**Ontario CPE** **Investigation Tool**

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| **Legend** | **for interview with case ♦ System-Mandatory ❖ Required Personal Health Information** |

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| **Cover Sheet** | | | | | | | |
| Date Printed: YYYY-MM-DD  Bring Forward Date: YYYY-MM-DD  iPHIS Client ID #:  Enter number **♦** Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **♦** Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Investigator:  **Enter name \_ \_** **♦** DOB: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **♦** Branch Office:  Enter office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Reported Date: YYYY-MM-DD  **❖**Diagnosing Health Unit:  Enter health unit Tel. 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Disease:  CPE - COLONIZATION  CPE - INFECTION  CPE - UNSPECIFIED TYPE: HOME MOBILE WORK  **♦** Is this an outbreak associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to OB #* 0000-2018-007 *in iPHIS* | | | **♦** Client Name:  **Enter name \_ \_**  Alias:  **Enter alias \_ \_** | | | | |
| **♦** Gender: Select an option | | | **♦** Age: **Age** | |
| **♦** 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 \_ \_** | | | | |
| **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 \_\_\_\_\_\_\_ |

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| **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 | | | | | | | |

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| **Case DetailsEach new carbapenemase (‘Subtype’ field) is reportable as a new case.** | | | | | | | | | |
| **♦ Aetiologic Agent**  *Select the genus and species provided on the lab slip. If the species is not provided select the genus with unspecified species (e.g., Klesbsiella* species) | *Citrobacter freundii*  *Citrobacter* unspecified  *Enterobacter* *cloacae*  *Enterobacter* unspecified  *Escherichia* *coli*  *Klebsiella* *oxytoca*  *Klebsiella* *pneumoniae*  *Klebsiella* unspecified | | | | *Morganella* *morganii*  *Pantoea* unspecified  *Proteus* *mirabilis*  *Proteus* unspecified  *Providencia* unspecies  *Raoultella* unspecified  *Serratia* *marcescens*  Other,specify: | | | | |
| **Further Differentiation**  **If Aetiologic agent is ‘Other, specify’, enter the bacterial genus and species** | **Note:** If the same carbapenemase (e.g., KPC in *E. coli* and *Klebsiella pneumonia*) has been detected in more than one organism (Aetiologic Agent), select the organism in Aetiologic Agent that occurs first alphabetically, and type the subsequent organism(s) into **Further Differentiation**. | | | | | | | | |
| **❖Subtype**  *Select the carbapenemase provided on the lab slip.* | OXA-48  NDM  KPC  IMP  IMI  GES  VIM | | | SME  NDM/KPC  NDM/OXA-48  NDM/GES  VIM/IMP  VIM/KPC  Other, specify: | | | | | |
| **♦ Classification** | Confirmed  Person Under Investigation  Does Not Meet Definition  *Do not close case as PUI* | | | | | | **♦ Classification Date** | YYYY-MM-DD |
| **♦ Outbreak Case Classification** | Confirmed  Person Under Investigation  Does Not Meet Definition  *Do not close case as PUI* | | | | | | **♦ 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 | |  | | | | **♦ Status Date** | YYYY-MM-DD |
| Open (re-opened) | |  | | | | **♦ Status Date** | YYYY-MM-DD |
| Closed | |  | | | | **♦ Status Date** | YYYY-MM-DD |
| **♦ Priority** | High | Medium  Low | | | | *(At health unit’s discretion)* | | |

