Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF AKLAN

July 28, 2025

DIVISION MEMORANDUM
No. 376, s. 2025

ADVISORY ON MONKEY POX AWARENESS, PREVENTION, AND RESPONSE IN SCHOOLS AND OFFICES

To: OIC, Office of the Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Senior/Education Program Specialist
Public Schools District Supervisors
Principals/Head Teacher-In-Charge of the District
Heads of Public Elementary, Secondary, and Integrated Schools
All Others Concerned

1. Please find attached Regional Memorandum No. 658 s. 2025 dated July 17, 2025, regarding the **ADVISORY ON MONKEY POX AWARENESS, PREVENTION, AND RESPONSE IN SCHOOLS AND OFFICES**, which is self-explanatory.

2. Immediate dissemination of and compliance with this Memorandum are desired.

FELICIANO C. BUENAFE JR., CESO VI
Schools Division Superintendent

Encl.: As stated
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

HEALTH **LEARNERS** **SCHOOLS**

RMF/rds

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Republic of the Philippines
Department of Education
REGION VI-WESTERN VISAYAS

JUL 17 2025

REGIONAL MEMORANDUM
No. 658 s. 2025

ADVISORY ON MONKEY POX AWARENESS, PREVENTION, AND RESPONSE IN SCHOOLS AND OFFICES

To: Schools Division Superintendents
All Others Concerned

1. Attached is DepEd Memorandum No. 053, s. 2025 dated July 04, 2025, regarding the **Advisory on Monkeypox Awareness, Prevention, and Response in Schools and Offices.**

2. This is to reiterate that this Office has also issued **Regional Memorandum No. 640 series of 2025, titled *"Safety Measure in Addressing Emerging Diseases Affecting the Learners and Personnel"*,** dated July 14, 2025 that requires the Schools Division Offices [SDOs] to conduct health advocacy talks to schools and to monitor any cases of health-related illness affecting the learners and personnel and submit the monitoring report to this Office on a weekly basis.

3. Immediate dissemination of and compliance with this Memorandum are desired.

CRISTITO A. ECO, CESO III
Assistant Regional Director
Officer-in-Charge
Office of the Regional Director

Enclosure: As Stated
Reference: As Stated
To be indicated in the Perpetual Index
under the following subjects:

HEALTH LEARNERS SCHOOLS

JAM/ESSD-RM/Advisory on Monkey Pox Awareness.....
/123/July 11, 2025

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Republic of the Philippines
Department of Education

JUL 04 2025

DepEd MEMORANDUM
No. 053 , s. 2025

ADVISORY ON MONKEYPOX AWARENESS, PREVENTION, AND RESPONSE IN SCHOOLS AND OFFICES

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd), through the Bureau of Learner Support Services-School Health Division (BLSS-SHD), reiterates its commitment to promoting the health, safety, and well-being of all learners and personnel.

2. The **Mpox**, also known as monkeypox, is an infectious disease caused by the monkeypox virus, which is characterized by a painful rash, enlarged lymph nodes, fever, headache, muscle aches, back pain, and low energy. It is transmitted through direct contact with infectious skin or mucosal lesions, body fluids, or contaminated materials, and spreads mostly through intimate sexual contact. The Mpox symptoms are mild, and the disease is rarely fatal.

3. The first confirmed case of Mpox in the Philippines was confirmed last July 2022. According to the Department of Health (DOH), from January 1 to June 2, 2025, 131 confirmed cases were reported, with the highest monthly count of 33 confirmed cases in April 2025. All confirmed Mpox cases belong to the Clade II lineage, with three reported deaths. Confirmed cases have been identified in Regions III, IV-A, VI, VII, IX, XI, and XII, BARMM, and CAR. Of the reported confirmed cases, 65 cases (49%) recovered, while 63 (48%) are still under monitoring and isolation.

4. In light of the World Health Organization's declaration of Mpox as a Public Health Emergency of International Concern, the Department issues this advisory **reactivating the Preventive Alert System in Schools (PASS)** and **adapting the DOH Memorandum No. 2024-0306** dated August 26, 2024, titled Updated Interim Guidelines on the Prevention, Detection, and Management of Mpox, and DOH Memorandum No. 2024-0320 dated September 6, 2024, titled Interim Guidelines for Mpox Prevention and Response in Workplaces and Other High Risk Commercial Establishments.

5. **General Guidelines.** Schools shall implement the following measures to prevent the spread of Mpox:

a. Schools are expected to follow standard precautions for Mpox prevention, including practicing proper hand hygiene, ensuring thorough cleaning and disinfection, and avoiding intimate close contact with suspected, probable, or confirmed Mpox cases as defined in **Enclosure No. 1**;

b. Schools shall reactivate the PASS for Mpox and coordinate accordingly with their respective Local Epidemiology and Surveillance Units (LESUs);

c. For confirmed cases, return to school will be permitted only after completion of the isolation period and confirmation by a physician that the individual is symptom-free through a medical certificate;

d. Close contacts are expected to be monitored, or should self-monitor, daily for the onset of signs or symptoms for a period of 21 days from the last contact with the probable or confirmed case or their contaminated materials, while suspect, probable, or confirmed cases are expected to isolate and be managed based on the severity of their presentation;

e. Sanitizing stations at key locations, such as entrances, exits, and workstations, should be set up in high-traffic areas; and

f. Schools are encouraged to implement appropriate risk communication strategies to promote preventive behaviors, proper reporting, and referral while ensuring the prevention of stigmatization of at-risk groups. Key messages and communication points are available in **Enclosure No. 2** as references.

6. **Specific Guidelines.** Specific guidelines on prevention, detection, isolation, treatment, and management are indicated as follows:

a. **Prevention.** Schools and DepEd offices shall disseminate information on the prevention of Mpox, including but not limited to the following:

i. Avoid close and intimate, skin-to-skin contact, such as sexual contact, kissing, hugging, and cuddling with individuals who are suspected, probable, or confirmed cases of Mpox. If contact is unavoidable due to the need for care, caregivers must adhere to proper prevention and control measures, including the use of appropriate personal protective equipment (PPE).

ii. Observe frequent and proper hand hygiene with alcohol-based hand rub or handwashing whenever hands are soiled or contaminated.

iii. Ensure that objects and surfaces suspected of being contaminated with the virus or handled by an infectious person are thoroughly cleaned and disinfected.

iv. Contact health personnel if experiencing any of the signs and symptoms of Mpox. A database of teleconsultation hotlines to public hospitals is available through this link: **https://tinyurl.com/TeleconsultSummary**.

v. Wear appropriate PPE when caring for suspect, probable, and confirmed cases of Mpox and for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment:

(1) A fit-tested, seal-checked N95 respirator mask or equivalent;
(2) Disposable, long-sleeved, fluid-resistant level 2 gowns;
(3) Eye protection such as goggles or face shields that cover the front and sides of the face;
(4) Single-use gloves, to be disposed of after every patient interaction; and
(5) Dedicated footwear that can be decontaminated.

b. **Detection.** The PASS, based on DepEd Order No. 34, s. 2003 (Anti-SARS Campaign in Schools) is a systematic relay of information on a child's or teacher's state of health to appropriate personnel and/or agencies in the locality. All school heads shall operationalize the PASS in their respective schools as illustrated in **Enclosure No. 3**.

i. Teachers in charge shall explain in class how PASS works.

ii. Learners will observe the well-being of their classmates, and if someone among them is not feeling well or is feverish and has rashes, a sore throat, a headache, or muscle aches, the sick learner will be reported to the teacher or designated school-based personnel for validation of his/her condition.

iii. Early morning health inspections shall be conducted routinely by the teacher or designated personnel to detect the presence of fever and other signs and symptoms of infection.

iv. The teacher shall keenly observe the health status of each learner in the classroom. If the teacher or the designated school-based personnel finds out that a learner is sick, the case will be reported immediately to the school head.

v. The school head shall notify the family/guardian member of the sick learner, who shall be immediately referred to the school health personnel or the nearest barangay/municipal/city health center for evaluation or referral to a hospital if needed. The same process shall be observed for teachers or other personnel who will exhibit symptoms of infection.

vi. Upon identification of a suspect, probable, or confirmed case, the school head shall ensure that contact tracing is initiated within the classroom/school/office to identify possible close contacts. Contact tracing shall commence in coordination with

the local health office while waiting for the test results of the suspect or probable cases. Relevant forms are attached as **Enclosure No. 4**.

c. **Isolation.** Schools shall ensure that identified cases are isolated and monitored as follows:

   i. If a suspect or probable case (learner/personnel) is identified through health screening upon entry to the school or workplace and/or through physical observation prior to provision of close-contact services, the individual should be immediately isolated from others in a designated area to prevent potential spread.

   ii. Suspect, probable, or confirmed Mpox cases with mild, uncomplicated disease and not at high risk for complications can be isolated at home for the duration of the infectious period (at least 21 days from onset of symptoms until lesions have healed and scabs fall off, whichever is longer). The condition of the learner or personnel should be closely followed up by the school health personnel.

   iii. The decision to isolate and monitor a patient at home should be made on a case-by-case basis and be based on their clinical severity, presence of complications, care needs, risk factors for severe disease, and access to referral for hospitalization if their condition deteriorates.

   iv. Close contacts shall be monitored by the school health personnel and should self-monitor daily for the onset of signs or symptoms for a period of 21 days from the last contact with the suspect, probable, or confirmed case or their contaminated materials.

   v. Learners, teachers, and other personnel evaluated by school health personnel/referred to hospitals shall strictly observe the advice of the health personnel/hospital, including the possibility of home quarantine.

d. **Treatment and Referral.** Treatment for Mpox is mainly supportive and is directed at relieving symptoms such as fever, pain, and pruritus. Upon detection of a suspect or probable case, the school head shall ensure that management is coordinated with the LESU and the Local Health Office.

e. **Immediate Reporting**. The protocol for reporting confirmed cases is as follows:

   i. If there is a confirmed case, the school head shall notify the school health personnel and the schools division office, School Governance and Operations Division, School Health and Nutrition (SDO SGOD SHN) Section within 24 hours of confirmation. The SDO SGOD SHN Section shall notify the regional office (RO) within 24 hours of being notified and

submit a written report containing the following information within 72 hours of confirmation:

(1) Age and Sex of learner/personnel
(2) School Involved
(3) Confirmation Method/Institution
(4) Contact Tracing
(5) Actions Done
(6) Future Plans

ii. The RO shall inform the Central Office (CO) of any confirmed cases within 24 hours of being notified and shall transmit to the CO the initial report submitted by the SD SGOD SHN section within 24 hours of receipt.

f. **Consolidation, Follow-up, and Monitoring.** A record of all suspected, probable, and confirmed cases shall be recorded and reported as follows:

i. School heads shall maintain a daily record of suspected, probable, and confirmed cases and submit this to the SDO SGOD SHN Section weekly. The SDO SGOD SHN Section shall consolidate all reports of suspected, probable, and confirmed cases within their respective SDOs and submit them to the RO weekly. A reporting template is accessible through this link: **https://tinyurl.com/MpoxTemplate**.

ii. School health personnel shall conduct a follow-up visit with the confirmed case within three days after the end of the patient's isolation period and submit a follow-up report to the RO within three days from the follow-up visit. This report will be transmitted by the RO to the CO within 24 hours of receipt.

iii. The RO shall consolidate all reports of suspected, probable, and confirmed cases within their respective SDOs and submit this to the CO every two weeks by filling in their respective trackers in this link: **https://tinyurl.com/MpoxTracker**.

7. **Source of Funds.** Expenses for the conduct of activities related to the Mpox response in schools and DepEd offices may be charged to downloaded Program Support Funds for the Provision of Basic Health Services from Learner Support Program (LSP)-SHD 2025 Current Funds in accordance with OM-OUOPS-2025-07-02351 or the Implementing Guidelines on the Allocation, Utilization, Documentation, and Reporting of Program Support Funds (PSF) for the Field Implementation of Learner Support Programs for Financial Year 2025.

8. Additional measures may be instituted guided by the above-mentioned DOH issuances.

9. This Memorandum can also be a reference for private schools and other schools that are not directly under the control and supervision of DepEd, including those under the state universities and colleges/local universities and colleges.

10. For more information, please contact the **Bureau of Learner Support Services-School Health Division**, 3rd Floor, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City, through email at blss.shd@deped.gov.ph or at telephone number (02) 8632-9935.

11. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:

[redacted]

ATTY. FATIMA LIPP D. PANONTONGAN
Undersecretary and Chief of Staff

Encls.:
As stated

Reference:
DepEd Order (No. 34, s. 2003)

To be indicated in the Perpetual Index
under the following subjects:

ADVISORY
BUREAUS AND OFFICES
EMPLOYEES
HEALTH EDUCATION
LEARNERS
OFFICIALS
TEACHERS

(Enclosure No. 1 to DepEd Memorandum No. 053 s. 2025)

Mpox Case Definitions
(lifted from DOH Memorandum No. 2024-0306 or Updated Interim Guidelines on the Prevention, Detection and Management of Mpox)

Case Classification	Case Definition
Suspect Case	1. A person who is a close contact of a probable or confirmed mpox case in the 21 days before the onset of signs or symptoms, and who presents with any of the following: acute onset of fever (>38.5°C), headache, myalgia (muscle pain/body aches), back pain, profound weakness, or fatigue; OR 2. A person presenting with an unexplained acute skin rash, mucosal lesions, or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Ano-rectal lesions can also manifest as ano-rectal inflammation (proctitis), pain, and/or bleeding. AND 3. For which the common causes of acute rash (i.e. varicella zoster, herpes zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcal infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants) and any other locally relevant common causes of papular or vesicular rash) do not explain the clinical picture. As per WHO, it is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected. Further, if suspicion of mpox or MPXV infection is high due to either history and/or clinical presentation or possible exposure to a case, the identification of an alternate pathogen which causes rash illness should not preclude testing for MPXV, as co-infections have been identified.
Probable Case	1. A person presenting with an unexplained acute skin rash, mucosal lesions, or lymphadenopathy (swollen lymph nodes). The skin rash may include single or multiple lesions in the ano-genital region or elsewhere on the body. Mucosal lesions may include single or multiple oral, conjunctival, urethral, penile, vaginal, or anorectal lesions. Ano-rectal lesions can also manifest as ano-rectal inflammation (proctitis), pain, and/or bleeding.

	AND 2. One or more of the following: • has an epidemiological link (face-to-face exposure, including health care workers without respiratory protection; direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils) to a probable or confirmed case of mpox in the 21 days before symptom onset; or • has had multiple sexual partners (2 or more) in the 21 days before symptom onset.
Confirmed Case	A person with laboratory confirmed MPXV infection by detection of unique sequences of viral DNA by real-time polymerase chain reaction (PCR) and/or sequencing
Close Contact	A close contact is defined as a person who, in the period beginning with the onset of the source case's first symptoms, and ending when all scabs have fallen off and a fresh layer of skin has formed underneath, has had one or more of the following exposures: • Face-to-face exposure (including health care workers without • appropriate PPE); • Direct physical contact, including sexual contact; • Contact with contaminated materials such as clothing or bedding.
Discarded Case	A suspect or probable case but tested negative for mpox virus through RT-PCR or sequencing.

(Enclosure No. 2 to DepEd Memorandum No. 053, s. 2025)

RCCE Recommended Interventions and Message Houses
(adapted from DOH Memorandum 2024-0306 Annex D)

A. Pre-impact phase

Overarching Message Idineklara ng WHO ang mpox bilang isang Public Health Emergency of International Concern. Bagamat wala pang bagong kaso ng mpox na naitatala sa bansa, mahalaga pa ring maging maingat sa pamamagitan ng pag-iingat at maiging pakikinig sa tamang impormasyon mula sa DOH.	
Tungkol sa Mpox	• Mayroong mga naitalang kaso ng mpox mula sa ibang bansa, at dineklara ito ng WHO bilang isang Public Health Emergency of International Concern. • Ang mpox ay lubos na nakahahawa sa skin-to-skin contact, o kung madikit ang iyong balat sa balat ng may sakit na ito. • Maaari itong magdulot ng mga lesion o sugat sa balat o katawan, at maaari rin itong mauwi sa pagkamatay.
Para sa mga Bibiyahe Palabas ng Bansa	• Planuhin ng maigi ang inyong biyahe. o Alamin kung mayroong mga posibleng kaso ng mpox na naitala sa lugar na inyong pupuntahan. o Alamin ang malalapit na health center sa lugar na iyong tinutuluyan. • Ang karagdagang pag-iingat kapag pupunta sa ibang bansa ay makakatulong maprotektahan ang sarili laban sa mpox.Para sa mga
	lalabas ng bansa, kayang iwasan ang mpox sa tulong ng pag-iingat. Gawin ang mga sumusunod lalo na sa matataong lugar. o Long-sleeves at pantalon o Face mask sa kulob na lugar o Madalas na paghugas ng kamay • Kung makakaranas ng mga sintomas na tulad ng trangkaso na may kasamang pamamantal na mukhang pimple agad na kumonsulta sa pinakamalapit na health center. Libre ang konsulta sa National Patient Navigation and Referral Center sa hotline 1555 press 2.
Para sa mga Pabalik ng Bansa	• Suriin muna ang sarili para sa maaaring mga sintomas ng mpox. Kung tingin niyo ay mayroon kayong sintomas, komunsulta muna sa primary care provider at ipagpaliban ang biyahe pabalik ng Pilipinas. • Sumunod sa abiso ng *airport* o *seaport* sa pagpasok ng bansa. • Kahit nakabalik na sa tahanan, bantayan pa rin ang sarili kung sakaling may mga sintomas na lumabas upang hindi mahawa ang pamilya.
Pakikinig sa tamang impormasyon	• Inihahanda ng DOH ang sistema nito at pati na ang mga health workers ang detection at surveillance upang ma-detect at report agad kung sakaling may kaso ng mpox sa bansa. • Sa kasalukuyan, wala pang abiso kung magkakaroon ng mga travel ban papunta sa ibang bansa. • Hindi kailangang mag-alala sa tulong ng pag-iingat. • Manatiling may alam sa tulong ng mga lehitimong awtoridad tulad ng DOH para sa mga anunsyo.

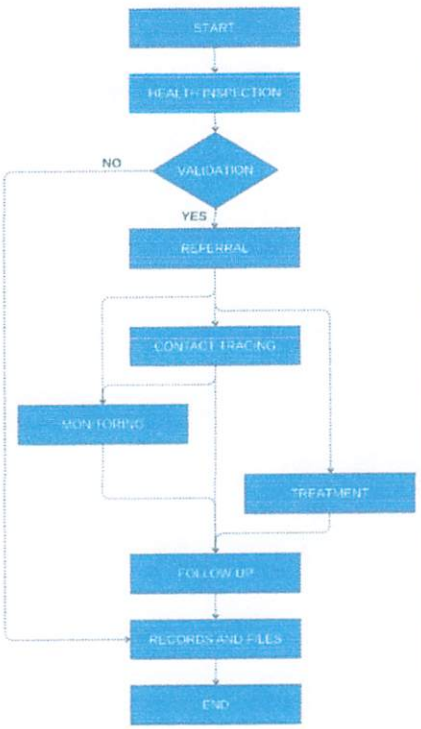
B. Key Messages for Early and Sustained Impact

Overarching Message Dahil sa naideklarang bagong kaso ng mpox sa loob ng bansa, inaanyayahan ang lahat na maging maingat lalo na ang mga bumibiyahe palabas at pabalik ng bansa o ang mga pumupunta sa matataong lugar.	
Pag-iingat sa mpox	• Dalasan ang paghugas ng mga kamay gamit ang tubig at sabon at isanitize ang mga bagay gamit ang alcohol o sanitizer bago gamitin o hawakan o Iwasang pumunta sa matataong lugar. • Kung kinakailangan pumunta sa mga lugar na ito, gawin ang mga sumusunod. o Long-sleeves at pantalon o Face mask sa kulob na lugar o Madalas na paghuhugas ng kamay
Pagkonsulta	• Bantayan ang sarili sa mga posibleng sintomas. • Komunsulta agad sa inyong primary care provider kung kayo ay naga-alalang mayroon kayong sintomas ng mpox o kaya'y nalapit kayo sa isang taong may sakit na ito. • Mag-*isolate* muna habang hindi sigurado sa kalagayan. • Sundin ang payo ng eksperto.
Para sa mga Bibiyahe Palabas ng Bansa	• Alamin at sundin ang abiso ng *airport* o *seaport* sa pagbibiyahe. • Planuhin ng maigi ang inyong biyahe. o Alamin kung mayroong mga posibleng kaso ng mpox na naitala sa lugar na inyong pupuntahan. o Alamin ang malalapit na health center sa lugar na iyong tinutuluyan. • Kayang iwasan ang mpox sa tulong ng pag-iingat. Gawin ang mga sumusunod lalo na sa matataong lugar. o Long-sleeves at pantalon o Face mask sa kulob na lugar o Madalas na paghugas ng kamay • Kung makakaranas ng mga sintomas na tulad ng trangkaso na may kasamang pamamantal na mukhang pimple, agad na kumonsulta sa pinakamalapit na health center. Libre ang konsulta sa National Patient Navigation and Referral Center sa hotline 1555 press 2.
Para sa mga Pabalik ng Bansa	• Suriin muna ang sarili para sa maaaring mga sintomas ng mpox. Kung tingin niyo ay mayroon kayong sintomas, komunsulta muna sa primary care provider at ipagpaliban ang biyahe pabalik ng Pilipinas. • Sumunod sa abiso ng *airport* o *seaport* sa pagpasok ng bansa. • Kahit nakabalik na sa tahanan, bantayan pa rin ang sarili kung sakaling may mga sintomas na lumabas upang hindi mahawa ang pamilya.
Pakikinig sa tamang impormasyon	• Patuloy na magbibigay ng mabilis at tamang impormasyon ang DOH para sa proteksyon ng lahat. Manatiling makinig sa payo ng mga eksperto. • Makinig din sa pamahalaan o LGU para sa ibang anunsyo.

