

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

TEL: 905-825-6000 • TOLL FREE: 1-866-442-5866 • FAX: 905-825-1444

TO: Halton Physicians, Nurse Practitioners, Emergency Departments, other Healthcare Providers

FROM: Dr. Hamidah Meghani, Medical Officer of Health

DATE: May 21, 2022

RE: Monkeypox case definition, testing, and reporting requirements

Monkeypox

- Public Health agencies around the world have reported cases of monkeypox, including cases in Quebec.
- Monkeypox virus is an Orthopoxvirus, endemic to Central and West Africa. Monkeypox infection is usually self-limiting. However, severe illness can occur in some individuals (case fatality rate of 1-10% depending on clade). Complications of monkeypox can include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision.
- **Symptoms** include a prodromal phase of fever, headache, intense fatigue, sweating, lymphadenopathy, myalgia and arthralgia; followed by a maculopapular rash 1-3 days later that turn into vesicular lesions. Lesions tend to affect the face and extremities. The lesions eventually fall off and new skin grows.
- The primary mode of person-to-person transmission is through respiratory secretions, direct contact with skin lesions, and/or contact with materials contaminated with the virus (e.g. bedding, clothing).
- Early epidemiology on recent cases reported in the US, UK, and Western Europe shows that some cases have been clustered in men who have sex with men. In addition, many of these cases have reported atypical symptoms, including unusual rash/lesions in the mouth and/or genitals.
- Incubation period is 7-14 days (range 5 to 21 days) and the patient is considered infectious from 5 days before the rash appears until the lesions have crusted and new skin formed. The infection typically lasts 2-4 weeks.
- Treatment for monkeypox infection is mainly supportive.
- Ontario is working with the Public Health Agency of Canada (PHAC) to determine eligibility for vaccines and/or therapeutics.

KEY MESSAGES FOR HEALTHCARE PROVIDERS

- The Ontario Chief Medical Officer of Health has issued an Order under section 77.6 of the *HPPA* requiring all healthcare professionals to report suspected and probable cases of monkeypox (case definitions in Appendix A of the Order) to Public Health Ontario. The memo and Order are attached.
- Health care providers are advised to consider the diagnosis of monkeypox in individuals presenting with signs and symptoms that may be compatible.

PLEASE PROVIDE A COPY TO ALL PHYSICIANS IN YOUR OFFICE AND/OR POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES. IF YOU HAVE ANY ISSUES WITH THIS ATTACHMENT, PLEASE EMAIL DOCTORS@HALTON.CA.

- Please do not limit concerns or suspicion for the diagnosis to men who report having sex with other men, as anyone with close personal contact with a person with monkeypox virus infection could be at risk for the disease.
- **Infection Prevention and Control (IPAC) Recommendations for Monkeypox in Health Care Settings:** If a patient presents with a fever and skin lesions, follow standard, contact and droplet precautions (and isolate patient in a negative air pressure room if available) as soon as possible and advise the patient to cover their skin lesions and wear a mask. See attached IPAC recommendations from Public Health Ontario (PHO).
- **Testing:** information on testing is available on [PHO Lab website](#). You may call PHO lab regarding questions on swabbing and sample transport. All specimens will be sent to National Microbiology Laboratory (NML) in Winnipeg at this time.
 - NPS/throat swab especially in the prodromal stage but can be conducted at any stage of the illness.
 - Optimal diagnostic samples for monkeypox are swabs of skin lesions – the roof or fluid from vesicles and pustules, and dry crusts.
 - If testing for other viruses (e.g. HSV, VZV) at the same time, then take a separate swab for this as the monkeypox swab is sent directly to NML.
 - Serum is also an acceptable sample but only PCR testing will be done on the serum and not serology (i.e. antibody) testing. Serum is less useful due to short duration of viremia depending on time of specimen collection during illness.
- **Reporting:** If the patient meets case definition (see Appendix A in attached Order), complete the Ontario Monkeypox Investigation Tool (see Appendix B in attached Order) and fax it via a secure fax line to Public Health Ontario at 647-260-7603. Public Health Ontario will work with the local Public Health Unit where the patient resides to conduct contact tracing and management.

