

Updated: October 5, 2022

iPHIS Case ID:

***** Note to clinician *****

Please complete relevant information on PAGE 1 ONLY and fax to your local public health unit. The responsible public health unit will complete the Ontario Monkeypox Investigation Tool

1 - CLIENT DEMOGRAPHICS

Last name: Gender: Female Male Transgender
First name: Other Unknown
Date of birth: Primary telephone #:
Address: Home Mobile Work Other
City: Alternate telephone #:
Postal Code: Home Mobile Work Other
Email:
Is the client homeless? Yes No

2 - CLIENT LANGUAGE / PROXY INFO

Preferred language: English French Other:
If Other, specify:
Translation required? Yes No
Proxy respondent (if applicable)? Yes No
Name:
Relationship to client:

4 - REASON FOR REPORT (See page 2 for definitions)

Confirmed case Suspect case
Probable case Person Under Investigation (PUI)

3 - CLINICIAN / HEALTHCARE PROVIDER INFO

Name:
Tel.
Clinic / Hospital name:
Role: Attending Physician Family Physician
Specialist Walk-in Physician
Nurse Practitioner Unknown
Other

5 - CLINICAL INFO

Date of client assessment:
Is the client currently hospitalized? Yes No
If yes, name of hospital:

6 - CLIENT TESTING INFO

Have specimen(s) been collected for monkeypox testing? Yes No Collection date:

*****Please fax Page 1 to your local public health unit (contact health unit for secure fax information)*****

Ontario Monkeypox Case Definitions

Confirmed Case

A person who is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by nucleic acid amplification test (NAAT) (e.g. real-time polymerase chain reaction [PCR]) and/or sequencing.

Probable Case

A person who meets the criteria in 1, 2, OR 3:

1

- a. Presents with an unexplained^[1] acute rash or lesion(s)^[2]

AND

- b. Meets at least one of the following within the 21 days before their symptom onset:
- Has an epidemiological link to a probable or confirmed monkeypox case, such as a high-risk exposure^[3]
 - Has an epidemiological link to a location/event where transmission of monkeypox is suspected or known to have occurred
 - Has a relevant zoonotic exposure^[4]

AND

- c. Monkeypox virus has not been ruled out by an *Orthopoxvirus* or monkeypox virus NAAT result

2

- a. Presents with an unexplained^[1] acute rash or lesion(s)^[2]

AND

- b. Has an indeterminate *Orthopoxvirus* or monkeypox virus NAAT result

3

- a. Has a positive *Orthopoxvirus* NAAT result

AND

- b. Is pending a confirmatory monkeypox virus NAAT result

Suspect Case

A person in whom monkeypox virus has not been ruled out by an *Orthopoxvirus* or monkeypox virus NAAT result and meets the criteria in 1 OR 2:

1

- a. An unexplained^[1] acute rash^[2]

AND

- b. Has at least one of the following signs or symptoms:

- Fever
- Chills and/or sweats
- Lymphadenopathy (swollen lymph nodes)
- Headache
- Myalgia (muscle/ body aches, back pain)
- Sore throat
- Cough
- Coryza
- Prostration or asthenia (profound weakness)

2

- a. An unexplained^[1] acute genital, perianal or oral lesion(s)

Person Under Investigation (PUI)

A person with a pending *Orthopoxvirus* or monkeypox virus NAAT result

AND

Does not meet criteria for a suspect, probable, or confirmed case of monkeypox

[1] Common causes of an acute illness associated with rash are enteroviruses including coxsackieviruses (e.g. hand-foot-and-mouth disease), varicella zoster, herpes zoster, measles, herpes simplex, syphilis, chancroid, lymphogranuloma venereum.

[2] Monkeypox illness presentation includes a progressively developing rash that usually starts on the face and then spreads elsewhere on the body. The rash can also affect the mucous membranes in the mouth, tongue, and genitalia. The rash may affect the palms of hands and soles of the feet. The rash can last for 2–4 weeks and progresses through the following stages: macules, papules, vesicles, pustules, and scabs. There are case reports from North America of an atypical monkeypox illness presentation starting with genital, perianal, or oral rash/lesion(s) which may precede other typical signs and symptoms of monkeypox virus.

[3] High risk exposure is defined by the Ministry of Health [Recommendations for the management of cases and contacts of monkeypox in Ontario](#) document (as current).

[4] A relevant zoonotic exposure may include contact with a dead or live wild animal or exotic pet that is an African endemic species, or use of a product derived from such animals (e.g., game meat, creams, lotions, powders, etc).

