NATIONAL INSTITUTE FOR COMMUNICABLE DISEASES
Division of the National Health Laboratory Service

Division of Public Health Surveillance and Response and
Centre for Emerging Zoonotic and Parasitic Diseases
(NICD) 24-hour hotline number: 0800 212 552

CASE INVESTIGATION FORM: MONKEYPOX

PATIENT DETAILS

Surname:	Name/s:	
Date of birth:	Age:	Sex: Male Female
Contact telephone number/s:	Occupation:	
Physical home address:		

ATTENDING HEALTHCARE WORKER AND HEALTHCARE FACILITY DETAILS

Name of clinician:	Contact number/s of clinician:	
Healthcare facility name:	Location of healthcare facility:	
Hospital number:	Date of admission (dd/mm/yyyy):	Ward:

RISK FACTORS/ EXPOSURE HISTORY – during the 21 days prior to onset of symptoms

Travelled to a country endemic for monkeypox*	Yes □	No □	Unknown □
Close contact with suspected or confirmed case of monkeypox**	Yes □	No □	Unknown □
History of international travel	Yes □	No □	Unknown □
None of the above	Yes □	No □	Unknown □

CLINICAL INFORMATION

A. Date of onset of illness (dd/mm/yyyy):

B. Clinical features (Tick appropriate box: yes, no, unknown)

Fever Yes □ No □ Unknown □
If yes, specify temperature_____°C

Lymphadenopathy Yes □ No □ Unknown □
Headache Yes □ No □ Unknown □
Muscle pain Yes □ No □ Unknown □
Fatigue Yes □ No □ Unknown □
Sore throat Yes □ No □ Unknown □
Nausea/vomiting Yes □ No □ Unknown □
Cough Yes □ No □ Unknown □
Chills/sweats Yes □ No □ Unknown □
Oral ulcers Yes □ No □ Unknown □
Light sensitivity Yes □ No □ Unknown □
Other, specify: _____

If female, pregnant Yes □ No □ Unknown □

Rash Yes □ No □ Unknown □
Date of onset of rash (dd/mm/yyyy):
_____

If yes, specify

Distribution of rash:

Face □ Legs □ Soles of the feet □
Trunk □ Arms □ Palms of hands □
Thorax □
Genitals □
All over body □

Type of rash:

Macular Yes □ No □
Maculopapular Yes □ No □
Vesicular Yes □ No □
Petechial Yes □ No □
Vasculitic Yes □ No □

PAST MEDICAL AND TRAVEL HISTORY

Underlying illness*** : Yes □ No □ Unknown □
If yes, give details:

Travel outside of South Africa in the 21 days prior to onset of illness? Yes □ No □ Unknown □ If yes, details:				
Country visited (indicate if travelling in transit through airport in another country)	Location/s visited within country:	Date of arrival (dd/mm/yyyy):	Date of departure (dd/mm/yyyy):	Activities at the location

Footnotes:

* Countries endemic for monkeypox:
Cameroon
Central African Republic
Congo
Democratic Republic of Congo
Gabon
Ghana
Ivory Coast
Liberia
Nigeria
Sierra Leone
South Sudan

**Initiate contact tracing in collaboration with your infection control practitioner and local communicable diseases control coordinator

*** Any immunosuppressing conditions, including active HIV disease