Centers for Disease Control and Prevention

Mpox

Mpox Home

CDC is updating webpages with the term "mpox" to reduce stigma and other issues associated with prior terminology. This change is aligned with the recent World Health Organization decision.

Case Reporting Recommendations for Health Departments

Updated December 30, 2022

Data Collection

- CDC encourages Health departments to collect the data listed in the 2022 U.S. Mpox Outbreak Short Case Report Form [749 KB, 11 pages] (sCRF) for patients who meet the probable or confirmed mpox case definition. Local health departments should check with state or territorial health authorities to confirm the desired case reporting process in their jurisdiction.
- Case reporting to CDC can be completed using either of these two methods:
  - Enter the necessary sCRF data directly in the CDC DCIPHER platform.
  - Enter the necessary data directly into an existing jurisdictional case surveillance system configured for mpox reporting. Then upload the reporting data to the CDC DCIPHER platform using a CSV file format.
- To ensure timely reporting, initial reports can be submitted to CDC with only the minimum required data elements:
  1. Local Record ID
  2. Case jurisdiction of residence
- Jurisdictions can ensure timely reporting by submitting new case reports within 24 hours.

CDC asks that these initial records be updated with additional data as soon as possible.

- Jurisdictions using a local case surveillance system can refer to the sCRF data dictionary [XLS – 46 KB] to ensure their system is configured to match CDC data reporting requirements. Case reports can be uploaded to the CDC DCIPHER platform in a CSV file format using the DCIPHER bulk upload feature. In addition, jurisdictions can upload a file containing the initial (partially completed) case reports as well as completed reports to update the data previously submitted to CDC. Follow instructions for using the bulk upload feature in DCIPHER [2 MB, 8 pages].
  - The data dictionary includes not only the new sCRF field/variable names, but it also maps the new variables to the corresponding variables used for the original case report form. To assist jurisdictions in submitting data to CDC using the DCIPHER bulk upload feature, the data dictionary contains instructions for submitting the data captured in repeating fields within the sCRF. The file also contains an empty worksheet containing a header row with all the sCRF variable names. Jurisdictions can use the worksheet to assist in preparing the CSV data file for bulk upload.
- Although CDC is releasing a fillable PDF version [663 KB, 11 pages] of the sCRF, jurisdictions should use electronic methods such as direct entry, bulk upload (CSV file), or API to send CDC the data elements included in the case report form. This form is designed for use by local and field epidemiologists who have no access to DCIPHER. The data collected using the fillable PDF form must be either directly entered in DCIPHER or submitted as part of a bulk data upload into DCIPHER. CDC will not accept PDF forms submitted directly to CDC.
  - This form is designed for use by local and field epidemiologists who have no access to DCIPHER. The data collected using the fillable PDF form must be either directly entered in DCIPHER or submitted as part of a bulk data upload into DCIPHER. CDC will not accept PDF forms submitted directly to CDC.

For more information on any of these procedures or to onboard state and local partners to DCIPHER, please contact eocevent570@cdc.gov.

Specimen Collection

- Send appropriately collected samples to your Laboratory Response Network (LRN) laboratory for PCR testing.
- LRN laboratories can provide orthopoxvirus testing on lesion specimens that clinicians obtain from suspected mpox patients. If the result is orthopoxvirus positive, further characterization of the specimen occurs at CDC. CDC requires dry swabs of lesion material, swabs of lesion material in viral transport media (VTM), or lesion crusts.
- When collecting specimens.
    1. Vigorously swab or brush lesion with two separate sterile synthetic swabs (such as polyester, nylon, or Dacron) with a plastic, wood, or thin aluminum shaft. Do not use cotton swabs. Collect multiple specimens for initial and secondary testing as follows:
        - Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with an O-ring—or place each entire swab in a separate sterile container with a gasket seal that can be shipped under the required conditions. Collect two swabs from each lesion. These swabs should preferably be collected from different locations on the body or from lesions which differ in appearance. Place swabs and other specimens in different containers. If using transport media, do not use universal transport media. Only VTM is accepted at CDC at this time.
        - Include the date of collection and 2 of the following on the specimen label if submitting for further characterization at CDC:
            - Full first and last name (no initials)
            - Date of birth
            - Age and sex/gender (must be both)
            - A unique ID number recorded at the time of collection (e.g., a medical record number)

More Information

Mpox Case Definition

Monitoring People Who Have Been Exposed

Reducing Stigma in Communication and Community Engagement

See Healthcare Professionals for clinical information.

See Laboratories for PCR testing details.

Last Reviewed: December 30, 2022