**Ontario Avian Influenza** **Investigation Tool**

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

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| **Cover Sheet***Note that this page can be autogenerated in iPHIS* | | |
| Date Printed: YYYY-MM-DD  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: **AVIAN** **INFLUENZA**  **♦** Is this an outbreak-associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to* **OB # 0000-2024-00005** *in iPHIS*  Is the client in a high-risk occupation/environment?  Yes, specify: Specify  No | **♦** 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 \_ \_** | |

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| **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.* |

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| **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 |  |  |  |  |
| Call 6 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 7 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 8 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 9 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 10 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 11 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 12 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 13 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 14 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Call 15 | YYYY-MM-DD |  | Outgoing  Incoming |  |  |  |  |
| Date letter sent: YYYY-MM-DD | | | | | | | |

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| **Additional information** *(enter into Notes section in iPHIS if needed)* | | | |
| **Reason for follow-up** | Asymptomatic individual exposed to birds or their environment at a premises where avian influenza has been identified  Laboratory-confirmed human case of avian influenza  Contact of a laboratory-confirmed animal case of avian influenza (including wild birds, a domestic cat, domestic dog or other mammal)  Other: | | |
| **Please complete for individuals who had a commercial or backyard flock related exposure to avian influenza:** | | | |
| **Name of affected premises** |  | | |
| **Name of employer at affected premises** |  | | |
| **Premises code** |  | **Flock size** |  |
| **The exposed person is:** | The premises owner/farmer  Family member  Volunteer  Manager  Employee  Friend (unpaid)  Other (specify): | | |
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| **Notes:** |  | | |
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| **Case Details** *(complete for cases only)* | | | | | | |
| **♦ Aetiologic Agent** | Select the Aetiologic Agent | | | | | |
| **Subtype** | Choose an item. | | | | **Further Differentiation** | Specify |
| **♦ Classification** | Confirmed  Does Not Meet Definition | | | | **♦ 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 |
| **♦ Priority** | ☐ High | ☐ Medium ☐ Low | | *(At health unit’s discretion)* | | |

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| **Symptoms**  *(complete for cases or if active surveillance is being performed)* | | | | | | | | | |
| ***Incubation period:*** *usually 2-5 days after exposure to sick or dead infected poultry/mammals, but may be from 1-17 days after exposure, depending on the implicated influenza subtype*  ***Communicability****: from person to person is rare but has been reported to occur in rare circumstances (i.e., between family members for avian influenza H5N1 and H7N9)* | | | | | | | | | |
| ***Specimen collection date:*** YYYY-MM-DD | | | | | | | | | |
| **♦ 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** | **Unknown** | **Not Asked** | **Refused** |
| Asymptomatic |  |  | *Enter zero (0) for the duration days. DO NOT enter an Onset Date and DO NOT check the ‘Use as Onset’ box* | | | | | | |
| Chills |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Conjunctivitis** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Cough |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Diarrhea |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Difficulty breathing |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Fever (>38°C) \_\_\_\_\_\_°C** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Headache |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Malaise  [general unwell feeling] |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Myalgia [muscle pain] |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Respiratory distress |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Sore throat/hoarseness/ difficulty swallowing |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Vomiting |  |  |  |  |  |  | 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 listed in iPHIS.*** | | | | | | | | | | |
| ♦ **Complications** *(complete for cases only)* | | | | | | | | | | |
| Encephalopathy  Febrile seizures  Myocarditis  Myositis  Otitis media  Pericarditis  Pneumonia (bacterial)  Pneumonia (unknown aetiologic agent)  Pneumonia viral  Transverse myelitis  None  Other  Unknown | | | | | | | | | | |

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| **Hospitalization & Treatment** *(complete for cases only)* *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-DDEnd date: YYYY-MM-DD  Route of administration: Enter route Dosage: Enter dosage |
| *Treatment information can be entered in iPHIS under* ***Cases > Case > Rx/Treatments>Treatment*** *as per current iPHIS User Guide* | | |