KEY MESSAGES FOR PATIENTS

- Patients infected with monkeypox should self-isolate, wear a high-quality medical mask and cover the lesions until all lesions have resolved and fresh skin has grown over. Public Health will contact all cases that are reported to PHO.
- Contacts of confirmed cases should monitor for symptoms for 21 days after their last exposure. If they develop a fever or rash, they should immediately self-isolate, contact Public Health, and see their primary care provider.

ADDITIONAL RESOURCES

- PHO Lab website for testing information <https://www.publichealthontario.ca/en/laboratory-services/test-information-index/monkeypox-virus>
- WHO fact sheet <https://www.who.int/en/news-room/fact-sheets/detail/monkeypox>
- CDC info sheet <https://www.cdc.gov/poxvirus/monkeypox/>

Ministry of Health

Office of Chief Medical
Officer of Health, Public
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May 20, 2022

MEMORANDUM

TO: Health Care Providers and Public Health Units

FROM: Dr. Kieran M. Moore
Chief Medical Officer of Health, Ontario

RE: Monkeypox

Dear colleague:

I am writing to notify physicians, nurse practitioners, persons who operate a group practice of physicians or nurse practitioners, hospitals and regulated health professionals who practice at public hospitals and local public health units that the Ministry of Health is closely monitoring the situation concerning monkeypox cases reported in Europe and the US, as well as two confirmed cases in Quebec.

I am urging all healthcare providers to be alert for patients presenting with symptoms that are consistent with monkeypox virus infection, especially if they have had travel or contact with a known case.

Monkeypox virus is an orthopoxvirus that causes a disease with symptoms similar to, but less severe than, smallpox. It is typically mild and self-limiting, however severe illness can occur.

Monkeypox virus infection presents with a prodrome that includes fever, chills, headache, myalgias, lymphadenopathy, and fatigue, followed one to three days later by a progressively developing rash. The rash characteristically begins on the face and then spreads to other parts of the body, including the hands, feet and genitals. Early epidemiology on recent cases reported in the US, UK, and Western Europe shows that some cases have been clustered in males who are gay, bisexual, and men who have sex with men. Some of these jurisdictions have noted atypical presentations of cases, such as individuals who have presented with unusual rashes or lesions in the mouth or genital area.

While historically rare, human-to-human transmission occurs primarily through close contact with an infected individual's bodily fluids, respiratory droplets, or lesions, or through items that have been contaminated with the infected person's fluids or lesions. The incubation period is typically 6 to 13 days but can range from 5 days to 21 days. Individuals are communicable from symptom onset until all scabs have fallen off and new skin is present.

Please consider the diagnosis of monkeypox in individuals presenting with signs and symptoms that may be compatible, especially with those with history of travel to affected countries or other risk factors. Please do not limit concerns or suspicion for the diagnosis to men who report having sex with other men, as anyone with close personal contact with a person with monkeypox virus infection could be at risk for the disease. Continue to consider the following differential diagnoses, which may be hard to distinguish from monkeypox – including syphilis, herpes simplex virus (HSV), chancroid, varicella zoster, and other common infections. For information on testing, specimen collection and handling, please see the [PHO website](#).

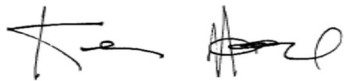
Close contacts of people suspected or confirmed to have monkeypox infection should be advised to self-monitor for symptoms for 21 days after their last exposure. If symptoms develop, they should self-isolate, seek care and get tested.

