

Parent/Guardian Name (if applicable):

## **MPox (Monkeypox)**

## **HEALTH CARE PROVIDER 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).

2132	•									
SPEC	Subm CIMEN COLLECTION*	it a maximum o	f three skin	lesion specim	nens per patient.					
√	Specimen Type / D	Colle	ction Kit	Public Health Ontario General Test Requisition Form						
		sion fluid, crust material or scab te Collected (YY/MM/DD): / /			Request "MPox (Monkeypox Virus)", including symptoms, onset date, travel history, exposure history, and					
	Swab of lesion Date Collected (YY/MM	//DD): / /		e/container or re Collection	smallpox vaccination history, if applicable.  Testing for herpesviruses (e.g. Herpes simplex, Varicella) and Enterovirus may be ordered on the same specimens being tested for MPox (Monkeypox) – these will be performed once MPox (Monkeypox) testing is completed.					
	Nasopharyngeal and/o Date Collected (YY/MM			e/container or re Collection						
	Serum ≥0.5 ml Date Collected (YY/MM	I/DD):	Red top or separator t							
lesio bloo MPo	ons that can be swabbed, and should always be subm	or have skin lesio nitted along with a ection who do not	n material th nasopharyn have a skin r	at can be subm geal (NP) swab ash (e.g. a clos	ommended in patients who have skin nitted for testing (e.g. scab). However, or throat swab on patients suspected of e contact of a case with a febrile illness papular rash only).					
	*Additional information regarding specimen collection can be found at <a href="www.publichealthontario.ca">www.publichealthontario.ca</a> . The Public Health Lab Service Desk (1-877-604-4567) is also available to answer questions.									
Date	e (YYYY/MM/DD):	Name and conta	act number o	f reporting hea	alth care provider: ) - ext.					
SECT	TION A: PATIENT INFORM	MATION		,	,					
Patient Name:										
(First)  Date of Birth (YYYY/MM/DD):			(Middle) (		(Last) Sex:					
Address:										
(Street)			T	(City) (Posta						
Hom	ne Phone: (			Alternate Phone: ( )						

SECTION B: PRESENTING SIGNS AND SYMPTOMS								
✓ SIGNS & SYMP	SIGNS & SYMPTOMS			✓	SIGNS & SYMPTOMS	Onset Date (YYYY/MM/DD)		
☐ Asymptomatic	Asymptomatic				Back pain/ache			
☐ Fever				Macular rash				
☐ Headache				Papular rash				
☐ Chills				Vesicular rash				
☐ Muscle aches					Pustular rash			
☐ Fatigue/exhaust				Sweating				
☐ Swollen lymph i				Oral lesions				
☐ Sore throat				Genital lesions				
☐ Cough					Other:			
☐ Runny nose				Other:				
					·			
SECTION C: RISK FA	ACTORS							
☐ Yes	Has patient ever received		Numb	oer o	f doses:			
□ No	smallpox vaccine?							
			Date of last vaccination (YYYY/MM/DD):					
	Has patient ever received chickenpox vaccine?			Number of doses:				
□ No	chickenpox vaccine:		Date of last vaccination (YYYY/MM/DD):					
☐ Yes	Has patient travelled in th	ne 21	Location(s):					
	days prior to illness (with	in and						
	outside of Ontario)?		Date of return (YYYY/MM/DD):					
	Does the patient work in health		Details:					
□ <b>No</b> care?								
SECTION D: HIGH R	SISK CONTACTS							
	e patient have any high- r	ick conta	octs2			Number of		
	k contacts include:	ISK COITE	acts:			contacts:		
	isehold members							
• Indi	viduals likely to have had	direct co	ontact v	with	broken skin or mucous membranes			
inclu	uding:							
	o Intimate or sexual co							
		ical care	withou	ıt ap	propriate personal protective			
	equipment (PPE)							
<ul> <li>High risk environmental contact (e.g., cleaning potentially contaminated rooms without wearing appropriate PPE)</li> </ul>								
Contact Name:					act Phone Number:			

SECTIO	N E: PATIENT EDUCATION						
	Patient should <b>self-isolate</b> until all lesion scabs have fallen off and new intact skin has formed below.						
	Ending of the self-isolation period must be done in consultation with the health unit.						
	Patient should avoid contact with those at higher risk of severe MPox (Monkeypox) illness, including						
	immunocompromised people, pregnant women, and children under age 12 years.						
	If medical attention is needed, patient should notify facility ahead of time that they are coming and MP	,ox					
	(monkeypox) is suspected. This is to allow the facility to take precautions.						
	Inform patient that a nurse from the health unit will be contacting them.						
REPORTING HEALTH CARE PROVIDER'S SIGNATURE:  The most current version of the form is available on our website: <a href="https://www.wechu.org/forms">https://www.wechu.org/forms</a> .							
or more	information: 519-258-2146 ext. 1420 Infectious Disease Prevention www.wechu.org						

March 2023