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| **Outcome** *(complete for cases only)**Mandatory in iPHIS only if Outcome is Fatal* | | | | | | | | |
| **Outcome** | Unknown  ♦ Fatal  Ill  Pending  Residual effects  Recovered | | | | | | ♦ **Cause(s) of** **Death?**  *If fatal, complete disposition type and facility name in iPHIS* | Specify |
| *If fatal, complete section below under Outcome* | | | | | | | | |
| ♦ **Type of Death** | Reportable Disease Contributed to but was not the underlying cause of death  Reportable Disease was the Underlying cause of Death  Reportable Disease was Unrelated to the cause of Death  Unknown | | | | | | | |
| **Outcome Date** | YYYY-MM-DD | | **Date Accurate** | | | | Yes Specify source (e.g. death certificate)  No | |
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| **Medical Risk Factors** | | **❖ Response** | | | | | **Details**  *iPHIS character limit: 50.* | |
| **Yes** | | **No** | **Unknown** | **Not asked** |
| **❖** Anemia or hemoglobinopathy | |  | |  |  |  | If yes, specify | |
| **❖** Asthma | |  | |  |  |  | If yes, specify | |
| **❖** Cancer (specify) | |  | |  |  |  | If yes, specify | |
| **❖** Cardiovascular conditions (specify) | |  | |  |  |  | If yes, specify | |
| **❖** Chronic illness/underlying medical condition (specify) | |  | |  |  |  | If yes, specify | |
| **❖** Immunocompromised (specify) | |  | |  |  |  | If yes, specify | |
| **❖** Other (specify) | |  | |  |  |  | If yes, specify | |
| **❖** Pregnant | |  | |  |  |  | If yes, specify | |
| **❖** Conditions that compromise respiratory secretion clearance | |  | |  |  |  | If yes, specify | |
| **❖** COPD | |  | |  |  |  | If yes, specify | |
| **❖** Diabetes | |  | |  |  |  | If yes, specify | |
| **❖** Other pulmonary conditions (specify) | |  | |  |  |  | If yes, specify | |
| **❖ Received current season influenza vaccine** | |  | |  |  |  | If yes, specify | |
| **❖** Renal conditions (specify) | |  | |  |  |  | If yes, specify | |
| **❖** Treated for long periods with ASA | |  | |  |  |  | If yes, specify | |
| **❖** Unknown | |  | |  | *→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.* | | | |