If you see an individual who has symptoms compatible with monkeypox virus infection, airborne and droplet/contact precautions should be taken. A single room with negative air flow and a closed door is recommended in healthcare settings. If seeing an individual in an outpatient setting, a single room with a closed door is recommended. Providers are recommended to wear appropriate personal protective equipment, including a fit-tested N95 respirator, eye protection, gloves and a gown, and the patient should wear a medical mask for source control. Precautions may be discontinued in consultation with your local public health unit or

hospital IPAC staff. In the interim, while monkeypox-specific IPAC resources are being developed, please see [PIDAC's recommendations](#) on precautions for smallpox (variola).

I have issued an Order under section 77.6 of the *Health Protection and Promotion Act*, requiring all physicians, nurse practitioners, persons who operate a group practice of physicians or nurse practitioners, hospitals and regulated health professionals who practice at public hospitals to report any individual who meets the case definition (in Appendix A) of monkeypox virus to Public Health Ontario (PHO). Please see the attached Order outlining the requirements for reporting of information related to monkeypox to PHO, data collection, and case definition.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kieran Moore', with a stylized flourish at the end.

Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC

Chief Medical Officer of Health

Ministry of Health

Office of Chief Medical
Officer of Health, Public
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Ministère de la Santé

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May 20, 2022

SECTION 77.6 HEALTH PROTECTION AND PROMOTION ACT

CHIEF MEDICAL OFFICER OF HEALTH ORDER

(Order to physicians and registered nurses in the extended class, including Medical Officers of Health, persons who operate a group practice that includes physicians and/or registered nurses in the extended class and to hospitals within the meaning of the *Public Hospitals Act* and regulated health professionals who practice within hospitals to provide information relating to monkeypox virus)

ONTARIO MINISTRY OF HEALTH

**ORDER OF THE CHIEF MEDICAL OFFICER OF HEALTH UNDER SECTION 77.6 OF
THE HEALTH PROTECTION AND PROMOTION ACT,**

R.S.O. 1990, c. H.2 (the "Act")

WHEREAS under section 77.6 of the Act, the Chief Medical Officer of Health, where he is of the opinion that there exists an immediate and serious risk to the health of persons anywhere in Ontario, may issue an order directing any health information custodian, as defined in the *Personal Health Information Protection Act, 2004* to provide to the Chief Medical Officer of Health or his or her delegate any information provided for in the order;

AND WHEREAS, under section 77.6(2), the Chief Medical Officer of Health is of the opinion, based on reasonable and probable grounds, that the information is necessary to investigate, eliminate or reduce the immediate and serious risk to the health of persons in Ontario presented by monkeypox virus;

AND WHEREAS, under section 77.6(3), the information requested in this order is to be used or disclosed only to investigate, eliminate, or reduce the risk and for no other purpose;

AND WHEREAS, under section 77.6(1), the Chief Medical Officer of Health may require health information custodians named in the order to disclose information, including personal health information, to a delegate;

AND HAVING REGARD TO monkeypox virus being observed nationally and internationally as follows: Since May 2022, there have been, as of the date of this order, over 100 cases of monkeypox virus reported in numerous countries, including countries in Europe, Canada, the USA, and Australia. It is not clear how individuals were exposed, and no source infection has been confirmed, but active investigation continues. Monkeypox virus is endemic in certain parts of Central and West Africa and previous reports of sporadic cases in non-endemic countries were linked to international travel to endemic countries.

AND HAVING REGARD TO some cases in Canada presenting to primary care and/or sexual health clinics with unusual rashes or lesions in the mouth or genital area. On May 20, 2022, two people in Quebec were confirmed with monkeypox virus and a confirmed case in the United States with travel history to Quebec was also confirmed for monkeypox virus.

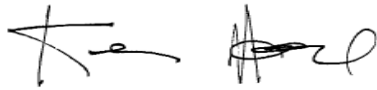
AND WHEREAS this order is issued to physicians and registered nurses in the extended class, including Medical Officers of Health, to persons who operate a group practice that includes physicians and/or registered nurses in the extended class and to hospitals within the meaning of the Public Hospitals Act and regulated health professionals who practice within hospitals ("Required Persons").