Legend: [For interview with case]  System-Mandatory  Required  Personal Health Information

7 - COVER SHEET

Note that this page can be autogenerated in iPHIS

Date printed:  Investigator First Name:

Bring forward date:  Investigator Last Name:

iPHIS Client ID #:  Branch Office:

 Reported date:  Diagnosing Health Unit:

 Disease: **Monkeypox**

 Is this an outbreak associated case? Yes If yes, OB#: No, link to OB# 0000-2022-00005 in iPHIS

Is the client in a high-risk occupation / environment? Yes No If yes, specify:

8 - VERIFICATION OF CLIENT'S IDENTITY & NOTICE OF COLLECTION

Client's identity verified? Yes If yes, specify: Date of birth (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.

9 - RECORD OF FILE

 Responsible Health Unit  Investigation Start Date:

 Investigator First Name: Investigator's Signature:

 Investigator Last Name: Investigator's Initials:

Designation: PHI PHN Other - Specify:

 Responsible Health Unit Assignment Date:

 Investigator First Name: Investigator's Signature:

 Investigator Last Name: Investigator's Initials:

Designation: PHI PHN Other - Specify:

10 - CALL LOG DETAILS

Call 1	Date:	Start time:	Type of call:	Outgoing	Incoming
Call To/From:		Outcome (contact made, v/m, text, email, no answer, etc.)			Investigator's initials
Call 2	Date:	Start time:	Type of call:	Outgoing	Incoming
Call To/From:		Outcome (contact made, v/m, text, email, no answer, etc.)			Investigator's initials
Call 3	Date:	Start time:	Type of call:	Outgoing	Incoming
Call To/From:		Outcome (contact made, v/m, text, email, no answer, etc.)			Investigator's initials
Call 4	Date:	Start time:	Type of call:	Outgoing	Incoming
Call To/From:		Outcome (contact made, v/m, text, email, no answer, etc.)			Investigator's initials
Call 5	Date:	Start time:	Type of call:	Outgoing	Incoming
Call To/From:		Outcome (contact made, v/m, text, email, no answer, etc.)			Investigator's initials

Date letter sent:

11 - CALL DETAILS

Aetiologic Agent: Monkeypox virus

Classification	Confirmed	Probable	Suspect	Classification Date:
	Does not meet definition		PUI	
Outbreak Case Classification	Confirmed	Probable	Suspect	Outbreak Classification Date:
	Does not meet definition		PUI	
Disposition	Complete	Closed - Duplicate - Do not use		Disposition Date:
	Entered in Error	Lost to Follow Up		
	Does not meet definition	Untraceable		
Status	Closed	Initials:		Status Date:
	Open (re-opened)	Initials:		Status Date:
	Closed	Initials:		Status Date:

12 - 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:

Specimen collection site:

◆ Symptom Ensure that symptoms in bold (below) are asked	◆ Response			◆ Use as onset: (choose one)	◆ Onset date and time	◆ Recovery date: (one date is sufficient)
Asymptomatic	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Fever	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Headache	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Myalgia (muscle aches)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Fatigue / Exhaustion	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Swollen lymph nodes (Lymphadenopathy)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				

Specify location of swollen lymph nodes (enter details under 'site/description' in iPHIS

	Submandibular	Inguinal	Cervical	Axillary	Unknown	Other, specify:
Cough	Yes	Unknown	Refused			◆ Onset date: Onset time: 24HR – HH:MM (discretionary)
	No	Not Asked				
Sore throat	Yes	Unknown	Refused			◆ Onset date: Onset time: 24HR – HH:MM (discretionary)
	No	Not Asked				
Runny Nose (coryza)	Yes	Unknown	Refused			◆ Onset date: Onset time: 24HR – HH:MM (discretionary)
	No	Not Asked				
Back pain / ache	Yes	Unknown	Refused			◆ Onset date: Onset time: 24HR – HH:MM (discretionary)
	No	Not Asked				
Sweating	Yes	Unknown	Refused			◆ Onset date: Onset time: 24HR – HH:MM (discretionary)
	No	Not Asked				

