|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
| **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  | **Priority Groups** | [ ]  Multiple or anonymous sexual partners |
| [ ]  History of travelto West or Central Africa where Monkeypox is endemic | [ ]  MSM ( men who have sex with men) |
|  **TESTING - Further tests can be discussed with LabPlus on-call microbiologist. Mark samples as URGENT and send to Labtest via courier (they will send on to LabPlus).** |
| **Testing guidelines -***Monkeypox samples to be double bagged separately from other samples with lab form in outer bag. Include name of MOoH who approved test on the form.* |  *Preferred* [ ]  3x viral swabs from separate vesicles (in UTM/VTM) [ ]  Scab lesions or crust materials (in sterile pottle with no added UTM) | *If recommended by clinical microbiologist* [ ]  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) |
| **Isolation advice given** *Advise to fully isolate until test results back* | [ ]  Yes | [ ]  No | Isolation start date |
| **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 Monkeypox rash**

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

**Laboratory testing**

* <https://www.nzmn.org.nz/>

**Isolation advice for Monkeypox:**

* While awaiting test result patient should self-isolate.
* If result is positive case should self-isolate until lesions have crusted, the scab has fallen off and a fresh layer of skin has formed underneath. Further advice will be provided to case by Public Health.

**Infection Prevention and Control for Monkeypox:**

* <https://www.health.govt.nz/our-work/diseases-and-conditions/monkeypox-mpx#infection>