

CHICKENPOX (VARICELLA)

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report **any suspect or confirmed disease of public health significance** to the Medical Officer of Health.

This form is required to be completed and faxed within one working day of the initial patient assessment to the Windsor-Essex County Health Unit (WECHU) – Infectious Disease Prevention Department (fax: 226-783-2132).

It is essential to complete one of the following tests to confirm diagnosis:

SPECIMEN COLLECTION*			
✓	Specimen Type / Date Collected	Collection Kit	Collection Requisition on Lab Requisition Form
<input type="checkbox"/>	Blood specimen 5mL collected within 3-7 days after rash onset <i>Date Collected (YY/MM/DD): / /</i>	Blood, clotted – vacutainer tubes (SST)	Request “ Blood, Varicella – Zoster (Chicken Pox) IgG/IgM Diagnosis ”, including symptoms and onset date
<input type="checkbox"/>	Swabs of lesion/vesicular fluid 1 swab collected from “fresh” vesicle <i>Date Collected (YY/MM/DD): / /</i>	Universal transport medium (UTM) collection kit (pink medium)	Request “ Varicella – Zoster (Chicken Pox) Virus Detection ”, including symptoms and onset date

*The **Public Health Lab Service Desk (1-877-604-4567)** is available to answer questions regarding general specimen collection.

PATIENT INFORMATION			
Date (YY/MM/DD):		Name and contact number of reporting health care provider:	
		() - ext.	
Name of Client:			
(First)	(Middle)	(Current last)	(Last while in elementary school)
Date of Birth: (YY/MM/DD)		Age:	Sex:
Address:			
(Street)		(City)	(Postal Code)
Home Phone: ()		Alternate Phone: ()	
School/Daycare/Workplace (if applicable):			
Name of Parent/Guardian (if applicable):			

PATIENT EDUCATION	
<input type="checkbox"/>	Client should self-isolate (exclude from work, school, or daycare) until they are feeling well enough to participate in normal activities. Exclusion is not dependent on the state of the rash.
<input type="checkbox"/>	If medical attention is needed, client/parent should notify facility ahead of time that they are coming and chickenpox is suspected. <i>This is to allow the facility to take precautions.</i>
<input type="checkbox"/>	Advise client/parent to inform exposed vulnerable contacts (i.e., pregnant, immunocompromised or susceptible to chickenpox) of the need to follow up with a health care provider. It is up to the client/parent to decide if they want to inform contacts.
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them.

CASE INDEX OF SUSPICION					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has the client been vaccinated against chickenpox? *A varicella-like rash occurring between 5-42 days after varicella vaccination should be reported as an adverse event following immunization. Lab work should be collected.				
	Vaccine #	Name	Date Received (YY/MM/DD)	Lot #	Expiry Date (YY/MM/DD)
	1				
	2				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client travelled in the past 21 days?	Where: When:			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client had exposure to someone with chickenpox/shingles?	Who: Where:			

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

This form may be out of date. The most current form can be accessed on our website:
<https://www.wechu.org/forms/hcp-chickenpox-register>.

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