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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification Details** | General Practitioner | | | | Hospital Practitioner | | | | | | | | | | | Other | | |
| **Name of person notifying** | Enter name | | | | | | | | | | **Date reported** | | | | | Enter date | | |
| **Organisation** | Enter organisation name | | | | | | | | | | **Phone** | | | | | Enter phone | | |
| **Usual GP & Practice** | Enter GP name | | | | | | | | | | **GP Phone** | | | | | Enter phone | | |
| **Patient details** | | | | | | | | | | | | | | | | | | |
| **Name of patient** | Enter surname | | | | | Enter given name(s) | | | | | | | | | | | | |
| **NHI Number** | Enter NHI # | | | **Date of birth** | | Enter DOB | | | | | | **Gender** | | Enter gender | | | | |
| **Current address** | Enter address | | | | | | | | | | | | | | | | | |
| **Home address (if different from above)** | Enter address | | | | | | | | | | | | | | | | | |
| **Email address** | Enter email | | | | | | | | | | | | | | | | | |
| **Phone (home)** | Enter phone # | | | | | | Phone (mobile) | | | | | | | | | Enter phone # | | |
| **Ethnicity** | Choose an item | | | | | | If other, please specify | | | | | | | | | | | |
| **Preferred language** | Please specify | | | | | | Interpreter needed | | | | | | | | | Yes | | No |
| **Occupation** | Enter occupation | | | | | | Employer | | | | | | | | | Enter employer | | |
| **MPox vaccination** | 0  1  2  Unknown | | | | | | | | | | | | | | | | | |
| **BASIS OF DIAGNOSIS – Must meet both clinical and epidemiological/priority group criteria for testing** | | | | | | | | | | | | | | | | | | |
| **Rash description, location, and date of onset** | Enter details | | | | | | | | **Date of onset for systemic symptoms** | | | | Enter date | | | | | |
| **Rash** | Yes | No | Unknown | | | | | | **Acute onset of fever >38 oC** | | | | Yes | | No | | Unknown | |
| **Chills** | Yes | No | Unknown | | | | | | **Lymphadenopathy** | | | | Yes | | No | | Unknown | |
| **Myalgia** | Yes | No | Unknown | | | | | | **Proctitis** | | | | Yes | | No | | Unknown | |
| **Headache** | Yes | No | Unknown | | | | | | **Fatigue** | | | | Yes | | No | | Unknown | |
| **Epidemiological criteria *-*** *to have occurred in the* ***21 days*** *before symptom onset* | Exposure to a confirmed or probable case or known exposure event | | | | | | | | Provide details: | | | | | | | | | |
| History of travel including to West or Central Africa where Mpox is endemic | | | | | | | | Provide details: | | | | | | | | | |
| **Priority group** | MSM (men who have sex with men) | | | | | | | | | | | | | | | | | |
| **TESTING - Mark samples as URGENT and send to Labtest via courier (they will send on to LabPlus).** | | | | | | | | | | | | | | | | | | |
| **Testing guidelines -**  *Mpox samples to be double bagged separately from other samples with lab form in outer bag.* | *Preferred*  3x viral swabs from separate vesicles (in UTM/VTM)  Scab lesions or crust materials (in sterile pottle with no added UTM) | | | | | | | Nasopharyngeal swab for high risk close contacts with prodromal illness but no rash  Rectal swab for patients with proctitis | | | | | | | | | | |
| **Laboratory confirmation of disease** | Yes | | | | No | | | | | | If yes, please specify | | | | | | | |
| **High Risk patient** | Infant/young child | | | | Pregnant | | | | | | Immunocompromised (please follow this up with further advice from ID) | | | | | | | |
| **Advised not to have sexual or intimate contact until result is back and no symptoms.** | Yes | | | | | | | | | No | | | | | | | | |
| **ADDITIONAL COMMENTS (E.g. Additional high-risk contacts, recent travel details, relevant PMHx or suspected source of infection.)** | | | | | | | | | | | | | | | | | | |
| Add comments | | | | | | | | | | | | | | | | | | |

**Additional information and useful links**

**Typical appearance of Mpox rash**

* <https://dermnetnz.org/topics/monkeypox>