THE CHIEF MEDICAL OFFICER OF HEALTH THEREFORE ORDERS pursuant to the provisions of section 77.6 of the Act that:

1. Every Required Person must provide to the Chief Medical Officer of Health's delegate, the Ontario Agency for Health Protection and Promotion ("Public Health Ontario"), the information outlined in Appendix B ("Case Report Form") respecting any cases of monkeypox virus who meet the case definitions in Appendix A (the "Information").
2. Every Required Person must disclose the Information to Public Health Ontario within one (1) business day after the Required Person learns that it has a patient who meets the case definitions in Appendix A.

3. If a Required Person has a patient that meets the case definitions in Appendix A, the Required Person must complete the Ontario Monkeypox Investigation Tool in Appendix B and send the Information via secure fax to Public Health Ontario **(647- 260-7603)**.
4. Public Health Ontario, as my delegate, shall disclose the Information to the Medical Officer of Health in the respective Public Health Unit where the case or contact resides.
5. The Medical Officer of Health who receives the Information in paragraph 4 shall use the Information for the purposes of investigating, eliminating or reducing the risk to the health of persons created by monkeypox virus, including conducting case and contact management.
6. This Order takes effect immediately and shall remain in force until revoked.

Dated at Toronto this 20th day of May, 2022



Dr. Kieran Moore

Chief Medical Officer of Health

For more information on monkeypox virus and communications released by the Office of the Chief Medical Officer of Health, please visit:

<https://www.health.gov.on.ca/en/pro/programs/emb/monkeypox.aspx>

Please refer to PHO's website for more testing information at: [Monkeypox Virus | Public Health Ontario](#)

APPENDIX A

Confirmed Case

- Laboratory confirmation of infection:
- Detection of monkeypox virus DNA by polymerase chain reaction (PCR) from an appropriate clinical specimen, **OR**
- Isolation of monkeypox virus in culture from an appropriate clinical specimen

Probable Case

- A new onset rash in keeping with monkeypox illness¹, **AND**
- At least one (1) other acute sign or symptom of monkeypox illness², **AND**
- Meets at least one (1) of the following epidemiological criteria within 21 days of their symptom onset:
 - High-risk exposure³ to a probable or confirmed human case of monkeypox, **OR**
 - A history of travel to a region that has reported confirmed cases of monkeypox, **OR**
 - A relevant zoonotic exposure

Suspect Case

- A new onset rash in keeping with monkeypox illness¹ **AND**
- At least one (1) other acute sign or symptom of monkeypox illness², **AND**
- An alternative diagnosis cannot fully explain the illness.

Footnotes

¹Monkeypox illness includes a progressively developing rash that usually starts on the face and then spreads elsewhere on the body. The rash can affect the mucous membranes in the mouth, tongue, and genitalia. The rash can also affect the palms of hands and soles of the feet. The rash can last for 2–4 weeks and progresses through the following stages before falling off: macules, papules, vesicles, pustules, and scabs. There are case reports from North America of an atypical monkeypox virus rash that includes painful genital/oral lesion.

²Other monkeypox illness signs or symptoms include fever, lymphadenopathy, chills and/or sweats, headache, back pain/ache, sore throat and/or cough, coryza (inflammation of the mucous membrane of the nose), malaise/listlessness, prostration/distress

³High risk exposure includes living in the same household, having direct physical contact including sexual contact, and direct contact with a skin lesion or bodily fluid without appropriate personal protective equipment

APPENDIX B

Ontario Monkeypox Investigation Tool

Legend	for interview with case	◆ System-Mandatory	◆ Required	⊘ Personal Health information
*** Note to clinician: Please complete relevant information on <u>pages 1-4</u> before sending to PHO. The responsible public health unit will be responsible for completing the remaining sections***				

