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
UPDATED: 2 SEPTEMBER 2022

CASE INVESTIGATION FORM: MONKEYPOX

I. PATIENT DETAILS

Surname:		Name/s:				
Date of birth:	DD / MM / YYYY	Age:		Sex:	Male ☐	Female ☐
Contact Tel./Cell:	(000) 0000000	(000) 0000000		Occupation:		
Physical home address:						

II. ATTENDING HEALTHCARE WORKER AND HEALTHCARE FACILITY DETAILS

Name of clinician:		Contact Tel./Cell clinician:	(000) 0000000		
Healthcare facility name:		Location of healthcare facility:			
Hospital case nr.:		Date of admission:	DD / MM / YYYY	Ward:	

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

Close contact with suspected or confirmed case of monkeypox*	Yes ☐	No ☐	Unknown ☐
History of international travel to country reporting monkeypox in 21 days prior to onset of illness	Yes ☐	No ☐	Unknown ☐
None of the above	Yes ☐	No ☐	Unknown ☐

IV. 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 ☐
Light sensitivity	Yes ☐	No ☐	Unknown ☐

Rash	Yes ☐	No ☐	Unknown ☐	
Date of onset of rash	DD / MM / YYYY			
Distribution of rash:				
Face ☐	Oral ☐	Arms☐	All over	
Trunk ☐	Genitals ☐	Legs ☐	body ☐	
Thorax ☐	Soles of hands ☐	Soles of feet ☐		
Type of rash:	Macular	Yes ☐	No ☐	
	Maculopapular	Yes ☐	No ☐	
	Vesicular	Yes ☐	No ☐	
	Petechial	Yes ☐	No ☐	
	Vasculitis	Yes ☐	No ☐	

Other, specify:				
If female, pregnant:	Yes ☐	No ☐	Unknown ☐	n/a (male) ☐

V. PAST MEDICAL AND TRAVEL HISTORY

Underlying illness** Yes ☐ No ☐ Unknown ☐

If yes, give details:

Country/ies visited:	Location/s visited within country:	Date of arrival:	Date departure:
		DD / MM / YYYY	DD / MM / YYYY

Activities at the location/purpose of travel:	

Footnotes: * Contact tracing should be initiated according to protocol ** Any immunosuppressing condition including active HIV disease

SUBMIT COMPLETED FORM WITH SPECIMEN TO: Special Viral Pathogens Lab, National Institute for Communicable Diseases, National Health Laboratory Service, 1 Modderfontein Road, Sandringham 2192, South Africa

EMAIL COMPLETED FORM TO: jacquelinew@nicd.ac.za / naazneenm@nicd.ac.za / outbreak@nicd.ac.za