

GeoSentinel Monkeypox Data Collection Instrument

INSTRUCTIONS FOR COMPLETING THIS FORM:

**This form is to be filled out ONLY by qualified healthcare personnel.

**Only CONFIRMED cases of monkeypox, with a confirmatory laboratory test performed are to be entered.

**You will be able to save responses and re-enter REDCap with a code provided upon saving, PLEASE SAVE THIS CODE if provided.

**At the end of the questionnaire you will be able to generate a PDF of your responses. Please keep a paper record of these data at your site to link with future sequencing data.

GeoS 3 character site code (if applicable) (e.g., MTL): _____(optional)

GeoS ID (if already in the GeoS Database): _____ (optional; a GeoS ID is NOT required)

Date of clinic visit (first encounter): (DD/MM/YY) _____

Demographics

Age in years (if <1 year, use "0") [required] _____

What is the patient's sex assigned at birth? [required]

a. Male

b. Female

c. Don't know

Country of residence [required] _____

Travel History

Did the patient travel internationally in the 21 days before symptom onset (this includes travel among countries in on the same continent)? [required]

a. Yes

b. No

c. Don't know

If yes, complete the following for each trip:

INSTRUCTIONS: There are 10 sets of questions to record international trips on the **online form**.

For each trip, please record the start date, end date, country, and purpose of travel. The first set is REQUIRED; the remainder (up to 10) are OPTIONAL.

*NOTE: If someone traveled to more than one country on the same itinerary, please log as separate trips and include the dates the patient was in each country.

Trip start date (DD/MM/YY) _____

Trip end date (DD/MM/YY) _____

Country _____

Purpose

a. Tourism

b. Business/occupational

c. Missionary/humanitarian aid

d. Visiting friends and relatives (VFR)

e. Providing medical care

f. Student

g. Migration

h. Military

i. Planned medical care

j. Other (specify)

k. Don't know

Did the patient attend any mass gatherings in the 21 days before symptom onset? *A mass gathering is defined for the purposes of this questionnaire as an aggregation of >1,000 people.* [required]

a. Yes

b. No

c. Don't know

If yes, did the patient attend any of the following mass gatherings in the 21 days before symptom onset? *Select all that apply.* [required]

- a. Eurovision Song Contest 2022 in Turin (Torino), Italy?
- b. Eurovision-centric festivities or parties in either their home country or another country
- c. PRIDE related festivities
- d. Other (specify) _____
- e. Don't know

If yes, please describe (name of gathering, location, approximate number of attendees, approximate dates of attendance). *Please number gatherings so details pertaining to a specific gathering are clear.* [required]

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Vaccination history

Does the patient have a history of smallpox or monkeypox vaccination before May 1, 2022? [required]

- a. Yes
- b. No
- c. Don't know

Social history

Does the patient live in a congregate setting (e.g., homeless shelter, dormitory)? This does NOT include one's family household even if relatives live with them. [required]

- a. Yes
- b. No
- c. Don't know

If yes, which of the following congregate settings applies? *Select all that apply.* [required]

- a. Dormitory
- b. Group home
- c. Homeless shelter
- d. Other (specify) _____
- e. Don't know

Is the patient a healthcare worker? [required]

- a. Yes
- b. No
- c. Don't know

Sexual history

Did the patient engage in sex (vaginal, oral, anal) and/or close intimate contact (cuddling, kissing, mutual masturbation, sharing sex toys) in the 21 days before symptom onset? This includes with husbands/wives/other partners. [required]

- a. Yes
- b. No
- c. Don't know

If yes, did the patient meet a sex partner(s) at a mass gathering? *A mass gathering is defined for the purposes of this questionnaire as an aggregation of >1,000 people.*

- a. Yes
- b. No
- c. Don't know

If yes, please describe (name of gathering, location) of the mass gathering. *Please number gatherings so details pertaining to a specific gathering are clear.* [required]

- 1. _____
- 2. _____
- 3. _____

If yes, did the patient have sex and/or close intimate contact associated with Eurovision-centric festivities? [required]

- a. Yes
- b. No
- c. Don't know

If yes, please provide the name, location, and dates of attendance at the festivities. *Please number gatherings so details pertaining to a specific gathering are clear.* [required]

- 1. _____
- 2. _____

If yes, did the patient have sex and/or close intimate contact with any of the following in the 21 days before symptom onset? [required]

	YES	NO	DON'T KNOW	If yes, approximate number of partners
Women				
Men				
Transgender women				
Transgender men				
Genderqueer, gender non-binary, or gender diverse				
Other gender identity				
Unknown gender identity				

If yes, what types of sex and/or close intimate contact did the patient engage in? *Select all that apply.* [required]

- a. Oral-penile sex
- b. Oral-vaginal sex
- c. Oral-anal sex
- d. Penile-anal sex
- e. Penile-vaginal sex
- f. Cuddling, with or without additional sexual intimacy
- g. Kissing, with or without additional sexual intimacy
- h. Mutual masturbation
- i. Sharing sex toys
- j. Other (specify) _____

If yes, what were the patient's anatomic site(s) of exposure during the sexual and/or close intimate contact? *Select all that apply.* [required]

- a. Penis
- b. Vagina
- c. Pharynx (oral)
- d. Rectum (anal)
- e. Other (specify) _____
- f. Don't know

If yes, among all sexual partners did either patient or partner have a visible rash at the time of sexual and/or close intimate contact? [required]

- a. Yes, both patient and at least one partner
- b. Yes, only patient
- c. Yes, at least one partner (not patient)
- d. No, neither patient nor partner
- e. Don't know