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| **Lab** | | | | |  | | | | | |  | | | |
| **Test Information** | | | | |  | | | | | |  | | | |
| **❖ Placer Requisition ID** | | | | | ***Note:*** *For Public Health Ontario Laboratory (PHOL) requisitions, this number will take the following format: year, laboratory initial, specimen number (e.g., 19C000123). For all other laboratories, use the unique specimen identifier that they provide followed by the lab requisition year (-YYYY) (e.g., 100189-2019).* | | | | | | | | | |
| **♦ Specimen Type** | | | | | Blood  Sputum  Stool  Swab  Tissue  Urine  Other, specify: | | | | | | **Specimen Collection Date:**  Reported Date: | | | |
| **♦ Body Site**  *→* *For iPHIS entry, select the Body Site if the specimen type* ***Swab*** *or* ***Tissue*** *was selected above* | | | | | Rectal  Wound  Genitourinary tract  Other, specify: | | | | | | ***Note: This list is not comprehensive. There are additional Body Sites available in iPHIS.*** | | | |
| **Result Information**  *→* *For iPHIS entry, select* ***CD-Other*** *for the* ***Resulted Test Group Code****.* | | | | | | | | | | |  | | | |
| **Resulted Test Code** | | | | | Phenotypic testing  In-house PCR - CPE  Reference laboratory PCR - CPE  Inconclusive  Negative | | | | | | | | | |
| **♦ Result** | | | | | POSITIVE  TO BE CONFIRMED | | | | | INCONCLUSIVE  NEGATIVE - CPE NOT DETECTED | | | | |
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| **Symptoms** | | | | | | | | | | | | | | |
| ***Incubation period*** *for exposure-to-illness onset is undefined. Individuals colonized with CPE may remain asymptomatic if they are in good health but can still act as a reservoir for transmission to others.*  ***Communicability:*** *The period of communicability of CPE persists as long as the organism is present in the gastrointestinal tract of the patient. Patients can be intermittently positive on repeat screening and may be colonized for months to years.* | | | | | | | | | | | | | | |
| ***Specimen collection date:*** YYYY-MM-DD | | | | | | | | | | | | | | |
| **♦ Symptom**  *Ensure that symptoms in* ***bold font*** *are asked* | | **♦ Response** | | | | | | **Use as Onset** | | **❖ 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** |
| **Bacteremia** | |  |  |  |  | |  |  | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD |
| **Pneumonia** | |  |  |  |  | |  |  | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD |
| **Urinary tract infection** | |  |  |  |  | |  |  | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | |
| **Intra-abdominal infection** | |  |  |  |  | |  |  | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | |
| **Asymptomatic** *(colonization)*  ***Note:*** *enter date of specimen collection as Onset Date* | |  |  |  |  | |  |  | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | |
| Other, *specify* | |  |  |  |  | |  |  | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | |
| ***Note: This list is not comprehensive. There are additional symptoms available in iPHIS.*** | | | | | | | | | | | | | | | | |

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| **Exposures**  ***Note****: Create new exposures for hospitals or institutions that can be attributed as the most likely source of CPE acquisition/transmission.* *Exposure Name format*: HOSPITAL OR INSITUTION NAME - ADDRESS - YYYY-MM-DD  *In addition, if the client was hospitalized at the time of CPE diagnosis, enter details of the hospitalization in the relevant risk factors listed in* ***Cases > Case > Risks.***  **For cases with unknown exposure, link to Exposure ID 141467.**  **Exposure Name:** 01-UNKNOWN-CARBAPENEMASE-PRODUCING ENTEROBACTERIACEAE (CPE)-DO NOT MODIFY | |
| **♦ Exposure Level** | Case only  Outbreak only  Outbreak and case  Unknown |
| **♦ Exposure Type** | Person/Contact  Travel  Item/fomite  Unknown |
| **♦ Exposure Name**  *→For iPHIS entry,* ***Exposure Name*** *format:*  ‘HOSPITAL/INSTITUTION NAME - ADDRESS - YYYY-MM-DD’ |  |
| **♦ Earliest Exposure Date**  (e.g., Provide date of hospital admission, date of specimen collection for clients in long-term care) | YYYY-MM-DD |
| **♦ Exposure Mode** | Acquisition  Transmission |

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| **Exposure Address** |  |
| **Hospital/Institution Name** |  |
| **Full Street Address**  **♦ City/Province, Postal Code**  **♦ Country** |  |