* The interventions and key messages above may be sustained and updated as the situation evolves.

(Enclosure No. 3 to DepEd Memorandum No. 053, s. 2025)

Preventive Alert System in Schools (PASS) for Mpox



Learner/Teacher/Designated School-based Personnel	Teacher/designated personnel conducts daily routine health inspection. Learners will report sick learners to the teacher or a designated personnel.
Teacher/Designated Personnel	Validates reports of sick learners/personnel. Reports Suspect/Probable Cases to the school head.
School Head	Informs the family of the Suspect/Probable case of the patient's condition, who shall be immediately referred to the school health personnel or the nearest barangay/municipal/city health center for evaluation or referral to a hospital if needed. The school head ensures that referral to the LHO/LESU/RESU is coordinated.
School Head, LHO/LESU/RESU	The school head shall ensure that contact tracing is initiated within the classroom/school/office to identify possible close contacts. Contact tracing shall commence in coordination with the local health office while waiting for test results of the suspect or probable cases.
School Health Personnel	Monitors the condition of the suspect/probable/confirmed mpox cases while in isolation.
LHO/LESU/RESU	Supportive treatment directed at relieving symptoms such as fever, pain, and pruritus.
School Health Personnel	Follow up is conducted within 3 days after the end of the isolation period. For confirmed cases, a medical certificate issued by the attending physician is required prior to returning to work or school.
	If there are no findings, record and file documents. Return slips and return of follow-up/check up are recorded and filed.

(Enclosure No. 4 to DepEd Memorandum No. 053, s. 2025)

Mpox Case Investigation Form (CIF) for Disease Surveillance Officers

Case Investigation Form

Monkeypox Case Investigation Form

(ICD 10 –CM Code: B04)

Name of DRU:			Date of Investigation: (mm/dd/yyyy)							
Address of DRU:			Type: ☐ CHMO ☐ Gov't Hospital ☐ Private Hospital ☐ Airport ☐ Seaport ☐ Gov't laboratory ☐ Private Laboratory							
I. PATIENT INFORMATION:	Patient Number:	Patient's First Name		Middle Name			Last Name/Suffix			
COMPLETE CURRENT ADDRESS House Number/Purok/Sitio: Street Name: Municipality: Province: Region:		Laboratory ID								
		Sex assigned at birth: ☐Male ☐Female	Date of Birth:	MM	DD	YYYY	Age	☐Days ☐Months ☐Years		
COMPLETE PERMANENT ADDRESS House Number/Purok/Sitio: Street Name: Municipality: Province: Region:		Nationality:		IP Group? ☐Yes ☐No If Yes, Specify:						
		Occupation: Contact Number:		Contact No:						
Name Workplace		Address of Workplace:								
Name of Informant:	Relationship with Patient:		Contact No. of Informant:							

II. PATIENT STATUS

Date Admitted/ Seen/Consult:	MM	DD	YYYY	Admission: ER: ☐Yes ☐No ☐Unknown Ward: ☐Yes ☐No ☐Unknown ICU: ☐Yes ☐No ☐Unknown	Blood Donation/Transfusion History: ☐Donor ☐Recipient Place of Donation/Transfusion: _____ Date of Donation/ Transfusion: ____/____/____ (mm / dd / yyyy)
Pregnant? ☐Yes ☐No # of weeks ____ Any other known medical information: _____					

III. CLINICAL HISTORY/PRESENTATION

Date onset of illness (mm/dd/yyyy): _____

1. Does the patient have a cutaneous rash?
   ☐Yes ☐ No If yes, date of onset for the rash: ____/____/____ (mm / dd / yyyy)
2. Did the patient have fever?
   ☐Yes ☐ No If yes, date of onset for the fever: ____/____/____ (mm / dd / yyyy)
   Duration of fever (___ days)
3. If there is active disease,
   3.1 Lesions are in the same state of development on the body?
   ☐Yes ☐ No
   3.2 Are all of the lesions the same size?
   ☐Yes ☐ No
   3.3 Are the lesions deep and profound?
   ☐Yes ☐ No
   3.4 Did the patient develop ulcers ?
   ☐Yes ☐ No
4. Type of lesions:
   ☐Macule ☐ Papule ☐Vesicle ☐Pustule ☐Scab
5. Localization of the lesions:
   ☐ Face ☐ Palms of the hands ☐ Thorax ☐ Arms
   ☐ Legs ☐ Soles of the feet ☐ Genitals
   ☐ All over the body

   List other areas : _____

SIGNS AND SYMPTOMS

Check all that apply

- ☐ Vomiting/nausea
- ☐ Headache
- ☐ Cough
- ☐ Muscle pain (myalgia)
- ☐ Asthenia (weakness)
- ☐ Fatigue
- ☐ Conjunctivitis
- ☐ Chills or sweats
- ☐ Sensitivity to light
- ☐ Sore throat when swallowing
- ☐ Oral ulcers
- ☐ Lymphadenopathy, localization:
  ☐ Cervical ☐ Axillary ☐ Inguinal

Monkeypox Case Investigation Form

(ICD 10 –CM Code: B04)

IV. HISTORY OF EXPOSURE

1. Did the patient travel anytime in the three weeks before becoming ill?: ☐Yes ☐ No
   If yes, please specify: _____
   Date of travel: (mm/dd/yyyy) ____/____/____
   Flight/Vessel #: _____
   Date of arrival:(mm/dd/yyyy) ____/____/____
   Point of entry and exit: _____

2. Did the patient travel during illness?: ☐Yes ☐ No
   If yes, please specify: _____
   Date of travel: (mm/dd/yyyy) ____/____/____
   Flight/Vessel #: _____
   Date of arrival:(mm/dd/yyyy) ____/____/____
   Point of entry and exit: _____

3. Within 21 days before symptom onset, did the patient have contact with one or more persons who had similar symptoms? ☐Yes ☐ No
   If Yes, accomplish Appendix A "Monkeypox Contact listing Form"

4. Did the patient touch a domestic or wild animal within 21 days before symptom onset? ☐Yes ☐ No
   If Yes, what kind of animal: _____
   Date of first exposure/contact: (mm/dd/yyyy) ____/____/____
   Date of last exposure/contact: (mm/dd/yyyy) ____/____/____
   Type of contact (check all that apply)
   ☐ Rodents alive in the house
   ☐ Dead animal found in the forest
   ☐ Alive animal living in the forest
   ☐ Animal bought for meat
   ☐ Others: _____

5. Patients Gender Identity:
   ☐Man
   ☐Woman
   ☐In the middle
   ☐Non binary

6. Did the patient engage in sex (vaginal, oral, or anal) within 21 days before symptom onset?
   ☐Yes ☐No (skip, answer next question)

	History of sexual activity or close intimate contact	No. of sexual partners
Male to male	☐ Yes ☐ No	
Male to female	☐ Yes ☐ No	
Unknown	☐ Yes ☐ No	

6. Did the patient experience close intimate contact (cuddling, kissing, mutual masturbation, sharing sex toys) within 21 days before symptom onset? ☐ Yes ☐ No

7. Sharing of items (e.g. towels, beddings, food, utensils etc.) with your sexual partners within 21 days before symptom onset? ?
   ☐ Yes ☐ No ☐ Refuse to answer

8. Did the patient have sex and/or close intimate contact with someone who had recently traveled outside of your city or community within 21 days before symptom onset?
   ☐ No
   ☐ Yes, to another country (please specify) _____
   ☐ Yes, to another province
   ☐ Yes, to another city within my province
   ☐ Unknown

V. LABORATORY TESTS (Note: Collect at least two types of specimens from each patient. For each specimen, place a label on this form and a label on the specimen tube. Ensure that the two labels have the same name/number of the specimen.)

