

Draft Monkeypox Screening Worksheet for LHDs
Version 6/03/22

REPORTING AGENCY					
Investigator Name	Local Health Jurisdiction	Telephone Number/ email	Date of encounter		
HEALTHCARE PROVIDER INFORMATION					
Provider Name	Affiliation	Location	Contact information		
Nature of Call	<input type="checkbox"/> Requesting monkeypox testing <input type="checkbox"/> Clinical consultation <input type="checkbox"/> Possible Exposure/ contact with a case <input type="checkbox"/> Other _____				
Patient Information					
Last Name	First Name	Age	Gender	Race	Ethnicity
MRN:	CaIREDIE ID	Patient Location <input type="checkbox"/> Home <input type="checkbox"/> Outpatient Clinic/ ER <input type="checkbox"/> Hospital inpatient	Location details (Address)	Patient contact info	
Disposition (Suspect monkeypox case: new characteristic rash OR meets one of the epidemiologic criteria and has a high clinical suspicion for monkey pox Case Definitions† for Use in the 2022 Monkeypox Response Monkeypox Poxvirus CDC					
<input type="checkbox"/> Testing approved, meets clinical and epi criteria <input type="checkbox"/> Testing approved, other reason: _____ <input type="checkbox"/> No testing <input type="checkbox"/> Need additional information:					

CLINICAL INFORMATION					
Symptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, onset date of symptoms (mm/dd/yyyy)		Have alternative diagnoses been considered/ ruled out (i.e. syphilis, varicella/varicella zoster, herpes)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted	
Fever (>100.4°F or 38°C) or Chills				Onset Date of Fever or Chills (mm/dd/yyyy)	If Fever Measured, Highest Temperature (°F or °C)
Lymphadenopathy				Describe location	
Malaise/ exhaustion				Describe	
Other				Specify other symptoms	
Other Signs / Symptoms					
Rash					Comments/ notes
General description of rash	Check all that apply <input type="checkbox"/> Macular <input type="checkbox"/> Papular <input type="checkbox"/> Vesicular <input type="checkbox"/> Pustular				
Detailed appearance	<input type="checkbox"/> Deep-seated <input type="checkbox"/> Well-circumscribed <input type="checkbox"/> Umbilicated <input type="checkbox"/> Other:				
Distribution	<input type="checkbox"/> Generalized <input type="checkbox"/> Localized				
Location	<input type="checkbox"/> Tongue/mouth/ oropharynx <input type="checkbox"/> Face <input type="checkbox"/> Hands <input type="checkbox"/> Feet <input type="checkbox"/> Genitalia <input type="checkbox"/> Perianal <input type="checkbox"/> Other (describe) <input type="checkbox"/> Other (describe)				Progression of lesions (describe where started, and how spread)

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TRAVEL HISTORY

Did patient travel or live outside county of residence during the incubation period?
 Yes No Unknown

TRAVEL HISTORY – DETAILS

Travel Type	State	Country	Other location details (city, resort, etc.) / Events / venues attended	Date Travel Started (mm/dd/yyyy)	Date Travel Ended (mm/dd/yyyy)
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Unknown					
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Unknown					
<input type="checkbox"/> Domestic <input type="checkbox"/> International <input type="checkbox"/> Unknown					

SOCIAL HISTORY

Sexual Orientation		Gender of sexual contacts
Known contact with someone with confirmed or suspected monkeypox?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Contact with someone with similar symptoms such as a rash or lesion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Patient self-identifies as gay, bisexual, or man who has sex with men (MSM)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Patient regularly had close or intimate in-person contact with other men including those who met through an online website, digital application (“app”), at a bar, party, or at a massage parlor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Patient has other sexual partners? (i.e., open relationship, non-monogamous relationship, or casual contact)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, describe:
Other Comments:		

SPECIMEN INFORMATION It is important to collect adequate specimens, which involves vigorous swabbing of the lesion and unroofing of the lesion, if possible. **COLLECT 2 SWABS PER LESION** (1 FOR 1ST TEST, 1 FOR 2ND TEST) and place each swab in separate, sterile, dry containers (please mark/label duplicate swabs with identical number so they are easy to distinguish from separate lesion collections, e.g., Swabs from left thigh are both #1). If >1 lesion, try to collect from different areas of body.

CDPH Monkeypox Team consulted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date:	CDPH name/ contact info	
Location of lesions tested	Number of lesions collected	Date of collection
If sent to the Laboratory Response Network (LRN) lab, indicate: <input type="checkbox"/> VRDL <input type="checkbox"/> Other _____	DO NOT send specimens to VRDL or other LRN without first notifying the lab! Please notify monkeypox.LRNB@cdph.ca.gov and monkeypox@cdph.ca.gov for all submissions for monkeypox testing.	

COMMENTS: