Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health

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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.

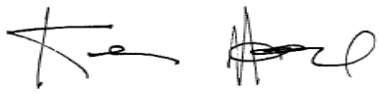
3. If a Required Person has a patient that meets the case definitions in Appendix A, the Required Person must complete the Ontario Monkeypox Investigation Tool in Appendix B and send the Information via secure fax to Public Health Ontario **(647- 260-7603).**

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 illness[1], **AND**
- At least one (1) other acute sign or symptom of monkeypox illness[2], **AND**
- Meets at least one (1) of the following epidemiological criteria within 21 days of their symptom onset:
    - High-risk exposure[3] 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 illness [1] **AND**
- At least one (1) other acute sign or symptom of monkeypox illness [2], **AND**
- An alternative diagnosis cannot fully explain the illness.

Footnotes

[1]Monkeypox 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.

[2]Other 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

[3]High 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 pages 1-4 before sending to PHO. The responsible public health unit will be responsible for completing the remaining sections***

Cover Sheet

♦ Client Name: Enter name

Alias: Enter alias

♦ Gender: Select an option

♦ DOB: YYYY-MM-DD

Address: Enter address

Enter address

Tel. 1: ###-###-####

Type: ☐ Home ☐ Mobile ☐ Work ☐ Other, specify

Tel. 2: ###-###-####

Type: ☐ Home ☐ Mobile ☐ Work ☐ Other, specify

Email 1: Enter email address

Email 2: Enter email address

Is the client homeless? ☐ Yes ☐ No

New Address: Enter address

♦ Language: Specify

Translation required? ☐ Yes ☐ No

Proxy respondent

Name: Enter name

☐ Parent/Guardian ☐ Spouse/Partner

☐ Other Specify

♦ Physician's Name: Enter name

♦ Role: ☐ Attending Physician ☐ Family Physician ☐ Specialist ☐ Walk-In Physician ☐ Other ☐ Unknown

OPTIONAL

Additional Physician's Name: Enter name

Address: Enter address

Tel: ###-###-#### Fax: ###-###-####

Role: Enter role

♦ Symptoms

Incubation period can range from 5-21 days, usually 6-13 days.

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.

Specimen collection date: YYYY-MM-DD

Specimen collection site:

♦ Symptom *Ensure that symptoms in bold font are asked*	♦ 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)*
	Yes	No	Don't Know	Not Asked	Refused				
Fever	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Headache	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Myalgia (muscle aches)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Fatigue/ Exhaustion	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Swollen lymph nodes (Lymphadenopathy)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Specify location of swollen lymph nodes, if applicable:									
Chills	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Macular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Papular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Vesicular rash	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Pustular rash	☐	☐	☐	☐	☐	☐	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	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Cough	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Back pain/ache	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Sweating	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Oral lesions	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Genital lesions	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Other, *specify* (e.g., scabs, other lesions)	☐	☐	☐	☐	☐	☐	YYYY-MM-DD	HH:MM	YYYY-MM-DD
Note: This list is not comprehensive. There are additional symptoms listed in iPHIS.									

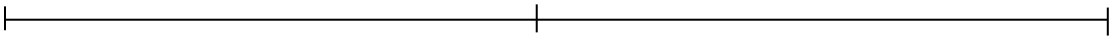
♦ Complications

☐ Secondary infection ☐ Bronchopneumonia ☐ Sepsis ☐ Encephalitis

☐ Corneal infection ☐ None ☐ Other ☐ Unknown

Incubation Period

Enter onset date and time, using this as day 0, then count back to determine the incubation period.



- 21 days
Select a date

- 5 day
Select a date

onset
Select a date & time

Medical Risk Factors	❖ Response				Details *iPHIS character limit: 50.*
	Yes	No	Unknown	Not asked	
Maternal infection (e.g. infant exposed to symptomatic mother during pregnancy or during/after birth)	☐	☐	☐	☐	If yes, specify

Are you currently pregnant?	☐	☐	☐	☐	
Have you ever received smallpox vaccine?	☐	☐	☐	☐	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?	☐	☐	☐	☐	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.)	☐	☐	☐	☐	☐
❖ Unknown	☐	☐	*→ 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?	☐ Yes ☐ 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)?	☐ Yes ☐ No ☐ Don't recall	If yes, Name of hospital: Enter name ♦ Date of admission: YYYY-MM-DD ❖ Date of discharge: YYYY-MM-DD ☐ 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?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ 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

vDiagnosing 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? ☐ Yes, *specify*: ☐ DOB ☐ Postal Code ☐ Physician
☐ No

Notice of Collection

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.

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	☐ PHI ☐ PHN ☐ Other _____
Specify	Assignment Date YYYY-MM-DD	Specify	Specify	Specify	☐ PHI ☐ PHN ☐ 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		☐ Outgoing ☐ Incoming			
Call 2	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 3	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 4	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Call 5	YYYY-MM-DD		☐ Outgoing ☐ Incoming			
Date letter sent: YYYY-MM-DD						

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

Behavioural Social Risk Factors in the 5-21 days prior to onset of illness Travel	❖ Response				Details (e.g., Location visited, flight details) *iPHIS character limit: 50.*
	Yes	No	Unknown	Not asked	
❖ Travel within the province in the 5-21 days prior to illness (specify)	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
❖ Travel outside the province in the 5-21 days prior to illness (specify)	☐	☐	☐	☐	
Within Canada	☐	☐	☐	☐	From: YYYY-MM-DD To: YYYY-MM-DD Where: Specify
Outside of Canada	☐	☐	☐	☐	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 21 days (specify province/country)	☐	☐	☐	☐	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)	☐	☐	☐	☐	
Consumption of bush meat	☐	☐	☐	☐	
❖ Contact with a symptomatic case of monkeypox	☐	☐	☐	☐	Specify
Full PPE worn for all interactions with the case	☐	☐	☐	☐	Specify
Contact with non-intact skin/lesions of a symptomatic case	☐	☐	☐	☐	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)?	☐ Yes ☐ No	☐ Flight attendant ☐ Health care provider ☐ Laboratory worker ☐ Animal handler/keeper ☐ 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.			☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ 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?	☐ Yes ☐ No ☐ N/A		

Education/Counselling		*Discuss the relevant sections with case*
Person to person transmission	☐ ☐	Close contact with respiratory secretions, and skin lesions of an infected person increase the risk of transmission. Review importance of personal hygiene.
Travel-related Illness	☐	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*

☐ Unknown ☐ ♦ Fatal
☐ Ill ☐ Pending
☐ Residual effects ☐ Recovered

If fatal, please complete additional required fields in iPHIS

Thank you

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.

*****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	☐		YYYY-MM-DD	YYYY-MM-DD
Education (e.g., provided with fact sheet)	☐		YYYY-MM-DD	YYYY-MM-DD
ER visit	☐		YYYY-MM-DD	YYYY-MM-DD
Exclusion	☐		YYYY-MM-DD	YYYY-MM-DD
Hospitalization	☐		YYYY-MM-DD	YYYY-MM-DD
Letter - Client	☐		YYYY-MM-DD	YYYY-MM-DD
Letter - Physician	☐		YYYY-MM-DD	YYYY-MM-DD
Other (i.e., contacts assessed, PHI/PHN contact information)	☐		YYYY-MM-DD	YYYY-MM-DD
→ *For iPHIS data entry – enter information under Cases > Case > Interventions.*				

Progress Notes
Enter notes