Test Done* (check all that apply)	Date Collected*	Laboratory	Results	Date Released
☐ Nasopharyngeal or oropharyngeal swab				
☐ Lesion Fluid				
☐ Lesion Roof				
☐ Lesion Crust				
☐ Serum				

VI. HEALTH STATUS

☐ Active (Currently admitted or in isolation/ quarantine)

☐ Discharged

Date Discharged: ____/____/____ (mm / dd / yyyy)

Final Diagnosis: _____

Outcome:

☐ Recovered
Date Recovered: ____/____/____ (mm / dd / yyyy)

☐ Died
Date Died: ____/____/____ (mm / dd / yyyy)

Cause of death: _____

☐ Unknown
☐ HAMA ☐ Lost to follow-up

☐ Transferred to other healthcare setting

Case Classification:

☐ Suspect
☐ Probable
☐ Confirmed
☐ Contact
☐ Discarded

Case Investigation Form

Monkeypox Case Investigation Form

(ICD 10 –CM Code: B04)

Case Classification	Case Definition
Suspected Case	A person of any age presenting with an unexplained acute rash AND One or more of the following signs or symptoms: • Headache; • Acute onset of fever (>38.5°C); • Myalgia; • Back pain; • Asthenia; • Lymphadenopathy; AND For which the following common causes of acute rash do not explain the clinical picture: varicella zoster, herpes zoster, measles, herpes simplex, bacterial skin infections, disseminated gonococcal infection, primary or secondary syphilis, chancroid, lymphogranuloma venereum, granuloma inguinale, molluscum contagiosum, allergic reaction (e.g., to plants), and any other locally relevant common causes of papular or vesicular rash. As per WHO, it is not necessary to obtain negative laboratory results for listed common causes of rash illness in order to classify a case as suspected.
Probable Case	A person meeting the case definition for a suspected case AND One or more of the following: • has an epidemiological link (face-to-face exposure, including health care workers without respiratory protection; direct physical contact with skin or skin lesions, including sexual contact; or contact with contaminated materials such as clothing, bedding or utensils) to a probable or confirmed case of monkeypox in the 21 days before symptom onset; • reported travel history to a monkeypox endemic country in the 21 days before symptom onset; • has had multiple sexual partners in the 21 days before symptom onset is hospitalized due to the illness
Confirmed Case	A case meeting the definition of either a suspected or probable case and is laboratory confirmed for monkeypox virus by detection of unique sequences of viral DNA either by real-time polymerase chain reaction (PCR) and/or whole genome sequencing.
Contact	A contact is defined as a person who, in the period beginning with the onset of the source case's first symptoms, and ending when all scabs have fallen off, has had one or more of the following exposures with a probable or confirmed case of monkeypox: • face-to-face exposure (including health care workers without appropriate PPE); • direct physical contact, including sexual contact; • contact with contaminated materials such as clothing or bedding.
Discarded Case	A case meeting the definition of either a suspected or a probable case but tested negative for monkeypox virus through RT-PCR or WGS.

Appendix A. Monkeypox Contact Listing Form

Name of Case:_____

Full Name	Age	Sex	Date of Birth	Contact #	Occupation	Relation to case	No. of house-hold members	Address	Date of first contact with case	Date of last contact with case	Type of contact	Laboratory Done
Indicate Last Name, First Name, Middle Name	Age: Indicate D - days M - months Yr. - years Sex: F - Female M - Male		mm/dd/yyyy	Specify contact information	Please Specify Occupation	Specify relationship with case	Specify total number	Specify House # Street/Purok/ Subdivision, Barangay, Municipality/City, Province, Region	mm/dd/yyyy	mm/dd/yyyy	Type 1 Type 2 Type 3	Y-yes N-no If yes, Specify test and result

Types of contact:
Type 1 – Direct contact with skin lesions of a confirmed MPX case - vesicles, pustules, crusts etc. (including sexual contact) OR direct contact with a confirmed animal case.
Type 2 – Direct contact with body fluids of confirmed monkeypox case (blood, urine, vomitus, feces, stool, sputum etc.)
Type 3 – Sharing of common space with case (e.g. vehicle, household, shared room/workstation, flight, etc.)