



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 5.1

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_clinicaldatapatform@who.int for any further information.

MODULE 5. Pregnancy module

To be completed for women who are either:

- currently pregnant, or
- recently pregnant (within 21 days of pregnancy outcome).

At the end of pregnancy, please complete Module 5.2 (regardless of discharge from monkeypox care).

Complete within 24 hours from baseline visit at hospital or outpatient service.

5a. PREGNANCY STATUS AT BASELINE VISIT	
Pregnant not in labour	<input type="checkbox"/>
Pregnant in labour	<input type="checkbox"/>
Postpartum	<input type="checkbox"/> Yes If yes, how many days? [days] <input type="checkbox"/> No
Breastfeeding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-abortion/miscarriage	<input type="checkbox"/>
Number of fetuses	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other [number] <input type="checkbox"/> Unknown
Was this an IVF pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

5b. ABORTION OR MISCARRIAGE (prior to admission)	
Date of induced abortion or spontaneous abortion/missed abortion/miscarriage	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Were symptoms of monkeypox present at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

5c. OBSTETRIC HISTORY	
Number of previous pregnancies beyond 22 weeks' gestation	[number]
Number of previous vaginal deliveries	[number]
Number of previous caesarean deliveries	[number]
Please indicate if any apply to previous deliveries:	
Preterm birth (< 37 weeks' gestation)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Congenital anomaly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Stillborn	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Neonatal death (≤ 7 days)	<input type="checkbox"/> Yes If yes, how many days? [_Day_] <input type="checkbox"/> No <input type="checkbox"/> Unknown
Weight	<input type="checkbox"/> < 2500 g <input type="checkbox"/> > 4500 g

5d. ALCOHOL, DRUGS – RISK FACTORS DURING THIS PREGNANCY	
Alcohol consumption	<input type="checkbox"/> Yes If yes, number of alcohol units weekly _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Illicit/recreational drug use	<input type="checkbox"/> Yes If yes, number of times in a week _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown
Smoking use	<input type="checkbox"/> Yes If yes, number of cigarettes a day _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown

5e. MEDICATIONS DURING THIS PREGNANCY (prior to onset of current illness episode)	
Anticonvulsants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify generic name: _____
Anti-nausea	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify generic name: _____
Prenatal vitamins and micronutrients	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify generic name: _____
Tetanus vaccine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify number of doses
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify generic name: _____

5f. FETAL HEART RATE – if applicable (first available data at presentation/admission)	
Fetal heart rate (FHR)	[_ _] [_ _] [_ _] beats/min

5g. PREGNANCY AND MATERNAL OUTCOME AT DISCHARGE (To be collected at discharge or at recovery from monkeypox or death)																																	
Pregnancy outcome	<input type="checkbox"/> Pregnancy ongoing <input type="checkbox"/> Live birth <input type="checkbox"/> Spontaneous abortion ^a <input type="checkbox"/> Induced abortion ^a <input type="checkbox"/> Missed abortion ^a <input type="checkbox"/> Macerated stillbirth ^a <input type="checkbox"/> Fresh stillbirth ^a <input type="checkbox"/> Post-abortion/postpartum on admission ^a ^a Date of pregnancy outcome [_ D _] [_ D _] / [_ M _] [_ M _] / [_ 2 _] [_ 0 _] [_ Y _] [_ Y _]																																
Complications during the course of pregnancy	<table border="0"> <tr> <td>Gestational diabetes</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Gestational hypertension</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Anaemia (Hb < 11 g/dL)</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Obstetric infections</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Intrauterine growth restriction</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Bleeding</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Pre-eclampsia</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> <tr> <td>Eclampsia</td> <td><input type="checkbox"/>Yes</td> <td><input type="checkbox"/>No</td> <td><input type="checkbox"/>Unknown</td> </tr> </table> <p>Other (specify) _____</p>	Gestational diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Gestational hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Anaemia (Hb < 11 g/dL)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Obstetric infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Intrauterine growth restriction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Pre-eclampsia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Eclampsia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
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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.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the underlying cause of death? <input type="checkbox"/> Abortive outcome <input type="checkbox"/> Hypertensive disorders in pregnancy, childbirth and the puerperium <input type="checkbox"/> Obstetric haemorrhage <input type="checkbox"/> Pregnancy-related infection <input type="checkbox"/> Unanticipated complications of management (e.g. anaesthesia-related complications) <input type="checkbox"/> Indirect maternal death <input type="checkbox"/> Obstetric death of unspecified cause <input type="checkbox"/> Deaths from a coincidental cause (e.g. motor vehicle accident) <input type="checkbox"/> Other obstetric complication not included in above causes																																