

Monkeypox Data Collection Worksheet

Please complete all sections.

Panorama QA complete: Yes No
 Initials: _____

Panorama Client ID: _____
 Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:		First Name: and Middle Name:		Alternate Name (Goes by):	
DOB: YYYY / MM / DD Age: _____		Health Card Province: _____		Preferred Communication Method: (specify - i.e. home phone, text):	
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		Health Card Number (PHN):		Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal	
Place of Employment/School:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown			
Alternate Contact: _____		Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address):			
Relationship: _____		Street Address or FN Community (Primary Home):			
Alt. Contact phone: _____		Address at time of infection if not the same:			

B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> RESPIRATORY AND DIRECT CONTACT ENCOUNTER GROUP->CREATE INVESTIGATION

Disease Summary Classification:		Classification:		LAB TEST INFORMATION:	
CASE	Date	CONTACT	Date	Date specimen collected:	
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	YYYY / MM / DD	
<input type="checkbox"/> Does Not Meet Case	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	Specimen type:	
<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Throat	
<input type="checkbox"/> Probable	YYYY / MM / DD			<input type="checkbox"/> Nasopharyngeal	
<input type="checkbox"/> Suspect	YYYY / MM / DD			<input type="checkbox"/> Lesion	
				<input type="checkbox"/> Blood	

Disposition:

FOLLOW UP:

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> In progress | YYYY / MM / DD | <input type="checkbox"/> Complete | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Declined | YYYY / MM / DD | <input type="checkbox"/> Not required | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Lost contact | YYYY / MM / DD | <input type="checkbox"/> Referred - Out of province | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Unable to locate | YYYY / MM / DD | (specify where) | |

Responsible Organization

REPORTING NOTIFICATION

Name of Attending Physician or Nurse:

Location:

Physician/Nurse Phone number:

Date Received (Public Health): YYYY / MM / DD

Type of Reporting Source: Health Care Facility Lab Report Nurse Practitioner Physician Other _____

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C) DISEASE EVENT HISTORY

LHN-> INVESTIGATION->DISEASE SUMMARY (UPDATE)->DISEASE EVENT HISTORY

Site / Presentation:	<input type="checkbox"/> Genital	<input type="checkbox"/> Extra-genital	<input type="checkbox"/> Localized	<input type="checkbox"/> Generalized
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D) SIGNS & SYMPTOMS (Bold text = part of probable case definition)

INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Onset Symptom (v)	Description	No	Yes - Date of onset	Onset Symptom (v)
Arthralgia		YYYY / MMM / DD		Myalgia (muscle pain)		YYYY / MMM / DD	
Chills				Pneumonia			
Cough		YYYY / MMM / DD		Rash		YYYY / MMM / DD	
Diaphoresis (e.g. night sweats, profuse sweating, etc.)		YYYY / MMM / DD		Rash - crusted lesions or scabs		YYYY / MMM / DD	
Encephalitis				Rash - macules			
Fever		YYYY / MMM / DD		Rash - papule - ulcerated		YYYY / MMM / DD	
Headache		YYYY / MMM / DD		Rash - papules		YYYY / MMM / DD	
Lesion less than 50 (mild) (Specify # of lesions in add'l info if <10)		YYYY / MMM / DD		Rash - pustules		YYYY / MMM / DD	
Lesion 50 to249 (mild-moderate)		YYYY / MMM / DD		Rash - pustules - umbilicated		YYYY / MMM / DD	
Lethargy (fatigue, drowsiness, weakness, etc)		YYYY / MMM / DD		Rash - vesicles		YYYY / MMM / DD	
Lymphadenopathy - generalized		YYYY / MMM / DD		Sepsis (e.g. bactremia, septicemia, etc.)		YYYY / MMM / DD	
Lymphadenopathy – regional (specify location in add'l info i.e. cervical, inguinal, submandibular, axillary)		YYYY / MMM / DD					

D) INCUBATION AND COMMUNICABILITY (manually calculate based on identified organism)

