**Mpox Case Reporting Form (CRF) - Version 5**

**Changes from previous version:**

* Introduced variables
  + PlaceOfNotification
  + DateOfNotification
  + AgeMonth
  + Malnutrition
  + Gender
  + SexWorker
  + OtherOccupation
  + IDPCamp
  + HIVTreatment
  + Reinfection
  + MonkeypoxVaccine
  + MonkeypoxVaccine1
  + DateMpxVaccine1
  + BrandMpxVaccine1
  + MonkeypoxVaccine2
  + DateMpxVaccine2
  + BrandMpxVaccine2
  + ClinicalManifestation
  + Complications
  + EpidemiologicalLink
  + ExposureSetting
  + TravelCountryRegion
  + AnimalContactGroup
  + AnimalContactType
  + Transmission
  + DateOfSpecimenCollection
  + DateOfLaboratoryTesting
  + SpecimenType
  + LabMethod
  + GenomicCharacterization
* Renamed variables
  + AnimalContact has been renamed AnimalContactType
  + HealthCareWorker has been renamed HealthWorker
* Variables with changed categories
  + Case classification: added Suspected
  + SexualBehavior: added HETERO, LESBIAN, BISEXUAL, Other
  + AnimalContact: categories Yes, No, Unknown
  + Clade: categories added Clade Ia, Clade Ib, Clade IIa, Clade IIb lineages A, Clade IIb lineages B.1

