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WHO Global Clinical Platform for Mpox
Data for public health response

ชื่อ นามสกุล ผู้ป่วย	ชื่อสถานพยาบาล

Global Clinical Data Platform

MONKEYPOX CASE REPORT FORM (CRF)

MODULE 5.2

INTRODUCTION

The CRF is designed to collect data obtained through examination, interview and review of hospital or clinic notes of patients with suspected, probable or confirmed monkeypox (mpox) infection. The CRF captures data from patients being managed in outpatient services or in community-based health services or during hospital admissions. Follow-up visits (Module 2) may be conducted in person or virtually as per local practice.

Data may be collected prospectively or retrospectively. The data collection period is defined as the period from hospital admission, or first clinic visit, to discharge from care, transfer, death or continued hospitalization without possibility of continued data collection.

This CRF has five modules:

Module 1:	To be completed on the first day of presentation or admission to the health centre (baseline visit).
Module 2:	To be completed on hospital days or follow-up visits (remote visits or visits to health centre) every 3–5 days and day 14.
Module 3:	To be completed at the last visit, either hospital discharge, transfer, last outpatient follow-up or death.
Module 4:	To be completed to record serious adverse events (SAEs) and suspected unexpected serious adverse reactions (SUSARs) for patients treated with tecovirimat under **WHO emergency use protocol for tecovirimat for monkeypox under MEURI framework.**
Module 5.1:	To be completed if currently pregnant or recently pregnant ≤ 21 days.
Module 5.2:	To be completed at end of pregnancy.

GENERAL GUIDANCE

Participant identification numbers consist of a site code and a participant number. You can register on the data management system by completing the mpox registration form, and our data management team will contact you with instructions for data entry and will assign you a five-digit site code at that time. Please contact us at monkeypox_clinicaldataplatform@who.int for any further information.

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MODULE 5.2. Pregnancy module

To be completed for women at the end of pregnancy, including abortion, miscarriage, stillbirth and delivery.

5h. DELIVERY, PREGNANCY AND MAXTERNAL CHARACTERISTICS (*This form should be completed for pregnant patients with monkeypox irrespective of monkeypox recovery or discharge status to record delivery, pregnancy, maternal and neonatal outcomes as applicable.*)

Did this patient participate in the emergency use protocol for tecovirimat for monkeypox under MEURI framework?
☐Yes ☐No ☐Unknown
If yes, date of visit [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Delivery during course of monkeypox infection? ☐Yes ☐No
Delivery date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Pregnancy outcome	☐ Spontaneous abortion[a] ☐ Live birth ☐ Induced abortion[a] ☐ Missed abortion[a] ☐ Macerated stillbirth[a] ☐ Fresh stillbirth[a] ☐ Post-abortion/postpartum on admission* [a] Date of pregnancy outcome [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Mode of delivery	☐ Vaginal delivery ☐ Caesarean section
If C-section, indicate reason	☐ Prolonged labour ☐ Abnormal positioning ☐ Fetal distress ☐ Birth defects ☐ Repeat caesarean ☐ Chronic health condition ☐ Cord prolapse ☐ Genital lesions ☐ Cephalopelvic disproportion (CPD) ☐ Unknown
Onset of labour	☐ Spontaneous ☐ Caesarean section before labour ☐ Induced ☐ Unknown
Fetal presentation at delivery	☐ Cephalic ☐ Transverse ☐ Breech
Amniotic fluid at delivery	☐ Clear ☐ Meconium stained ☐ Unknown
Complications during the course of pregnancy	Gestational diabetes ☐Yes ☐No ☐Unknown Gestational hypertension ☐Yes ☐No ☐Unknown Anaemia (Hb < 11 g/dL) ☐Yes ☐No ☐Unknown Obstetric infections ☐Yes ☐No ☐Unknown Intrauterine growth restriction ☐Yes ☐No ☐Unknown Bleeding ☐Yes ☐No ☐Unknown Pre-eclampsia ☐Yes ☐No ☐Unknown Eclampsia ☐Yes ☐No ☐Unknown Other (specify) _____
Acute or late-stage pregnancy complications	Placental previa/accreta/percreta ☐Yes ☐No ☐Unknown Pre-eclampsia/eclampsia ☐Yes ☐No ☐Unknown Placental abruption ☐Yes ☐No ☐Unknown Preterm contractions ☐Yes ☐No ☐Unknown Preterm labour ☐Yes ☐No ☐Unknown Preterm rupture of membranes ☐Yes ☐No ☐Unknown