◆ Symptom Ensure that symptoms in bold (below) are asked	◆ Response			◆ Use as onset: (choose one)	◆ Onset date and time	◆ Recovery date: (one date is sufficient)
Vomiting	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Nausea	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Conjunctivitis	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Chills	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Rash	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Details: macular (flat), papular (raised), vesicular (raised and filled with clear fluid), pustular (filled with opaque fluid)						
Macular	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Papular	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Vesicular	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Pustular	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Ulcerous	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Crusted	Yes No	Unknown Not Asked	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
If responding yes to a rash:	Location(s) of the rash: (enter details under 'site/description' in iPHIS) Face, excluding oral/mucosal surfaces Limbs (arms, legs) Hands and palms of hand(s) Soles of the feet Torso Other If Other, specify:					
Number of lesions: (enter details under 'site/description' in iPHIS)						
One lesion 2-10 lesions 10-50 lesions 50-100 lesions >100 lesions Unknown						

◆ Symptom Ensure that symptoms in bold (below) are asked	◆ Response			◆ Use as onset: (choose one)	◆ Onset date and time	◆ Recovery date: (one date is sufficient)
Oral lesion(s)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Genital lesion(s)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Other symptom, specify:	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	

Note: This list is not comprehensive. There are additional symptoms listed in iPHIS.

13 - ◆ COMPLICATIONS

Secondary infection	Bronchopneumonia	Sepsis	Encephalitis	Myocarditis
Corneal infection	Ulcerative lesion with delayed healing	None	Other	Unknown

14 - INCUBATION PERIOD

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

Onset (date and time) ————— - 5 days ————— - 21 days

Date: Time: Date: Date:

16 - HOSPITALIZATION & TREATMENT

Mandatory in iPHIS only if admitted to hospital

Did you go to an emergency room?	Yes No	If yes, name of hospital: Date:
◆ 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: ◆ Date of admission: ◆ Date of discharge: Unknown discharge date
Note: 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*: Start date: End date: Route of administration: Dosage: *Note: if client received monkeypox antiviral treatment (e.g., tecovirimat (TPOXX), brincidofovir, cidofovir), enter this under medications.
Did you take over-the-counter medication?	Yes No Don't recall	If yes, specify:
Note: Treatment information can be entered in iPHIS under Cases > Case > Rx/Treatments > Treatment as per current iPHIS User Guide		

17 - TRAVEL

Behavioural and social risk factors in the 21 days prior to onset of illness

Travel (including day trips and overnight visits)	◆ Responses	Details (e.g., Location visited, flight details) iPHIS character limit: 50
◆ Travel within the province in the 21 days prior to illness	Yes No Unknown Not Asked	From: Where (Specify): To:
◆ Travel outside the province in the 21 days prior to illness	Yes No Unknown Not Asked	
Within Canada	Yes No Unknown Not Asked	From: Where (Specify): To:
Outside Canada	Yes No Unknown Not Asked	From: Where (Specify): To: Hotel/Resort:

Attention! If the case travelled during the incubation period and while symptomatic, obtain additional details to create or link to exposure(s) in iPHIS, including flight carrier, flight details (including row and seat), cruise details (if applicable), dates of travel, hotel/accommodation details, whether a mask/respirator was worn in flight and whether lesions were covered during the flight (if applicable).

Behavioural and social risk factors in the 21 days prior to onset of illness

Travel (including day trips and overnight visits)	 Responses		Details (e.g., Location visited, flight details) iPHIS character limit: 50			
 Travelled to, lived or worked in a country with endemic or known monkeypox activity in the last 21 days (specify province/country)	Yes No	Unknown Not Asked	From: To:	Where (Specify):		
Direct contact (e.g. touch) with a domesticated or wild animals (e.g., rodents, monkeys, squirrels)	Yes No	Unknown Not Asked	Where (Specify):			
Consumption of bush meat	Yes No	Unknown Not Asked	Where (Specify):			
 Close contact with a traveler from out of province in the last 21 days	Yes No	Unknown Not Asked	From: To:	Location of origin:		
 Did you attend any gatherings such as weddings, parties, showers, family gatherings, music concerts or raves in the last 21 days?	Yes No	Unknown Not Asked	If Yes, specify:		Location:	Number attended: Any ill: Yes No
Anonymous sex	Yes No	Unknown Not Asked	Where (Specify):			
Visited bath house	Yes No	Unknown Not Asked				
Met contact through internet	Yes No	Unknown Not Asked	Where (Specify):			
More than one sex partner in previous six months	Yes No	Unknown Not Asked	Specify approximate number:			
New sex partner in previous 2 months	Yes No	Unknown Not Asked	Where (Specify):			
Sex with individual of the same sex	Yes No	Unknown Not Asked	Where (Specify):			
Sex with individual of the opposite sex	Yes No	Unknown Not Asked	Where (Specify):			
Shared sex toy	Yes No	Unknown Not Asked	Where (Specify):			