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| **No** | **Information** | **Variable** | **Description** | **List** |
| **Section 1. Case demographics** | | | | |
| 1 | Record ID | RecordID | Unique case identifier | TEXT |
| 2 | Reporting Country | ReportingCountry | The country reporting the case | [Countries, or territories] |
| 3 | Reporting location (subnational) | PlaceOfNotification | The first subnational level (region or province) reporting the case | [Country AMDIN 1] |
| 4 | Date of Notification | DateOfNotification | Date when the case is notified the first time to the in the country of notification | DATE  (yyyy-mm-dd) |
| 5 | Case classification | CaseClassification | Classification of the case | * Confirmed * Probable * Suspected * Unknown |
| 6 | Date of diagnosis | DateOfDiagnosis | First date of clinical or lab diagnosis | DATE  (yyyy-mm-dd) |
| 7 | Age in years | Age | Age of case in years | NUM |
| 7a | If Age is less than two years, Age in months | AgeMonth | Age of the case in months  (If < 2 years old) | NUM |
| 7b | Malnutrition for children less than 5 years old | Malnutrition | If age <5 years, is the child malnourished? | * Yes * No * Unknown |
| 8 | Sex | Sex | Sex at birth of the reported case | * Female * Male * Other * Unknown |
| 9 | Gender | Gender | What is the gender identity of the case regardless of sex at birth | * Woman * Man * Transgender * Non-binary * Other * Unknown |
| 10 | Sexual behavior | SexualBehavior | Sexual behavior of the case | * HETERO = heterosexual * MSM = MSM/homosexual or bisexual male * LESBIAN = women who have sex with women * BISEXUAL = Bisexual * O = Other * Unknown |
| 11 | Is the case a health worker? | HealthWorker | Is the case a health worker? | * Yes * No * Unknown |
| 12 | Is the case a sex worker? | SexWorker | Is the case a sex worker? | * Yes * No * Unknown |
| 13 | What is the occupation of the case? | OtherOccupation | What is the occupation of the case if they are not a health worker or sex worker? | TEXT |
| 14 | Living in an Internally Displaced People’s (IDP) or refugee camp | IDPRefugeeCamp | Does the case live in an Internally Displaced People’s (IDP) or refugee camp? | * Yes * No * Unknown |
| **Section 2. Medical history** | | | | |
| 15 | Pregnancy status | Pregnant | Is the case pregnant or post-partum? | * Yes, Pregnancy, trimester is unknown * Yes, Pregnancy, 1st trimester, the 1st trimester is from week 1 to the end of week 12 * Yes, Pregnancy, 2nd trimester, the 2nd trimester is from week 13 to the end of week 26 * Yes, Pregnancy, 3rd trimester, the 3rd trimester is from week 27 to the end of the pregnancy * Post-partum (<6 weeks) * No = No * Unknown |
| 16 | Immunosuppressed status | Immunosuppression | Is the case immunosuppressed? | * YD = Yes, due to disease * YM = Yes, due to medication * YRU = Yes, reason unknown * No * Unknown |
| 17 | HIV status | HIVStatus | Does the case have HIV? | * POS = Positive * NEG = Negative * Unknown |
| 17a | If a Person Living with HIV, HIV treatment? | HIVTreatment | Is the case taking HIV treatment?  (Persons Living with HIV) | * Yes * No * Unknown |
| 18 | Previous mpox infection | Reinfection | Was the case ever diagnosed with mpox previously? | * Yes * No * Unknown |
| 19 | Mpox vaccination | MonkeypoxVaccine | Did the case receive smallpox/mpox vaccination and how many doses of vaccine received? | * NOTVACC = 0 dose unvaccinated * 1DOSE = 1 dose * 2DOSE = 2 doses * DOSEUNK = Vaccinated with unknown number of doses * Unknown |
| 19a | First dose of mpox Vaccine | MonkeypoxVaccine1 | Did the case receive a first dose of smallpox/mpox vaccines related to the current event? | * Yes – pre-exposure prophylaxis * Yes – Post-exposure prophylaxis * No * Unknown |
| 19a1 | If MonkeypoxVaccine1 Yes, vaccination date | DateMpxVaccine1 | Date of first dose smallpox/mpox vaccination  *(approximate months and year if exact date is not known)* | DATE  (yyyy-mm-dd) |
| 19a2 | If MonkeypoxVaccine1 Yes, brand of the vaccine | BrandMpxVaccine1 | Which vaccine brand did the case receive as first dose? | * MVA-BN * LC16 * ACAM2000 * Other * Unknown |
| 19b | Second dose of mpox vaccines | MonkeypoxVaccine2 | Did the case receive a second dose of smallpox/mpox vaccines? | * Yes – pre-exposure prophylaxis * Yes – Post-exposure prophylaxis * No * Unknown |
| 19b1 | If MonkeypoxVaccine2 Yes, vaccination date | DateMpxVaccine2 | Date of second dose smallpox/mpox vaccination  *(approximate months and year if exact date is not known)* | DATE  (yyyy-mm-dd) |
| 19b2 | If MonkeypoxVaccine2 Yes, brand of the vaccine | BrandMpxVaccine2 | Which vaccine brand did the case receive as second dose? | * MVA-BN * LC16 * ACAM2000 * Other * Unknown |
| **Section 3. Clinical presentation** | | | | |
| 20 | Symptoms | Symptoms | The case presents/has presented ANY symptoms? | * Yes * No * Unknown |
| 20a | If symptomatic, date of symptoms onset | DateOfOnset | Date the case had the first symptoms | DATE  (yyyy-mm-dd) |
| 20b | If symptomatic, list of symptoms | ClinicalManifestation | List of symptoms the case present during the first consultation or has presented and are likely related to mpox.  *(select all those that apply)* | * RASH = Skin/mucosal lesions excluding oral or anogenital areas * GENITAL = Anogenital dermatological skin/mucosal lesions * ORAL= Oral dermatological skin/mucosal lesions * RASHLOCUNK = Skin/mucosal lesions where the location is not known * FEVER = Fever * LYMPH = Generalized lymphadenopathy * LOCALLYMPH = Localized Lymphadenopathy * LYMPHLOCUNK = lymphadenopathy where the location is not known * MUSC = Muscle pain (myalgia) * THROAT = Sore throat * FATIGUE = Fatigue * CHILLS = Chills or sweats * HEADACHE = Headache * CONJ = Conjunctivitis * VOMIT = Vomiting/nausea * COUGH = Cough /respiratory symptoms * PROCT = Anogenital pain and /or bleeding * DIARR = diarrhea * GENITEDEM = genital soft-tissue oedema/swelling * OTHER = Other symptoms (specify) |
| 21 | Hospitalization | Hospitalisation | Has the case been hospitalized? *(select all those that apply)* | * YISOL = yes for isolation purposes * YTREAT = yes due to clinical need * YUNK = yes for unknown reason * No * Unknown |
| 22 | Intensive care | IntensiveCare | Case admitted to an intensive care unit or high dependency unit | * Yes * No * Unknown |
