

Mpox Data Collection Worksheet

Panorama QA complete: ☐ Yes ☐ No
Initials: _____

Please complete all sections.

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: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	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): Street Address or FN Community (Primary Home): 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:	Date	Classification:	Date	LAB TEST INFORMATION:
CASE		CONTACT		<i>Date specimen collected:</i>
<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: <i>FOLLOW UP:</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> In progress YYYY / MM / DD <input type="checkbox"/> Incomplete - Declined YYYY / MM / DD <input type="checkbox"/> Incomplete – Lost contact YYYY / MM / DD <input type="checkbox"/> Incomplete – Unable to locate YYYY / MM / DD </div> <div> <input type="checkbox"/> Complete YYYY / MM / DD <input type="checkbox"/> Not required YYYY / MM / DD <input type="checkbox"/> Referred – Out of province YYYY / MM / DD (specify where) </div> </div>				
Responsible Organization				
REPORTING NOTIFICATION			Location:	
Name of Attending Physician or Nurse:				
Physician/Nurse Phone number:			Date Received (Public Health): YYYY / MM / DD	
Type of Reporting Source: <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Lab Report <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Other _____				

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C) DISEASE EVENT HISTORY

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

Site / Presentation: ☐ Genital ☐ Extra-genital ☐ Localized ☐ Generalized

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 to 249 (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): 3-21 days

Earliest Possible Exposure Date: YYYY / MM / DD

Latest Possible Exposure Date: YYYY / MM / DD

Exposure Calculation details:

Communicability for Case (period for transmission): from 4 days before onset of symptoms (prodrome) until scabs healed

Earliest Possible Transmission Date: YYYY / MM / DD

Latest Possible Transmission Date: YYYY / MM / DD

Exposure Calculation details:

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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F) IMMUNIZATION HISTORY INTERPRETATION SUMMARY

LHN -> INVESTIGATION-> IMMUNIZATION HISTORY INTERPRETATION SUMMARY

Has the individual received smallpox vaccine in the past? NOTE – routine smallpox vaccine was administered prior to 1978 with travel recommendation until 1982; successful smallpox vaccination left a scar in deltoid region of the arm.

Interpretation Date: YYYY / MM / DD

Interpretation of Disease Immunity: ☐ IOM - Fully immunized (for age) (via documentation or scar) ☐ IOM – Unimmunized
☐ IOM - Unclear immunization history

Reason: ☐ IOM - Interpretation of history by investigator

G) TREATMENT

LHN -> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (*Panorama = Other Meds*) : _____

Prescribed by: _____ Started on: YYYY / MM / DD

H) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:	
Assessment: <input type="checkbox"/> Assessed for contacts YYYY / MM / DD Investigator name	Isolation: <input type="checkbox"/> Facility isolation YYYY / MM / DD <input type="checkbox"/> Home isolation YYYY / MM / DD Investigator name
General: Investigator name <input type="checkbox"/> Disease-Info/Prev-Control YYYY/ MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD	Communication: <input type="checkbox"/> Letter- e.g. school outbreak (specify) YYYY / MM / DD Investigator name <input type="checkbox"/> Other communication (specify) YYYY / MM / DD Investigator name
Exclusion: Investigator name <input type="checkbox"/> Work YYYY / MM / DD <input type="checkbox"/> Preschool YYYY / MM / DD <input type="checkbox"/> School YYYY / MM / DD <input type="checkbox"/> Daycare YYYY / MM / DD	Symptom Monitoring: Investigator name <input type="checkbox"/> Symptom Monitoring, indirect active YYYY / MM / DD <input type="checkbox"/> Symptom Monitoring, indirect passive YYYY / MM / DD
Education/counseling: Investigator name <input type="checkbox"/> Prevention/Control measures YYYY / MM / DD	Other Investigation Findings <input type="checkbox"/> Investigator Notes YYYY/ MM /DD <input type="checkbox"/> See Document Management YYYY/ MM /DD
Immunoprophylaxis: Investigator name <input type="checkbox"/> Immunoprophylaxis YYYY / MM / DD Enter details in immunization module	Treatment <input type="checkbox"/> Treatment recommended (see Investigator Notes) YYYY / MM / DD
Testing: <input type="checkbox"/> Lab testing recommended YYYY / MM / DD Investigator name	Referral: <input type="checkbox"/> Infectious Disease Specialist YYYY / MM / DD <input type="checkbox"/> Primary Care Provider YYYY / MM / DD <input type="checkbox"/> Consultation with MHO YYYY / MM / DD Investigator name
Immunization: <input type="checkbox"/> Eligible Immunization recommended YYYY / MM / DD Investigator name	

Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
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YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	

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I) OUTCOMES (if applicable)

INVESTIGATION->OUTCOMES

<input type="checkbox"/> Not yet recovered/recovering YYYY / MM / DD <input type="checkbox"/> Recovered YYYY / MM / DD <input type="checkbox"/> Fatal YYYY / MM / DD	<input type="checkbox"/> ICU/intensive medical care YYYY / MM / DD <input type="checkbox"/> Intubation /ventilation YYYY / MM / DD <input type="checkbox"/> Other _____ YYYY / MM / DD	<input type="checkbox"/> ER Visit YYYY / MM / DD <input type="checkbox"/> Hospitalization 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	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	YYYY / MM / DD to YYYY / MM / DD	<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	YYYY / MM / DD to YYYY / MM / DD	<input type="checkbox"/>
<input type="checkbox"/> Provincial corrections <input type="checkbox"/> Federal corrections		<input type="checkbox"/> Corrections Facility	YYYY / MM / DD to YYYY / MM / DD	<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	YYYY / MM / DD to YYYY / MM / DD	<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	YYYY / MM / DD to YYYY / MM / DD	<input type="checkbox"/>
<input type="checkbox"/> Massage <input type="checkbox"/> Personal care setting (e.g. hair salon, etc.)		<input type="checkbox"/> Personal Service	YYYY / MM / DD to YYYY / MM / DD	<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	YYYY / MM / DD to YYYY / MM / DD	<input type="checkbox"/>
<input type="checkbox"/> Sex party		<input type="checkbox"/> Private Function		
Name of workplace		<input type="checkbox"/> Workplace	YYYY / MM / DD to YYYY / MM / DD	<input type="checkbox"/>
City, Province OR City, Country		<input type="checkbox"/> Travel	YYYY / MM / DD to YYYY / MM / DD	<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
Use key descriptor or the name of the setting		<input type="checkbox"/> Congregate/Communal Living settings <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Health care setting <input type="checkbox"/> Household <input type="checkbox"/> Type of Community Contact <input type="checkbox"/> Personal Service <input type="checkbox"/> Recreational Facility </div> <div> <input type="checkbox"/> Corrections Facility <input type="checkbox"/> Workplace <input type="checkbox"/> Public Facilities <input type="checkbox"/> Travel <input type="checkbox"/> Private Function </div> </div>	YYYY / MM / DD to YYYY / MM / DD

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Use key descriptor or the name of the setting		<input type="checkbox"/> Congregate/Communal Living settings	YYYY / MM / DD to YYYY / MM / DD
		<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	

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
August 20, 2024	Updated incubation period and period of communicability to align with February 2024 chapter updates.
June 21, 2023	Changed from Monkeypox to Mpox
June 20, 2022	Aligned RF language with Panorama PROD and added prompt for imms history interpretation.
June 16, 2022	New