

## Instructions for Form 3: Monkeypox Contact Surveillance Form

The purpose of this form is to provide a record for the state/local health department and a worksheet/diary for contacts of monkeypox cases (human or animal), to record information relevant to developing monkeypox illness including fever and rash, and vaccination status. The form provides space to record exposure information, vaccination history, and recent vaccine take. Contact information is provided for the vaccinee to report a vaccine adverse event. The form should be initiated for every contact of a probable or confirmed human or animal monkeypox case irrespective of whether or not they are vaccinated.

*Note: After initiating the form, a public health worker should record whether or not contact was vaccinated and vaccination date if applicable. If vaccinated, the contact person should be called seven (6-8) days after the date of vaccination to record vaccine take. The contact should be instructed to call the telephone number for the local public health department immediately if they develop a rash, fever or other symptoms such as headache, cough, sore throat or lymphadenopathy or a vaccine adverse event. Since this form is not provided as a duplicate field form, the public health worker should complete the contact's demographic information (Q4-10) and then photocopy the form to leave with the contact. The contact should complete daily fever and rash surveillance measurements and should be instructed to report these twice daily to the health department.*

*Once the form is completed, the state/local health department should transmit the form via fax to CDC at (770) 488-7107. Please do not include identifying information (Q5-7), but do include zip code and state information.*

**Exposure** is defined as contact with a human or animal case during the communicable (infectious) period of the case. The period of communicability (i.e., exposure period for contacts) for humans ranges from 1 day before onset of rash up to 21 days after rash or illness onset or when all rash lesions have scabbed over. The period of communicability (i.e., exposure period for contacts) for animals ranges from 1 day before onset of illness up to 21 days after rash or illness onset or when the ill animal is removed from possible exposure with the contact, or when the animal's clinical illness ends and all rash lesions have scabbed over.

**Questions marked with an asterisk (\*) to be filled out by interviewer.**

1. **\*State:** Write 2-letter code for state reporting the contact.
2. **\*State or Local ID # (Contact):** Write the unique identification code for the contact as assigned by State.
3. **\*CDC MPox Unique ID # (Contact):** This field will be filled out at the CDC and the number will be shared with the state for further linkages to the reporter.

### **I. Contact Information**

4. **\*Date form initiated:** Write the date (MM DD YYYY) the form was initiated (either by phone or by meeting the contact).

*Questions 5, 6 & 7 for State/Local Health Department Use Only; Do NOT transmit this information to CDC.*

5. **\*Name of contact:** Write the last name, first name, and middle name of the contact.
6. **\*Address of contact:** Write the street number and apartment number, the city, state, and zip code of the residence of the contact (Post office boxes are not acceptable).
7. **\*Phone numbers of contact:** Write the home, work, and cell telephone numbers, if available, of the contact.

8. **\*DOB (Date of Birth):** Write the date of birth (MM DD YYYY) of the contact.
9. **\*Sex:** Circle the appropriate sex of the contact, either male or female.
10. **\*Ethnicity/Race:**
- 10a. Circle Hispanic or non Hispanic.  
**Hispanic** = Hispanic ethnicity  
**NonHisp** = Non Hispanic ethnicity
- 10b. Circle all that apply for the race of the contact. The abbreviations are:  
**AI/AN** = American Indian/Alaskan native  
**B/AA** = Black/ African American  
**H/PI** = Hawaiian/Pacific Islander  
**O/U** = Other/Unknown  
**White**
11. **\*Dates of exposure to human case: (see definition of exposure above)**
- (First):** Write the date (MM DD YYYY) the contact was first exposed to a human case of monkeypox (see definition of infectious period above).  
**(Last):** Write the date (MM DD YYYY) the contact was last exposed to a human case of monkeypox (see definition of infectious period above).
- 11a. \*Relationship to human case (check one):** Check the appropriate box to indicate what the relation of the contact is with the human case of monkeypox and specify the nature of that relationship. For examples, see descriptions below.
- Household or intimate (HH):** e.g., mother, father, husband, wife, sister, brother, son, daughter, grand-parent, housemate, or intimate contact in the household. Such persons are assumed to have  $\geq 3$  hours of direct exposure within 6 feet and/or intimate contact. Intimate contact refers to persons sharing a bed or contact resulting in exposure to body fluids or lesions of affected persons.
- Non-HH Close Contacts:** Close contacts defined as having either  $\geq 3$  hours of direct exposure within 6 feet of the case for at least 1 day before case's onset of rash.
- Other Contact:** defined as  $<3$  hours of exposure and  $<6$  feet from case or any length of time exposed to case and  $\geq 6$  feet from case.
- Note: non-household contacts could include: friend, neighbor, person working in the house, work colleague, health care worker who cared for a patient diagnosed with monkeypox, state/local public health worker.*
- 11b. \*State/local ID# (Human Case):** Write the unique identification code for the human case as assigned by State.
- 11c. CDC MPox Unique ID # (Case):** This field will be assigned at CDC.
12. **\*Dates of exposure to animal case: (see definition of exposure above)**
- (First):** Write the date (MM DD YYYY) the contact was first exposed to the animal case of monkeypox (see definition of infectious period above).  
**(Last):** Write the date (MM DD YYYY) the contact was last exposed to the animal case of monkeypox (see definition of infectious period above).
- 12a. \*Type of contact (check all that apply):** Check all appropriate boxes to indicate the type of exposure to animal (bite, petting/handling or other). If other, specify the other type of exposure not listed above (e.g. necropsy, spending time in examination room).
- 12b. \* Relationship to animal case:** Specify e.g. veterinarian, animal handler, pet supplier, pet shop owner
- 12c. \*Type of animal (specify):** Write the type of animal the contact was exposed to: e.g., Prairie Dog, Gambian Rat, Other.
- 12d. \*State/local ID # (Animal/site Case):** Write the unique identification code for the animal/site case as assigned by State.