| 23 | Complications | Complications | Did the case develop complications?  *(select all those that apply)* | * NONE = None * ARDS = Acute respiratory distress syndrome * LRTI = Lower respiratory tract infection (e.g. pneumonia) * MENINGENCEPH = Meningoencephalitis MYOCARD = Myocarditis * KERATITIS = Corneal infection * RETROPHARYNXABSC = Retropharyngeal abscess * SEPSIS = Sepsis * SEVEREDEHYDRA= Severe dehydration * STILLBIRTH = Stillbirth as pregnancy outcome in a case * SSTI = Skin and/or soft-tissue infection due to secondary bacterial infection * OTHBAC = Other secondary bacterial infection * O = Other (please specify separately) * Unknown |
| 24 | Outcome/Status of case | Outcome | What is the outcome or status of the case? | * Alive * Died * Unknown (lost to follow-up) |
| 24a | If Outcome is Died, report the date of death | DateOfDeath | Date in which the case died | DATE  (yyyy-mm-dd) |
| **Section 4. Exposure**  **Below exposures refer to the period from the consultation to 3 weeks prior to onset of symptoms or diagnosis** | | | | |
| 25 | Contact with a case | EpidemiologicalLink | Has the case had contact with anyone presenting similar symptoms or with a known confirmed case or with contaminated material (body fluids, objects, bedding, etc)? | * Yes * No * Unknown |
| 25a | If Contact with a case is Yes, where did the contact occur? | ExposureSetting | What is the setting where the exposure to the most likely infector case occurred?  *(select all those that apply)* | * HOUSE= household * WORK= workplace * SCHOOL= school/nursery * HEALTH= healthcare (including laboratory exposure) * COMMUNITY= activities in the community * SEXVENUE: commercial sex venue * SOCIALSEX: social event with sexual contact * OTHER * Unknown |
| 26 | Travel history | Travel | Has the case been travelling to another country or another area within the country in the last three weeks? | * Yes * No * Unknown |
| 26a | If Travel history is Yes, which countries | TravelCountry | To which country/ies has the case travelled in the last three weeks? | [Countries, or territories] |
| 26b | If Travel history is Yes, which region of the country | TravelCountryRegion | To which region of the country has the case travelled to? | [Country regions] |
| 27 | Contact Animals | AnimalContact | Has the case had direct contact with an animal or its parts (exclude commercially produced) 21 days prior to symptom onset? | * Yes * No * Unknown |
| 27a | If Contact Animals is Yes, which group of animals | AnimalContactGroup | Which group(s) of animals did the case have contact with?  *(select all those that apply)*  *(rodents include squirrels)* | * PET = Household pets excluding rodents * PETRODENTS = Rodent pets * WILD = Wild animals excluding rodent * WILDRODENTS = Wild rodents * Other |
| 27b | If Contact Animals is Yes, type of contact | AnimalContactType | What type of contact did the case have with the animal?  *(select all those that apply)* | * HUNT = hunting, killing * PREPARE = skinning, butchering * HANDLING = touching, petting, sharing living area * CONSUME = consume undercooked/raw animal parts * Other = other uses of unprocessed animal products (e.g., hides [skin], medicine) |
| 28 | Based on the previously reported information, which is the most likely mode of transmission | Transmission | Based on the previously reported information, which is the most likely mode of transmission | * ANIMAL = Animal to human transmission * FOMITE = Contact with contaminated material (e.g bedding, clothing, objects) * HAI = Healthcare-associated * LAB = Transmission in a laboratory due to occupational exposure * MTCT = Transmission from mother to child during pregnancy or at birth * OTHER = Other transmission * PTP = Person-to-person (excluding: mother-to-child, healthcare-associated or sexual contact transmission) * SEX = Sexual contact transmission * TRANSFU = parenteral transmission including intravenous drug use and transfusion * Unknown |
| **Section 5. Laboratory information** | | | | |
| 29 | Date of Specimen collection | DateOfSpecimenCollection | Date when the specimen was collected | DATE  (yyyy-mm-dd) |
| 30 | Date of laboratory testing | DateOfLaboratoryTesting | Date when specimen was tested/ results generated | DATE  (yyyy-mm-dd) |
| 31 | Specimen for the diagnosis | SpecimenType | What specimen was analyzed for the diagnosis (tested positive) of the case?  *(select all those that apply)* | * SWAB = Skin lesion material (including swabs of lesion surface, and/or exudate, roofs from more than one lesion) * CRUST = Lesion crust * OROPH = Oropharyngeal swab * URINE = Urine * SEM = Semen * GENITAL = Genital swab * RECTAL = Rectal swab * BLOOD = Blood * CSF = cerebrospinal fluid * Other |
| 32 | Laboratory method | LabMethod | What laboratory method was used to analyze the specimen for diagnosis?  *(select all those that apply)* | * MPX PCR = Positive monkey poxvirus-specific PCR * Ortho PCR = Positive orthopoxvirus PCR * Clade-specific PCR * Sequencing = Sequencing * Serology = Serology * Other |
| 33 | Genomic characterization | GenomicCharacterization | Indicate whether genomic characterization has been undertaken | * Yes * No * Unknown |
| 33a | If clade characterization is Yes, which clade? | Clade | Clade of mpox virus if sequencing conducted | * Clade I (subclade unknown) * Clade II (subclade unknown) * Clade Ia * Clade Ib * Clade IIa * Clade IIb lineages A * Clade IIb lineages B.1 |

**Data capturing tool**

WHO has a prepared a macro enabled excel file to facilitate data capturing in settings where there are no other official tools for data capturing. The file contains two sheets:

* Metadata; contains all the above variables (listed in alphabetical order) with a short description and their possible answers;
* Data; where the information for each case should be collected. One line is for each mpox case. This sheet is heavily formatted and contains several validation rules that allow to select the answers for each specific question and allow to have multiple answers for the repeatable questions. The validation rules are in a hidden sheet and the file is password protected, in order to avoid breaking the validation rules.

The file is embedded below. When opening the file, please Enable macros, or DO NOT Disable macros, as suggested by Excel, to be able to use the above-mentioned functionalities of the Data sheet, and when saving it please keep the .xlsm format instead of saving as simple .xls which would lose the formatting and validation of the Data sheet. If you need support with the file, please contact [emergency-surveillance@who.int](mailto:emergency-surveillance@who.int)