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	Puerperal septicaemia or severe infection ☐Yes ☐No ☐Unknown STI untreated (i.e. herpes, syphilis, chlamydia, gonorrhoea) ☐Yes ☐No ☐Unknown Haemorrhage ☐Yes ☐No ☐Unknown If haemorrhage, which type: ☐ Antepartum/intrapartum ☐ Postpartum haemorrhage Abortion-related embolic disease ☐Yes ☐No ☐Unknown Anaesthetic complication ☐Yes ☐No ☐Unknown
Maternal death In the event of maternal death and the patient is participating in WHO emergency use protocol for tecovirimat for monkeypox under MEURI framework please also complete Module 4.	☐Yes ☐No **If yes, what was the underlying cause of death?** ☐Abortive outcome ☐Hypertensive disorders in pregnancy, childbirth and the puerperium ☐Obstetric haemorrhage ☐Pregnancy-related infection ☐Unanticipated complications of management (e.g. anaesthesia-related complications) ☐Indirect maternal death ☐Obstetric death of unspecified cause ☐Deaths from a coincidental cause (e.g. motor vehicle accident) ☐Other obstetric complication not included in above causes

5i. NEONATAL OUTCOMES (*if applicable*)	
Date of birth [DD/MM/YYYY] **Time of birth** [e.g. 14:21]	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] [____:____]
Participant ID of the mother	[___][___][___][___][___]-- [___][___][___][___] – [__Single digit Baby ID_] *Please complete one form per neonate*
Monkeypox lab test of neonate	☐ Performed ☐ Not performed ☐ Unknown If yes [_sample collected__] [_test description__][_date of collection__] [_____result_____]
Apgar score at 5 minutes	Score [___] [___]
Birth weight	Grams [___] [___] [___] [___]
Respiratory distress syndrome	☐ Yes ☐No ☐Unknown
Admission to NICU	☐ Yes ☐No ☐Unknown
Neonatal outcome	☐ Discharged healthy ☐ Discharged with complications/sequelae Type of complication [_____] ☐ Clinical referral to specialist ward /other hospital Type of specialty [_____] ☐ Death Date of death [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_] ☐ Unknown

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If neonate died, primary cause of death	☐ Preterm/low birth weight ☐ Birth asphyxia ☐ Infection ☐ Birth trauma ☐ Congenital/birth defects ☐ Other, specify: _____ ☐ Unknown
Any congenital anomalies	☐ Neural tube defects ☐ Microcephaly ☐ Congenital malformations of ear ☐ Congenital heart defects ☐ Congenital malformations of digestive system ☐ Orofacial clefts ☐ Congenital malformations of genital organs ☐ Abdominal wall defects ☐ Chromosomal abnormalities ☐ Talipes equinovarus/clubfoot ☐ Reduction defects of upper and lower limbs

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5j. SAMPLE COLLECTION for monkeypox testing				
Any sampling conducted? ☐ Yes ☐ No ☐ Unknown If yes, describe the test and the results	☐ Amniotic fluid	[_test description__] ☐ PCR ☐ Other, specify:	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[__result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐ Placenta	[_test description__] ☐ PCR ☐ Other [specify	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[__result_____] ☐ Positive ☐ Negative ☐ Undetermined
	☐ Cord blood	[_test description__] ☐ PCR ☐ Other [specify	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[____result___] ☐ Positive ☐ Negative ☐ Undetermined
	☐ Vaginal swab	[_test description__] ☐ PCR ☐ Other [specify	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[____result___] ☐ Positive ☐ Negative ☐ Undetermined
	☐ Faeces/ rectal swab	[_test description__] ☐ PCR ☐ Other [specify	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[____result____] ☐ Positive ☐ Negative ☐ Undetermined
	☐ Pregnancy tissue (in the case of fetal demise/ induced abortion)	[_test description__] ☐ PCR ☐ Other [specify	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[____result____] ☐ Positive ☐ Negative ☐ Undetermined
	☐ Breastmilk	[_test description__] ☐ PCR ☐ Other [specify	[_date of collection__] [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	[____result____] ☐ Positive ☐ Negative ☐ Undetermined