Travel (including day trips and overnight visits)	Responses		Details (e.g., Location visited, flight details) iPHIS character limit: 50
Shared needles	Yes No	Unknown Not Asked	Where (Specify):
Shared drug equipment (non-needles)	Yes No	Unknown Not Asked	Where (Specify):
Shared mouthed items (e.g, toothbrush, vape, musical instrument)	Yes No	Unknown Not Asked	Where (Specify):
Contact with animals	Yes No	Unknown Not Asked	Where (Specify):
Contact with household pets, other than rodents (e.g., dog, cat, rabbit)	Yes No	Unknown Not Asked	Where (Specify):
Contact with pet rodent (e.g., rat, mouse, hamster, guinea pig)	Yes No	Unknown Not Asked	Where (Specify):
Contact with farm animals or captive wildlife (e.g., zoo, research facility)	Yes No	Unknown Not Asked	Where (Specify):
Contact with wild animals excluding wild rodents	Yes No	Unknown Not Asked	Where (Specify):
Contact with wild rodents (e.g., mouse, rat, squirrel, beaver)	Yes No	Unknown Not Asked	Where (Specify):
❖ Contact with a person who has one or more symptoms of monkeypox, including with a known confirmed, probable or suspect case of monkeypox	Yes No	Unknown Not Asked	Where (Specify):
Direct contact with non-intact skin/lesions	Yes No	Unknown Not Asked	Where (Specify):
Indirect contact with non-intact skin/lesions (e.g., surfaces/bedding)	Yes No	Unknown Not Asked	Where (Specify):
<p>❖ 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.</p>			

18 - 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

If Yes, select occupation:

Flight attendant

Laboratory worker

Animal handler/keeper **or** animal product handler

Health care worker (including indirect patient care)

Specify:

Other Specify Occupation:

Name of Employer:

Self-employed:

Yes

No

Employer Contact

Info Name:

Address:

Employer Contact Phone Number:

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

19 - 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:

Relation to case:

Phone Number:

Address:

Email:

Notes:

Recommend contact seek medical attention/testing?

Yes

No

N/A

Contact 2

Name:

Relation to case:

Phone Number:

Address:

Email:

Notes:

Recommend contact seek medical attention/testing?

Yes

No

N/A

Contact 3

⊘ Name: _____ Relation to case: _____

⊘ Phone Number: _____ ⊘ Address: _____

⊘ Email: _____

Notes: _____

Recommend contact seek medical attention/testing? Yes No N/A

20 - 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.

21 - 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

22 - 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.

23 - INTERVENTION

Intervention Type	Intervention implemented (check all that apply)		
Chemoprophylaxis	Investigator's Initials:	◆ Start Date:	◆ End Date:
Counselling (e.g., clinical guidance)	Investigator's Initials:	◆ Start Date:	◆ End Date:
Education (e.g., provided with fact sheet)	Investigator's Initials:	◆ Start Date:	◆ End Date:
ER visit	Investigator's Initials:	◆ Start Date:	◆ End Date:
Exclusion	Investigator's Initials:	◆ Start Date:	◆ End Date:
Hospitalization	Investigator's Initials:	◆ Start Date:	◆ End Date:
ICU	Investigator's Initials:	◆ Start Date:	◆ End Date:
Isolation	Investigator's Initials:	◆ Start Date:	◆ End Date:
Letter - Client	Investigator's Initials:	◆ Start Date:	◆ End Date:
Letter - Physician	Investigator's Initials:	◆ Start Date:	◆ End Date:
Other (i.e., contacts assessed, PHI/ PHN contact information)	Investigator's Initials:	◆ Start Date:	◆ End Date:
Phone Call	Investigator's Initials:	◆ Start Date:	◆ End Date:
Press release	Investigator's Initials:	◆ Start Date:	◆ End Date:
Self-isolation	Investigator's Initials:	◆ Start Date:	◆ End Date:
Symptoms – active monitoring	Investigator's Initials:	◆ Start Date:	◆ End Date:
Symptoms – self-monitoring	Investigator's Initials:	◆ Start Date:	◆ End Date:
Vaccination	Investigator's Initials:	◆ Start Date:	◆ End Date:

For iPHIS data entry – enter information under **Cases > Case > Interventions**.

24 - PROGRESS NOTES