Cover Sheet	
<p>⊘ ◆ Client Name: <u>Enter name</u></p> <p>Alias: <u>Enter alias</u></p> <p>⊘ ◆ Gender: <u>Select an option</u></p> <p>⊘ ◆ DOB: <u>YYYY-MM-DD</u></p> <p>⊘ Address: <u>Enter address</u></p> <p><u>Enter address</u></p> <p>⊘ Tel. 1: <u>###-###-####</u></p> <p>Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> <u>Other, specify</u></p> <p>⊘ Tel. 2: <u>###-###-####</u></p> <p>Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> <u>Other, specify</u></p> <p>⊘ Email 1: <u>Enter email address</u></p> <p>⊘ Email 2: <u>Enter email address</u></p>	
<p>Is the client homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>⊘ New Address: <u>Enter address</u></p> <hr/> <p>◆ Language: <u>Specify</u></p> <p>Translation required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Proxy respondent</p> <p>⊘ Name: <u>Enter name</u></p> <p><input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse/Partner</p> <p><input type="checkbox"/> Other <u>Specify</u></p>	<p>◆ Physician's Name: <u>Enter name</u></p> <p>◆ Role: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Family Physician <input type="checkbox"/> Specialist <input type="checkbox"/> Walk-In Physician <input type="checkbox"/> Other <input type="checkbox"/> Unknown</p> <p>OPTIONAL</p> <p>Additional Physician's Name: <u>Enter name</u></p> <p>Address: <u>Enter address</u></p> <p>Tel: <u>###-###-####</u> Fax: <u>###-###-####</u></p> <p>Role: <u>Enter role</u></p>

◆ Symptoms									
<p><i>Incubation period can range from 5-21 days, usually 6-13 days.</i></p> <p><i>Communicability: most commonly from onset of initial lesions (typically on the tongue and in the mouth), until lesions have crusted. Some cases may be contagious during their early set of symptoms (prodrome) such as fever, malaise, headache before the rash develops.</i></p>									
Specimen collection date: YYYY-MM-DD									
Specimen collection site:									
◆ Symptom	◆ Response					◆ Use as Onset (choose one)	◆ Onset Date YYYY-MM-DD	Onset Time 24-HR Clock HH:MM (discretionary)	◆ Recovery Date YYYY-MM-DD (one date is sufficient)
<i>Ensure that symptoms in bold font are asked</i>	Yes	No	Don't Know	Not Asked	Refused				
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Myalgia (muscle aches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Fatigue/ Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Swollen lymph nodes (Lymphadenopathy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Specify location of swollen lymph nodes, if applicable:									
Chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Macular rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Papular rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Vesicular rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Pustular rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD

If responding yes to a rash:	Specify location of rash/lesions on the body and whether these are in the same stage of development, if applicable.								
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Back pain/ache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Oral lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Genital lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Other, <i>specify</i> (e.g., scabs, other lesions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Note: This list is not comprehensive. There are additional symptoms listed in iPHIS.									

◆ Complications
<input type="checkbox"/> Secondary infection <input type="checkbox"/> Bronchopneumonia <input type="checkbox"/> Sepsis <input type="checkbox"/> Encephalitis <input type="checkbox"/> Corneal infection <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Incubation Period
Enter onset date and time, using this as day 0, then count back to determine the incubation period.
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> - 21 days Select a date </div> <div style="text-align: center;"> - 5 day Select a date </div> <div style="text-align: center;"> onset Select a date & time </div> </div>

Medical Risk Factors	◆ Response				Details <i>iPHIS character limit: 50.</i>
	Yes	No	Unknown	Not asked	
Maternal infection (e.g. infant exposed to symptomatic mother during pregnancy or during/after birth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify

Are you currently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever received smallpox vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify number of vaccine doses and date of last vaccination If yes, specify if vaccination scar present
Have you ever received chickenpox vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, specify number of vaccine doses and date of last vaccination If yes, specify if vaccination scar present
❖ Immunocompromised (e.g., by medication or by disease such as cancer, diabetes, untreated HIV etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Unknown	<input type="checkbox"/>	<input type="checkbox"/>	→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.		

