

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).

Submit a maximum of three skin lesion specimens per patient.

SPECIMEN COLLECTION*			
√	Specimen Type / Date Collected	Collection Kit	Public Health Ontario General Test Requisition Form
<input type="checkbox"/>	Lesion fluid, crust material or scab <i>Date Collected (YY/MM/DD):</i> / /	Sterile tube/container or Virus Culture Collection kit	Request “ MPox (Monkeypox Virus) ”, including symptoms, onset date, travel history, exposure history, and 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.
<input type="checkbox"/>	Swab of lesion <i>Date Collected (YY/MM/DD):</i> / /	Sterile tube/container or Virus Culture Collection kit	
<input type="checkbox"/>	Nasopharyngeal and/or throat swab <i>Date Collected (YY/MM/DD):</i> / /	Sterile tube/container or Virus Culture Collection kit	
<input type="checkbox"/>	Serum ≥0.5 ml <i>Date Collected (YY/MM/DD):</i> / /	Red top or serum separator tubes	
Nasopharyngeal/throat swabs and blood specimens are generally not recommended in patients who have skin lesions that can be swabbed, or have skin lesion material that can be submitted for testing (e.g. scab). However, blood should always be submitted along with a nasopharyngeal (NP) swab or throat swab on patients suspected of MPox (Monkeypox) virus infection who do not have a skin rash (e.g. a close contact of a case with a febrile illness but no rash), or their skin rash can't be reliably swabbed (e.g. macular or papular rash only).			

*Additional information regarding specimen collection can be found at www.publichealthontario.ca. The Public Health Lab Service Desk (1-877-604-4567) is also available to answer questions.

Date (YYYY/MM/DD):	Name and contact number of reporting health care provider:		
	()	-	ext.
SECTION A: PATIENT INFORMATION			
Patient Name:			
(First)	(Middle)	(Last)	
Date of Birth (YYYY/MM/DD):	Age:	Sex:	
Address:			
(Street)	(City)	(Postal Code)	
Home Phone: ()	Alternate Phone: ()		
Parent/Guardian Name (if applicable):			

SECTION E: PATIENT EDUCATION	
<input type="checkbox"/>	Patient should self-isolate 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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	If medical attention is needed, patient should notify facility ahead of time that they are coming and MPox (monkeypox) is suspected. <i>This is to allow the facility to take precautions.</i>
<input type="checkbox"/>	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:

<https://www.wechu.org/forms>.

For more information: 519-258-2146 ext. 1420

Infectious Disease Prevention
www.wechu.org
March 2023