpox 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	Direct contact between a person's skin or mucous membrane and the case's skin lesions, mucosal lesions or bodily fluids without appropriate PPE. 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). 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.

Hospitalization
Any person admitted to a hospital for at least an overnight stay, or with a prolongation of hospitalization. Includes persons admitted to hospital but without transfer to a ward/unit.