- 12e. CDC MPox Unique ID # (Case):** This field will be assigned at CDC.
- 13. \*Smallpox vaccination ever:** Check the appropriate box to indicate if the contact has a history of smallpox vaccinations (Yes, No, Unknown).
- 14. \*If yes, number of doses:** indicate number of doses: 1, > 1 or unknown number of doses (at least 1).  
*Note: Routine childhood smallpox vaccinations stopped in the United States in 1972; however, not everyone born prior to 1972 would have received vaccination in the U.S. Health-care workers were vaccinated until the late 1970s, and new military recruits not previously vaccinated were vaccinated until 1990. Smallpox vaccination was resumed for military personnel and health care workers in 2002 and 2003, respectively.*
- 15. \*If yes, date of vaccination:** Write the date (MM DD YYYY) at time of vaccination, if known.
- 16. If date unknown (in question 15), year of last vaccination:** Write the date (MM DD YYYY) at last vaccination, if known.
- 17. \*Smallpox vaccination scar present:** Check the appropriate box to indicate if the case has a smallpox vaccination scar. (Yes, No, Unknown) *Note: In general, in the US, smallpox vaccinations were given in the deltoid region of the upper arm, most usually on the left. Other sites were sometimes used in other countries. This scar may be confused with BCG scars in immigrants.*
- 18. \* Vaccinated as monkeypox contact:** Check the appropriate box to indicate if the contact was vaccinated for monkeypox indication (Yes, No, Unknown).  
**18a. \* If Yes, date of vaccination:** Write the date (MM DD YYYY) the contact was vaccinated for monkeypox indication.  
**18b. If No, give reason not vaccinated:** Check the appropriate box to indicate why the contact was not vaccinated as monkeypox contact (low priority/vaccination not offered, refusal, medical/life threatening contraindications, other [specify]).
- 19. Vaccine “take” recorded at 6-8 days:** Check the appropriate box to indicate if the vaccination site was examined and take recorded at 6-8 days after vaccination (Yes, No, Unknown).  
**19a. If Yes, result:** check the appropriate box to indicate what the result of the “take” was (major, equivocal, unknown). *Note: A “major take” is described as an area of definite induration or congestion surrounding a central lesion that may be a scab or ulcer 6-8 days after vaccination. The evolution of the lesion is more rapid than following a primary reaction. An “equivocal take” is described as any other reaction or response; e.g., an “allergic” reaction (revaccination is indicated) or no reaction (revaccination is indicated).*
- 20. \*Date “take” was recorded:** Write the date (MM DD YYYY) when “take” was recorded.
- 21. \*Comments/Notes:** Include comments, if applicable (e.g., follow-up action needed [revaccination])

## **II. Contact Clinical Signs Tracking (Filled out by Contact)**

***Note to the interviewer:*** Determine the day the contact has to start recording the temperature and mark that day on the form for the contact person. Day 1 in the diagram is the day after the last day the contact was exposed to a human or animal case.

***Note for the contact person:*** Record your temperature twice daily, and presence (+) or absence (-) of rash daily. Telephone the health department (see # 23) once a day to report these temperatures. Telephone immediately if: fever is 99.3° F or greater for two consecutive readings, and/or rash develops (call at start of rash). Telephone the health department if you develop any of the severe vaccine adverse reactions shown on the Vaccination Information Statement.

- 22. Record your temperature each day in the boxes below:** Record your temperature every morning and evening in the boxes below labeled “Day 1”, “Day 2”, etc. for 21 days. Day 1 is considered the day after the last day that you were exposed to a human or animal case of monkeypox. Call immediately the number in box number 23: if you develop a fever that is 99.3° Fahrenheit or greater for two consecutive readings, if you develop a rash (also mark the day the rash started), or if you develop any severe vaccine adverse reactions shown in the Vaccination Information Statement.
- 23. Contact and Telephone Number:** Insert the contact name and telephone number that the person can call if they develop fever, rash, or severe vaccine adverse reaction.
- 24. Completed by:** Enter the initials of the person who completed the interview/form.