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

Incubation for Case (period for acquisition): 5-21 days	
Earliest Possible Exposure Date: YYYY / MM / DD	Latest Possible Exposure Date: YYYY / MM / DD
<i>Exposure Calculation details:</i>	
Communicability for Case (period for transmission): from onset of symptoms (prodrome) until scabs healed	
Earliest Possible Transmission Date: YYYY / MM / DD	Latest Possible Transmission Date: YYYY / MM / DD
<i>Exposure Calculation details:</i>	

E) RISK FACTORS

INVESTIGATION-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	DESCRIPTION	Yes	N, NA, U
Chronic Medical Condition - Diabetes Mellitus+			Setting – Crowded living conditions (>1 person per room excluding bathrooms)		
Chronic Medical Condition - Malignancies/Cancer+			Special Population - Infant born to an infected mother		
Chronic Medical Condition - Other (Add'l Info)			Special Population - Pregnancy		
Immunocompromised - Related to underlying disease or treat't			Special Population - Homeless +		
Medical History - Previous STI (Add'l info)			Behaviour – Lack of personal protective measures		
Unknown Source					

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Exposure Risk Factors (in the 21 days prior to onset of illness)

DESCRIPTION	Yes	N, NA, U	START DATE	END DATE	ADD'L INFO
Contact - Contact to a known case (Add'l Info)			YYYY / MM/DD	YYYY / MM/DD	Include INV ID # if known in add'l info Create an AE with details
Contact - Persons with similar symptoms			YYYY / MM/DD	YYYY / MM/DD	Create an AE with details
Lives in a communal setting					Enter facility/ residence in add'l info
Risk Behaviour - Sharing non-injection drug equipment			YYYY / MM/DD	YYYY / MM/DD	
Risk Behaviour - Sharing personal items (cigarettes, water bottles, sex toys, etc.)			YYYY / MM/DD	YYYY / MM/DD	
Sexual Behaviour - Casual sex			YYYY / MM/DD	YYYY / MM/DD	
Sexual Behaviour - E-partnering (internet or apps) (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	Include name of app or website in add'l info
Sexual Behaviour - Events with multiple sexual partners (party and play)			YYYY / MM/DD	YYYY / MM/DD	
Sexual Behaviour – Goods received (food, shelter, money or drugs) in exchange for sex			YYYY / MM/DD	YYYY / MM/DD	
Sexual Behaviour – MSM+			YYYY / MM/DD	YYYY / MM/DD	
Sexual Behaviour – Unknown/anonymous partner (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	
Sexual Behaviour – More than 2 sexual partners in past 3 months					
Travel - Outside of Canada (Add'l Info)			YYYY / MM/DD	YYYY / MM/DD	Include name of country in add'l info
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)			YYYY / MM/DD	YYYY / MM/DD	Include name of province in add'l info
Travel – Within Saskatchewan (Add'l Info)			YYYY / MM/DD	YYYY / MM/DD	Include name of community in add'l info.
Animal Exposure - Rodents/rodent excreta			YYYY / MM/DD	YYYY / MM/DD	
Animal Exposure - Wild animals (other than rodents) (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	Enter type of animal in add'l info
Animal Exposure - Farms (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	Enter type of animal in add'l info
Animal Exposure - petting zoos/zoos/special events/other (Add'l info)					
Animal Exposure - Infected animal (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	Enter type of animal in add'l info
Animal Exposure - Other (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	Enter type of animal in add'l info
Animal Exposure - Pets (only mammals) (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	Enter type of animal in add'l info
Occupation - Health Care Worker – IOM use only			YYYY / MM/DD	YYYY / MM/DD	Include facility name Create AE or TE based on when worked if applicable
Occupation – LTC Staff + (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	
Occupation – Personal Care Home Staff + (Add'l info)			YYYY / MM/DD	YYYY / MM/DD	
Other (add'l Info)					Include Outbreak number if investigation associated with an OB

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I) OUTCOMES (if applicable)

INVESTIGATION->OUTCOMES

<input type="checkbox"/> Not yet recovered/recovering	YYYY / MM / DD	<input type="checkbox"/> ICU/intensive medical care	YYYY / MM / DD	<input type="checkbox"/> ER Visit	YYYY / MM / DD
<input type="checkbox"/> Recovered	YYYY / MM / DD	<input type="checkbox"/> Intubation /ventilation	YYYY / MM / DD	<input type="checkbox"/> Hospitalization	YYYY / MM / DD
<input type="checkbox"/> Fatal	YYYY / MM / DD	<input type="checkbox"/> Other _____	YYYY / MM / DD	<input type="checkbox"/> Unknown	YYYY / MM / DD