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| **❖ Medical Risk Factors**  *Ensure that all risk factors are complete.* | **❖ Response** | | | | **Details**  *iPHIS character limit: 50*  *Specify details as required.* | **Date** |
| **Yes** | **No** | **Unknown** | **Not asked** |
| ❖ Inpatient hospitalization at time of testing (specify hospital and admission date) |  |  |  |  | (specify hospital) | (specify admission date) |
| ❖ Previous hospitalization at the reporting hospital in the last 12 months (specify hospital and admission date) |  |  |  |  | (specify hospital) | (specify admission date) |
| ❖ Resident of a long-term care home at time of testing (specify facility) |  |  |  |  | (specify facility) |  |
| ❖ Specimen collected >48 hours following admission to the reporting health care facility |  |  |  |  |  |  |
| ❖ Previous colonization with CPE |  |  |  |  |  |  |
| ❖ Endoscopic procedure in Canada in the last 12 months |  |  |  |  |  |  |
| ❖ Medical/surgical procedure in Canada in the last 12 months – excluding endoscopic procedures (specify procedure and hospital/clinic) |  |  |  |  | (specify procedure and hospital/clinic) |  |
| ❖ Other inpatient hospitalization in Canada in the last 12 months (specify city and hospital) |  |  |  |  | (specify city and hospital) |  |
| ❖ ICU admission in Canada in the last 12 months (specify city and hospital) |  |  |  |  | (specify city and hospital) |  |
| ❖ Medical/surgical procedure outside of Canada in the last 12 months (specify country) |  |  |  |  | (specify country) |  |
| ❖ Hospitalization outside of Canada in the last 12 months (specify country) |  |  |  |  | (specify country) |  |
| ❖ Chronic illness/underlying medical condition (specify) |  |  |  |  |  |  |
| ❖ Reason for specimen collection: admission testing |  |  |  |  |  |  |
| ❖ Reason for specimen collection: prevalence testing |  |  |  |  |  |  |
| ❖ Reason for specimen collection: clinical specimen |  |  |  |  |  |  |
| ❖ Reason for specimen collection: contact of a case/outbreak investigation |  |  |  |  |  |  |
| ❖ Reason for specimen collection: other (specify) |  |  |  |  |  |  |
| ❖ Other (specify) |  |  |  |  |  |  |
| ❖ Unknown |  |  | *→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are Unknown.* | | |  |

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| **❖ Behavioural Social Risk Factors**  *Ensure that Risk Factors in* ***bold font*** *are asked* | **❖ Response** | | | | **Details**  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖ Travel outside Canada in the last 12 months (specify country)** |  |  |  |  |  |
| **❖Known contact with a confirmed CPE case in the last 12 months** |  |  |  |  |  |
| ❖ Other (specify) |  |  |  |  | Specify |
| ❖ Unknown |  |  | *→ For iPHIS data entry – check Yes for Unknown if all other Behavioural Social Risk Factors are Unknown.* | | |

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| **Outcome** *Mandatory in iPHIS only if Outcome is Fatal within 30 days* | |
| ☐ Unknown ☐ ♦ Fatal *If fatal, please complete additional required fields in iPHIS.*  ☐ Ill ☐ Pending  ☐ Residual effects ☐ Recovered | |
| **Outcome date** | YYYY-MM-DD |
| ♦**Type of Death**  *Complete this field if outcome was fatal* | ☐ **The reportable disease contributed to but was not underlying cause of death**  ☐ **The reportable disease was underlying cause of death**  ☐ **The reportable disease was unrelated to cause of death**  ☐ **Unknown** |

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| **Interventions**  ***Note****: Enter Interventions if client was admitted to hospital or a resident of a health care facility.* | | | | |
| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ **Start Date**  **YYYY-MM-DD** | **❖ End Date**  **YYYY-MM-DD** |
| Cohorting: Patient *(outbreak only)* |  |  |  |  |
| Cohorting: Staff *(outbreak only)* |  |  |  |  |
| Dedicated Equipment |  |  |  |  |
| Education  (e.g., hand hygiene) |  |  |  |  |
| Isolation |  |  |  |  |
| *→**For iPHIS data entry – enter information under* ***Cases > Case > Interventions.*** | | | | |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future illnesses caused by CPE. 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. |