Monkeypox exposure history

Did the patient have known close contact with a suspect or confirmed human monkeypox case? [required]

- a. Yes
- b. No
- c. Don't know

If yes, when did the known contact occur? (DD/MM/YY) [required] _____

If yes, did the patient share a household (i.e., live with, even for a short period of time) with the suspect or confirmed case? [required]

- a. Yes
- b. No
- c. Don't know

If yes, what type of contact did the patient have with the suspect or confirmed case? *Select all that apply.* [required]

- a. Household contact (e.g., sharing bed, food, common space)
- b. Sexual and/or close intimate contact
- c. Face-to-face contact not in the household
- d. Other (specify) _____
- e. Don't know

If sexual and/or close intimate contact [from previous question], what type(s) of contact did the patient engage in? *Select all that apply.* [required]

- a. Oral-penile sex
- b. Oral-vaginal sex
- c. Oral-anal sex
- d. Penile-anal sex

- e. Penile-vaginal sex
- f. Cuddling, with or without additional sexual intimacy
- g. Kissing, without additional sexual intimacy
- h. Mutual masturbation

- i. Sharing sex toys
- j. Other (specify) _____
- k. Don't know

If sexual and/or close intimate contact [from type of contact question], what were the patient's anatomic site(s) of exposure during the contact? *Select all that apply.* [required]

- a. Penis
- b. Vagina
- c. Pharynx (oral)
- d. Rectum (anal)
- e. Other (specify) _____
- f. Don't know

If sexual and/or close intimate contact [from type of contact question], did the partner have a visible rash at the time of sexual and/or close intimate contact? [required]

- a. Yes
- b. No
- c. Don't know

Animal Contact

Did the patient touch any **live** animals in the 21 days before symptom onset? [required]

- a. Yes
- b. No
- c. Don't know

If yes, which type of animal? *Select all that apply.* [required]

- a. Domestic animal (e.g., pets, livestock)
- b. Wild or nuisance animals (e.g., rodents, wildlife, game animals)
- c. Other (specify) _____
- d. Don't know

If yes to domestic or wild animal, please describe (type of animal, circumstances of exposure): [required]

Did the patient touch any **dead** animals or animal products in the 21 days before symptom onset? [required]

- a. Yes
- b. No
- c. Don't know

If yes, which type of animal contact? *Select all that apply.* [required]

- a. Eating animal products from a store
- b. Butchering, handling, or cooking meat from wild animals
- c. Using a product derived from wild animal tissue or fluids (e.g., cream, powder)
- d. Handling dead nuisance animals (e.g., mice, rats, bats)
- e. Other (specify) _____
- f. Don't know

Medical history

Does the patient have any known immunocompromising conditions or take any immunosuppressive medications?

Immunocompromising conditions can include diseases like HIV/AIDs, diabetes (type 1 or 2), lupus, organ transplants, stem cell transplants, and cancer. Certain medicines like chemotherapy and steroids can also weaken the immune system. [required]

- a. Yes
- b. No
- c. Don't know

If yes, please list the medical conditions [required]

If yes, please list the medications [optional]

If yes, does the patient have a known history of HIV infection? [required]

- a. Yes
- b. No
- c. Don't know

Which test were performed for confirmation of monkeypox? *Select all that apply.* [required]

- a. PCR
- b. Electron microscopy
- c. Other (specify) _____
- d. Don't know

Was the positive specimen sent for sequencing? [required]

NOTE: If the specimen was sent for sequencing, please email geosentinel@geosentinel.org when you have the platform and reference ID for tracking purposes.

- a. Yes
- b. No
- c. Don't know

If yes, please provide the reference ID and banking site information of the sequence if available: [optional]

Was the patient diagnosed with a concurrent sexually transmitted infection during the evaluation(s) for the current clinical presentation?

- a. Yes
- b. No
- c. Don't know

If yes, please specify which sexually transmitted infections. *Select all that apply.* [required]

Chancroid (anal/perianal, genital)	<i>Mycoplasma genitalium</i> (genital, pharyngeal, rectal)
Chlamydia (genital, pharyngeal, rectal)	Primary or secondary syphilis
Gonorrhea (genital, pharyngeal, rectal)	Latent syphilis (early latent, late latent or latent syphilis of unknown duration)
HIV (NEW DIAGNOSIS)	Syphilis (neurosyphilis, ocular syphilis, and/or otosyphilis)
HPV (anal, genital)	Trichomoniasis
HSV (anal/perianal, oral, genital)	None of the above
Lymphogranuloma venereum (anal/perianal, genital, oral)	Other (specify)

Treatment

Did the patient receive any of the following for treatment of monkeypox? *Select all that apply.* [required]

- a. Smallpox vaccine
- b. Monkeypox vaccine
- c. Cidofovir
- d. Brincidofovir
- e. Tecovirimat (ST-246)
- f. Vaccinia immune globulin (VIG)
- g. Other (specify) _____
- h. Don't know

Outcomes

Was the patient hospitalized at any point during their clinical course? [required]

- a. Yes
- b. No
- c. Don't know

If yes, did the patient require ICU level care? [required]

- a. Yes
- b. No
- c. Don't know

If yes, what was the main reason that the patient hospitalized? [required]

- a. Severe illness
- b. Need for isolation
- c. Other (specify) _____
- d. Don't know

At the time of your most recent contact or interaction, the patient was: [required]

- a. Alive and discharged
- b. Alive and still hospitalized
- c. Deceased
- d. Don't know

Date of death if known (DD/MM/YY) [optional] _____

Comments

[free text]