

Ontario mpox Investigation Tool

Version: June 11, 2024

iPHIS Case ID:

1 - CLIENT DEMOGRAPHICS

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

2 - COVER SHEET

Note that this page can be autogenerated in iPHIS

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

Date printed:  Investigator First Name:
Bring forward date:  Investigator Last Name:
iPHIS Client ID #:  Branch Office:
 Reported date:  Diagnosing Health Unit:
 Disease: **mpox**
 Is this an outbreak associated case? Yes If yes, OB#: No, link to OB# 0000-2024-00008 in iPHIS

3 - 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 - CLINICIAN / HEALTHCARE PROVIDER INFO

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

5 - VERIFICATION OF CLIENT’S IDENTITY & NOTICE OF COLLECTION

Client’s identity verified?

Yes

No

If yes, specify:

Date of birth (DOB)

Postal Code

Physician

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.

6 - 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:

7 - 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:

8 - CASE DETAILS

Aetiologic Agent: Monkeypox virus (MPXV)

◆ 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:	
	Closed	Initials:	

9 - SYMPTOMS

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

Communicability: most commonly from onset of initial lesions until scabs have fallen off and new intact skin present. mpox lesions commonly present as genital, perianal, anorectal, and/or perioral, oral, or oropharyngeal lesions. Anorectal lesions can manifest as anorectal inflammation (proctitis), pain, and/or bleeding. 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			
	No	Not Asked				
Fever	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Fatigue	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Lymph Nodes Swelling / Pain (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:
Chills	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 pain)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Sore Throat / Hoarseness (Difficulty Swallowing)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Prostration (Exhaustion)	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				
Proctitis (rectal inflammation / pain)	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)
Rash	Yes Unknown Refused No Not Asked		◆ 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 Unknown Refused No Not Asked		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Papular	Yes Unknown Refused No Not Asked		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Vesicular	Yes Unknown Refused No Not Asked		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Pustular	Yes Unknown Refused No Not Asked		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Ulcerous*	Yes Unknown Refused No Not Asked		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Crusted*	Yes Unknown Refused No Not Asked		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
*Note: Enter in iPHIS under the main symptom ‘Rash’.				
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:			

◆ 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)
Lesions	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Oral	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Genital	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
Other symptom (e.g., cough, runny nose, nausea, vomiting, conjunctivitis, sweating) Specify:	Yes	Unknown	Refused		◆ Onset date: Onset time: 24HR – HH:MM (discretionary)	
	No	Not Asked				

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

10 - ◆ COMPLICATIONS

Secondary skin infection

Bronchopneumonia

Sepsis

Encephalitis

Myocarditis

Corneal infection

Ulcerative lesion with delayed healing

None

Other

Unknown

11 - 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:

12 - TRAVEL**Travel 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	Yes	Unknown	From:	Where (Specify):
	No	Not Asked	To:	
Travel outside the province	Yes	Unknown		
	No	Not Asked		
Within Canada	Yes	Unknown	From:	Where (Specify):
	No	Not Asked	To:	
Outside Canada	Yes	Unknown	From:	Where (Specify):
	No	Not Asked	To:	
			Hotel/Resort:	

Attention! If the case travelled during the incubation period and while symptomatic, consider obtaining additional details to create or link to exposure(s) in iPHIS, if applicable, including flight carrier and details (including row and seat), cruise details (if applicable), dates of travel, and whether lesions were covered during travel (if applicable).

13 - BEHAVIOURAL AND SOCIAL RISK FACTORS**Behavioural and social risk factors in the 21 days prior to onset of illness**

	Responses		Specify details: (iPHIS character limit: 50)	
Lived or worked in endemic area (specify province or country)	Yes	Unknown	From:	Specify:
	No	Not Asked	To:	
Contact visiting from outside province (specify province or country)	Yes	Unknown	From:	Location of origin:
	No	Not Asked	To:	
Anonymous sex	Yes	Unknown	Specify:	
	No	Not Asked		
Met contact through internet	Yes	Unknown	Specify:	
	No	Not Asked		
More than one sex partner in previous six months	Yes	Unknown	Specify approximate number:	
	No	Not Asked		
New sex partner in previous 2 months	Yes	Unknown	Specify:	
	No	Not Asked		

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

	Responses		Specify details: (iPHIS character limit: 50)
Sex with individual of the same sex	Yes No	Unknown Not Asked	Specify:
Sex with individual of the opposite sex	Yes No	Unknown Not Asked	Specify:
Contact with respiratory secretions	Yes No	Unknown Not Asked	Specify:
Contact with animals	Yes No	Unknown Not Asked	Specify:
Close contact with a case	Yes No	Unknown Not Asked	Specify:
Close contact with a symptomatic individual	Yes No	Unknown Not Asked	Specify:
Occupational - health care worker	Yes No	Unknown Not Asked	Specify:
Occupational - laboratory worker	Yes No	Unknown Not Asked	Specify:
Occupational - Specify	Yes No	Unknown Not Asked	Specify:
❖ Unknown	Yes No		Note: For iPHIS data entry – check Yes for Unknown if all other Behavioural Risk Factors are No or Unknown.

◆ **Create Exposures** Identify Exposures to be entered in iPHIS. (e.g., Visited bath house)

For iPHIS data entry - Where possible, record details of travel exposures, and for the items listed below, by creating corresponding exposures in iPHIS.

1. Specify exposure location or setting:

Start date:

End date:
2. Specify exposure location or setting:

Start date:

End date:
3. Specify exposure location or setting:

Start date:

End date:

14 - MEDICAL RISK FACTORS

	◆ Responses		Details (iPHIS character limit: 50)
◆ Have you ever received smallpox vaccine? (e.g. 1 st or 2 nd generation vaccine)	Yes	Unknown	If yes, specify: Number of vaccine doses: Date of last vaccination: Reason for vaccination: Post-exposure vaccination High-risk Routine series Reminder: Please enter the details of the smallpox and mpox vaccine doses received under the Interventions / Imms screen in iPHIS.
	No	Not Asked	
◆ Have you ever received mpox vaccine? (e.g., 3 rd generation smallpox vaccine, Imvamune)	Yes	Unknown	If yes, specify: Number of vaccine doses: 1 st dose date: 2 nd dose date: Reason for vaccination: Pre-exposure vaccination Post-exposure vaccination
	No	Not Asked	

❖ Immunocompromised (e.g. by medication or by disease such as cancer, diabetes, untreated HIV etc.)	Yes No	Unknown Not Asked	If yes, specify:
❖ Do you currently have an STI? (either a diagnosis or current infection)	Yes No	Unknown Not Asked	If yes, specify:
❖ Are you HIV positive?	Yes No	Unknown Not Asked	If yes, specify:
Are you currently pregnant?	Yes No	Unknown Not Asked	If yes, specify:
Other	Yes No	Unknown Not Asked	If yes, specify:
❖ Unknown	Yes No		Note: For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.

15 - 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 anti-virals 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 mpox 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		

16 - 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 household and sexual partner(s).

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

17 - 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.

CCM recommends use of barrier methods for sexual activity following symptom resolution for 8 weeks.
Source: <https://files.ontario.ca/moh-ohps-ref-monkeypox-case-contact-managment-recommendations-en.pdf>

18 - 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

19 - THANK YOU

Thank you for your time. This information will be used to help prevent future illnesses caused by mpox. 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.

20 - 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**.

21 - PROGRESS NOTES