## EBOLA VIRUS DISEASE (EVD) -

## REPORTING TEMPLATE TO PUBLIC HEALTH



Ebola Virus Disease (EVD) is designated as a reportable disease in Ontario<sup>1</sup>. As per subsection 25(1) and subsection 27(1) of the Health Protection and Promotion Act, (HPPA), physicians, health care practitioners and hospitals administrators are required by law to report to the medical officer of health of the local PHU in which professional services are being provided, any patient who has or may have a reportable disease, including EVD. Therefore, any patient being investigated for EVD must be reported to the appropriate medical officer of health.

Those reporting a patient who has or is under investigation for EVD are required to provide the medical officer of health with the patient's full name and address, date of birth, sex and date of onset of symptoms. In addition, physicians and HCWs described in HPPA subsection 25(2) are required to provide the following information regarding the patient who has or is under investigation for EVD to the medical officer of health:

| PATIENT DEMOGRAPHIC DATA   |                           |                  |                      |                         |
|--|---------------------------|------------------|----------------------|-------------------------|
| Patient's  |                           | Patient's        |                      | DOB (dd-mm-yyyy):       |
| Last Name:   |                           | First Name:      |                      |                         |
| Home   |                           |                  |                      | Gender:                 |
| Address:   |                           |                  |                      |                         |
| PHARMACIST / PHARMACY / HOSPITAL INFORMATION   |                           |                  |                      |                         |
| Pharmacist's Last  |                           | Pharmacist's     |                      | Date of Report to       |
| Name:  |                           | First Name:      |                      | Local Health Unit:      |
| Pharmacy   |                           |                  |                      | Pharmacy Phone          |
| Name:  |                           |                  |                      | Number:                 |
| Pharmacy   |                           |                  |                      | Pharmacy Fax            |
| Address:   |                           |                  |                      | Number:                 |
| Hospital for   |                           |                  |                      | Local Public Health     |
| Referral:  |                           |                  |                      | Unit (and phone #):     |
| T  | RAVEL HISTORY (patien     | t or close conta | ct) OUTSIDE CANADA V | VITHIN PREVIOUS 30 DAYS |
| Countries Visited:   |                           |                  |                      |                         |
| Date and Place of Entry into Country where EVD   |                           |                  |                      |                         |
| may have been Acquired:  |                           |                  |                      |                         |
| Date of Departure from Country where EVD   |                           |                  |                      |                         |
| may have been Acquired:  |                           |                  |                      |                         |
| Date and Time of Entry into Canada and Airline   |                           |                  |                      |                         |
| Carrier and Flight Number (if applicable):   |                           |                  |                      |                         |
| Travel within Country where EVD may have   |                           |                  |                      |                         |
| been Acquired (by date, place and length of  |                           |                  |                      |                         |
| stay):   |                           |                  |                      |                         |
| Other Places Visited er  |                           |                  |                      |                         |
| List Places and Method   | d of Travel within Canada |                  |                      |                         |
| in the Week Prior to and Since Onset of Illness  |                           |                  |                      |                         |
| CLINICAL HISTORY   |                           |                  |                      |                         |
| Date of Onset of   |                           |                  |                      |                         |
| Symptoms:  |                           |                  |                      |                         |
| Symptoms and Signs   |                           |                  |                      |                         |
| of Illness   |                           |                  |                      |                         |
| History of malaria or  |                           |                  |                      |                         |
| malaria prophylaxis  |                           |                  |                      |                         |
| REFER SUSPECTED EVD CASES TO HOSPITAL FOR ASSESSMENT & CONTACT LOCAL PUBLIC HEALTH UNIT. |                           |                  |                      |                         |
| www.phdapps.health.gov.on.ca/PHULocator  |                           |                  |                      |                         |
|  |                           |                  |                      |                         |

<sup>1 2014-10-17</sup> Ebola Virus Disease Directive # 1 Issued under Section 77.7 of the Health Protection and Promotion Act, R.S.O. 1990, c. H.7 ("HPPA")