Cause of Death: (if Fatal was selected) _____

J) EXPOSURES – CONSIDER THE MODE OF TRANSMISSION

Acquisition Event

LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Exposure Name (use the most appropriate and most specific Key Descriptor check box as the name)	Location City/Town	Setting type (Consider the following settings for TE; if >1 select “multiple settings” in Panorama)	Start/End Date YYYY / MM / DD to YYYY / MM / DD	Most likely source
<input type="checkbox"/> Contact to a case <input type="checkbox"/> Contact to a person with similar symptoms		<input type="checkbox"/> Household <input type="checkbox"/> Type of community contact		<input type="checkbox"/>
<input type="checkbox"/> Primary Care Center <input type="checkbox"/> Doctor’s office <input type="checkbox"/> Acute Care	City, name of facility	<input type="checkbox"/> Health care setting		<input type="checkbox"/>
<input type="checkbox"/> Provincial corrections <input type="checkbox"/> Federal corrections		<input type="checkbox"/> Corrections Facility		<input type="checkbox"/>
<input type="checkbox"/> Shelter (e.g. lighthouse) <input type="checkbox"/> Rooming house/Residential hotel <input type="checkbox"/> Short term residential facility		<input type="checkbox"/> Congregate/Communal Living settings		<input type="checkbox"/>
<input type="checkbox"/> Daycare/day home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> School <input type="checkbox"/> Nightclub		<input type="checkbox"/> Public Facilities		<input type="checkbox"/>
<input type="checkbox"/> Massage <input type="checkbox"/> Personal care setting (e.g. hair salon, etc.)		<input type="checkbox"/> Personal Service		<input type="checkbox"/>
<input type="checkbox"/> Fitness Center(gyms) <input type="checkbox"/> Exhibition ground <input type="checkbox"/> Park <input type="checkbox"/> Street festival <input type="checkbox"/> Sauna/bathhouse		<input type="checkbox"/> Recreational Facility		<input type="checkbox"/>
<input type="checkbox"/> Sex party		<input type="checkbox"/> Private Function		
Name of workplace		<input type="checkbox"/> Workplace		<input type="checkbox"/>
City, Province OR City, Country		<input type="checkbox"/> Travel		<input type="checkbox"/>

Transmission Events

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY

Exposure Name (use the most appropriate Key Descriptor as per the RF/AE Quick Reference as the name)	Location City/Town	Setting type (Consider the following settings for TE; if >1 select “multiple settings” in Panorama)	Date/Time YYYY / MM / DD to YYYY / MM / DD
Use key descriptor or the name of the setting		<input type="checkbox"/> Congregate/Communal Living settings <input type="checkbox"/> Health care setting <input type="checkbox"/> Corrections Facility <input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Type of Community Contact <input type="checkbox"/> Public Facilities <input type="checkbox"/> Personal Service <input type="checkbox"/> Travel <input type="checkbox"/> Recreational Facility <input type="checkbox"/> Private Function	

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Use key descriptor or the name of the setting		<input type="checkbox"/> Congregate/Communal Living settings <input type="checkbox"/> Health care setting <input type="checkbox"/> Corrections Facility <input type="checkbox"/> Household <input type="checkbox"/> Workplace <input type="checkbox"/> Type of Community Contact <input type="checkbox"/> Public Facilities <input type="checkbox"/> Personal Service <input type="checkbox"/> Travel <input type="checkbox"/> Recreational Facility <input type="checkbox"/> Private Function	YYYY / MM / DD to YYYY / MM / DD
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I) Total number of contacts

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK

_____ (total number of <i>unknown</i> and <i>known</i> contacts)
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Initial Report completed by:		Date initial report completed: YYYY / MMM / DD
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Revisions

Date	Change
June 20, 2022	Aligned RF language with Panorama PROD and added prompt for imms history interpretation.
June 16, 2022	New