Hospitalization & Treatment		Mandatory in iPHIS only if admitted to hospital	
Did you go to an emergency room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Name of hospital: Enter name Date(s): YYYY-MM-DD	
♦ Were you admitted to hospital as a result of your illness (not including stay in the emergency room)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't recall	If yes, Name of hospital: Enter name ♦ Date of admission: YYYY-MM-DD ❖ Date of discharge: YYYY-MM-DD <input type="checkbox"/> Unknown discharge date	
→ For iPHIS data entry – if the case is hospitalized enter information under Interventions.			
Were you prescribed antibiotics or medication for your illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't recall	If yes, Medication: Enter name Start date: YYYY-MM-DD End date: YYYY-MM-DD Route of administration: Enter route Dosage: Enter dosage	
Did you take over-the-counter medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't recall	If yes, specify	
Treatment information can be entered in iPHIS under Cases > Case > Rx/Treatments>Treatment as per current iPHIS User Guide			

Legend	for interview with case	◆ System-Mandatory	◆ Required	⊘ Personal Health information
*** Note to public health units: Please complete relevant information on 5-10 before sending pages 1-9 to PHO. The responsible public health unit will be responsible for completing the remaining sections***				

Bring Forward Date: __YYYY-MM-DD

iPHIS Client ID #: _ Enter number

◆ Investigator: Enter name

◆ Branch Office: _ Enter office

◆ Reported Date: _____YYYY-MM-DD

◆ Diagnosing Health Unit: Enter health unit

◆ Disease: MONKEYPOX

◆ Is this an outbreak associated case? ☐ No ☐ Yes, OB # ####-####-###

Is the client in a high-risk occupation/ environment?

☐ Yes, specify: Specify ☐ No

☐ Yes, specify: Specify ☐ No

Verification of Client's Identity & Notice of Collection
Client's identity verified? <input type="checkbox"/> Yes, specify: <input type="checkbox"/> DOB <input type="checkbox"/> Postal Code <input type="checkbox"/> Physician <input type="checkbox"/> No
<p>Notice of Collection</p> <p>Please consult with local privacy and legal counsel about PHU-specific Notice of Collection requirements under PHIPA s. 16. Insert Notice of Collection, as necessary.</p>



Record of File					
◆ Responsible Health Unit	Date	◆ Investigator's Name	Investigator's Signature	Investigator's Initials	Designation
Specify	◆ Investigation Start Date YYYY-MM-DD	Specify	Specify	Specify	<input type="checkbox"/> PHI <input type="checkbox"/> PHN <input type="checkbox"/> Other _____
Specify	Assignment Date YYYY-MM-DD	Specify	Specify	Specify	<input type="checkbox"/> PHI <input type="checkbox"/> PHN <input type="checkbox"/> Other _____



Call Log Details						
	Date	Start Time	Type of Call	Call To/From	Outcome (contact made, v/m, text, email, no answer, etc.)	Investigator's initials
Call 1	YYYY-MM-DD		<input type="checkbox"/> Outgoing <input type="checkbox"/> Incoming			
Call 2	YYYY-MM-DD		<input type="checkbox"/> Outgoing <input type="checkbox"/> Incoming			
Call 3	YYYY-MM-DD		<input type="checkbox"/> Outgoing <input type="checkbox"/> Incoming			
Call 4	YYYY-MM-DD		<input type="checkbox"/> Outgoing <input type="checkbox"/> Incoming			
Call 5	YYYY-MM-DD		<input type="checkbox"/> Outgoing <input type="checkbox"/> Incoming			
Date letter sent: YYYY-MM-DD						

Case Details			
Aetiologic Agent	Monkeypox virus		
♦ Classification	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Suspect <input type="checkbox"/> Does Not Meet Definition <input type="checkbox"/> Epi-linked	♦ Classification Date	YYYY-MM-DD
♦ Outbreak Case Classification	<input type="checkbox"/> Confirmed <input type="checkbox"/> Probable <input type="checkbox"/> Does Not Meet Definition	♦ Outbreak Classification Date	YYYY-MM-DD
♦ Disposition	<input type="checkbox"/> Complete <input type="checkbox"/> Closed- Duplicate-Do Not Use <input type="checkbox"/> Entered In Error <input type="checkbox"/> Lost to Follow Up <input type="checkbox"/> Does Not Meet Definition <input type="checkbox"/> Untraceable	♦ Disposition Date	YYYY-MM-DD
♦ Status	<input type="checkbox"/> Closed Initial here	♦ Status Date	YYYY-MM-DD
	<input type="checkbox"/> Open (re-opened) Initial here	♦ Status Date	YYYY-MM-DD
	<input type="checkbox"/> Closed Initial here	♦ Status Date	YYYY-MM-DD


Behavioural Social Risk Factors in the 5-21 days prior to onset of illness	❖ Response				Details (e.g., Location visited, flight details) <i>iPHIS character limit: 50.</i>
	Yes	No	Unknown	Not asked	
Travel					
❖ Travel within the province in the 5-21 days prior to illness (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
❖ Travel outside the province in the 5-21 days prior to illness (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Within Canada</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
<u>Outside of Canada</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify Hotel/Resort: Specify
Attention! If the case travelled during the incubation period and while symptomatic, obtain additional details including flight carrier, dates of travel, whether a mask/respirator was worn in flight and whether lesions were covered during the flight (if applicable).					
❖ Travelled to or lived in a country with endemic or known monkeypox activity in the last <u>21 days</u> (specify province/country)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
Direct contact (e.g. touch) with a domesticated or wild animals (e.g., rodents, monkeys, squirrels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consumption of bush meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
❖ Contact with a symptomatic case of monkeypox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Full PPE worn for all interactions with the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
Contact with non-intact skin/lesions of a symptomatic case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specify
❖ Create Exposures Identify Exposures to be entered in iPHIS. → For iPHIS data entry – record details of exposure(s) in iPHIS Case Exposure Form as required.					

High Risk Occupation/High Risk Environment		
Are you in a high risk occupation or high risk environment (including paid and unpaid/volunteer position)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flight attendant <input type="checkbox"/> Health care provider <input type="checkbox"/> Laboratory worker <input type="checkbox"/> Animal handler/keeper <input type="checkbox"/> Other (specify) Occupation: Specify
Name of Employer / Self-employed	Enter name	
Employer Contact Information (name, phone number, etc.)	Enter contact information	
Address	Enter address	
Symptomatic cases are to isolate for 21 days following symptom onset.		

Contact Information			
Are you aware of anyone who experienced similar symptoms before, during, or after you (or your child) became ill? This includes those in your family, household, child care or kindergarten class, sexual partner(s), friends or coworkers.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Contact 1			
 Name	Enter name	Relation to case	Specify
 Contact information (phone, address, email)	Enter contact information		
Notes	Enter notes		
Recommend contact seek medical attention/testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Contact 2			
 Name	Enter name	Relation to case	Specify
 Contact information (phone, address, email)	Enter contact information		
Notes	Enter notes		
Recommend contact seek medical attention/testing?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Education/Counselling		Discuss the relevant sections with case
Person to person transmission	<input type="checkbox"/> Close contact with respiratory secretions, and skin lesions of an infected person increase the risk of transmission. <input type="checkbox"/> Review importance of personal hygiene.	
Travel-related illness	<input type="checkbox"/> Avoid contact with sick or dead animals while visiting endemic countries. Thoroughly cook all meat, including bush meat.	

Outcome	Mandatory in iPHIS only if Outcome is Fatal
<input type="checkbox"/> Unknown <input type="checkbox"/>  Fatal <input type="checkbox"/> Ill <input type="checkbox"/> Pending <input type="checkbox"/> Residual effects <input type="checkbox"/> Recovered	
<i>If fatal, please complete additional required fields in iPHIS</i>	

Thank you
<p>Thank you for your time. This information will be used to help prevent future illnesses caused by Monkeypox. Please note that another investigator may contact you again to ask additional questions if it is identified that there is a possibility that you are included in an outbreak.</p>

*****Please fax completed questionnaires to Public Health Ontario at 647-260-7603*****

V Intervention Type	Intervention implemented (check all that apply)	Investigator's initials	◆ Start Date YYYY-MM-DD	◆ End Date YYYY-MM-DD
Counselling	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
Education (e.g., provided with fact sheet)	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
ER visit	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
Exclusion	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
Hospitalization	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
Letter - Client	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
Letter - Physician	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
Other (i.e., contacts assessed, PHI/PHN contact information)	<input type="checkbox"/>		YYYY-MM-DD	YYYY-MM-DD
→ For iPHIS data entry – enter information under Cases > Case > Interventions.				

Progress Notes
Enter notes

AT A GLANCE

Infection Prevention and Control (IPAC) Recommendations for Monkeypox in Health Care Settings

Published: May 2022

Transmission

Monkeypox virus can be transmitted from animals-to-humans (i.e., zoonotic transmission) or person-to-person by contact with infected lesions, skin scabs, body fluids or respiratory secretions. It can also be transmitted by contact with materials contaminated with the virus (e.g., clothing, bedding).¹⁻⁴

Historically, there has been limited person-to-person transmission.^{3,4} The primary mode of person-to-person transmission has been through respiratory secretions and direct contact with skin lesions or a patient's items that have been contaminated.^{2,4} However, given the respiratory system involvement during infection, the possible transmission during the prodromal period and similarities to variola virus (smallpox), the potential for airborne transmission has been suggested.¹⁻⁴

The incubation period averages 7 to 14 days (range 5 to 21 days). A person is most commonly contagious from the onset of initial lesions (typically on the tongue and in the mouth), until scabs have fallen off and new skin present. Some cases may be contagious during their early set of symptoms (prodrome) such as fever, malaise, headache before the rash develops.²

IPAC Precautions in All Health Care Settings

In addition to Routine Practices, the following Additional Precautions - Airborne/Droplet/Contact Precautions are to be used.¹

Room Placement:

- Airborne isolation rooms (AIR) with negative pressure ventilation.^{1,5}
- When AIRs are not available, the patient can be placed in a single room with the door closed with dedicated toileting facility.
- If neither option is feasible, then precautions should be taken to minimize exposure to surrounding individuals such as having the patient don a medical mask over their nose and mouth as tolerated and covering exposed skin lesions with clothing, sheet or gown as best as possible.

Hand hygiene as per the [Four Moments of Hand Hygiene](#).⁶

Personal Protective Equipment (PPE) for health care workers:

- Fit-tested and seal checked N-95 respirator (or equivalent); perform seal check after donning N95 respirator.
- Gloves
- Gown
- Eye protection (e.g., face shields or goggles)

Duration: Additional Precautions are maintained until all scabs have fallen off and new skin is present.

Patient Transport: Have the patient wear clean clothes/gown, wash their hands, wear a medical mask and cover their lesions to the best extent possible for transport.

Laundry: Special handling of linen from patients on Additional Precautions is not required. Care should be taken in the handling of soiled linen to prevent dispersal of microorganisms.^{1,5}

Waste disposal: Containment and disposal of contaminated waste (e.g., dressings) in accordance with facility-specific guidelines for infectious waste.

Environmental cleaning: Healthcare-grade cleaning and disinfecting agents, with a Drug Identification Number (DIN) are appropriate for cleaning and disinfection of environmental surfaces and shared equipment in the patient care environment. Follow the manufacturer's recommendations for dilution and contact time.^{1,5}

References

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2. Centers for Disease Control and Prevention. Monkeypox - infection control: hospital [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2015 [cited 2022 May 19]. Available from: <https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-hospital.html>
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