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| **Behavioural Social Risk Factors in the 17 days prior to onset of illness** | | | **❖ Response** | | | | **Details**  (e.g., date and details of exposure)  *iPHIS character limit: 50.* | | |
| - 17 days onset  Select a date Select a date | | | **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Contact with commercial birds/poultry or their environment (e.g., barns, bedding, feces) | | |  |  |  |  | Specify | | |
| **❖** Contact with backyard poultry, including chickens, ducks, and their environment | | |  |  |  |  | Specify | | |
| Complete this section if client reports having contact with live and/or deceased commercial birds/poultry:  *Specify nature of contact, i.e., high risk activities include: feeding, watering or handling live birds, removing/handling carcasses, assisting with depopulation/disposal of birds, assisting in the cleaning of a barn or other enclosure.*  Additional contact details (enter under *Notes* section in iPHIS if applicable):  If the individual was exposed to birds with avian influenza, was [appropriate PPE](https://www.health.gov.on.ca/en/pro/programs/emb/avian/Avian_Influenza_PPE_Guidelines_for_Poultry_Workers_June_2022.pdf) used when interacting with birds or their environment in the previous 17 days: Always  Sometimes  Never ?  *Full PPE for high-risk activities includes disposable latex/nitrile gloves OR heavy duty rubber gloves, an N95 respirator or equivalent, tight fitting goggles, impervious coveralls with head coverings, boot covers OR rubber boots.*  If appropriate PPE was not used at all times, specify date of most recent exposure: YYYY-MM-DD**\*\***  Items of PPE used on this date: | | | | | | | | | |
| **❖** Contact with wild birds | | |  |  |  |  | Specify | | |
| **❖** Contact with animals, e.g., cats, dogs, farm animals/livestock, wild animals, petting zoo  ***(specify species and whether animal was symptomatic or well, alive or deceased)*** | | |  |  |  |  | Specify | | |
| **❖** Close contact with a case  *(specify if contact was with a lab-confirmed human case of avian influenza, specify relationship to case, e.g., family member)* | | |  |  |  |  | Specify | | |
| **❖** Consumption of raw/undercooked beef | | |  |  |  |  | Specify | | |
| **❖** Consumption of raw/undercooked game meat (e.g., bison, caribou, elk, moose) | | |  |  |  |  | Specify | | |
| **❖** Consumption of raw/undercooked meat from small ruminants (e.g., goat, sheep or lamb) | | |  |  |  |  | Specify | | |
| **❖** Consumption of raw/undercooked poultry/poultry products | | |  |  |  |  | Specify | | |
| **❖** Consumption of raw/unpasteurized milk or products made from raw milk (specify species, e.g., goat, sheep, cow, buffalo) | | |  |  |  |  | Specify | | |
| **Behavioural Social Risk Factors in the 17 days prior to onset of illness** | | | **❖ Response** | | | | **Details**  **(e.g., date and details of exposure)**  **iPHIS character limit: 50.** | | |
| - 17 days onset  Select a date Select a date | | | **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Occupational – farm worker | | |  |  |  |  | Specify | | |
| **❖** Occupational – laboratory worker | | |  |  |  |  | Specify | | |
| **❖** Occupational – slaughterhouse (abbatoir) worker | | |  |  |  |  | Specify | | |
| **❖** Other (specify) | | |  |  |  |  | Specify | | |
| **❖** Travel outside province in the 17 days prior to illness (specify) | | |  |  |  |  | Specify | | |
| **❖** Unknown | | |  |  | *→ For iPHIS data entry – check Yes for Unknown if all other Behavioural Risk Factors are No or Unknown.* | | | | |
| **♦** CreateExposures *Identify Exposures to be entered in iPHIS.*  *→ For iPHIS data entry – record details of exposure(s) in iPHIS Case Exposure Form as required.*  ***Please attempt to identify and enter the most likely causative exposure. If no exposure is identified, please use:***  ***Exposure ID 220057 (Unknown)*** | | | | | | | | | |
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| **Contact Information** | | | | | | | | |
| *Contacts requiring follow-up include those who are identified as having been exposed to the same source as the case (e.g., to the same infected poultry flock or their environment during the 14 day period prior to onset of clinical signs in the flock), as per the* [*Management of Avian Influenza or Novel Influenza in Birds or Animals Guideline*](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Mgmt_of_Avian_Novel_Influenza_Guideline_2023.pdf) *(2023, or as current)* | | | | | | | | 1 or more human contacts identified?  ☐ Yes  ☐ No ☐ N/A |
| *Advise* ***asymptomatic*** *contacts to* ***self-monitor*** *for signs and symptoms of avian influenza for* ***10 days*** *from the last date of exposure, and to notify public health AND seek immediate medical assessment if these develop. If symptoms develop, inform clinician of linkage to avian influenza case/exposure and seek testing for influenza.*  *Antiviral* [*prophylaxis*](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Mgmt_of_Avian_Novel_Influenza_Guideline_2023.pdf) *is indicated if the contact was exposed to large numbers of infected poultry or to contaminated environmental surfaces in an outbreak situation without the use of* [*appropriate PPE*](https://www.health.gov.on.ca/en/pro/programs/emb/avian/Avian_Influenza_PPE_Guidelines_for_Poultry_Workers_June_2022.pdf)*.*  *Seasonal influenza virus is recommended for those who have not already been vaccinated during the current influenza season.* | | | | | | | | |
| **Contact 1** | | | | | | | | |
| Name | Enter name | | | | | | | |
| Contact information | Enter contact information | | | | | | | |
| Notes (specify nature and duration of exposure) | Enter notes | | | | | | | |
| *Symptomatic?* | Yes  No | *If asymptomatic, contact advised to self-monitor for symptoms for 10 days?* | | | | | | Yes  No  N/A |
| **Contact 2** | | | | | | | | |
| Name | Enter name | | | | | | | |
| Contact information | Enter contact information | | | | | | | |
| Notes (specify nature and duration of exposure) | Enter notes | | | | | | | |
| *Symptomatic?* | Yes  No | *If asymptomatic, contact advised to self-monitor for symptoms for 10 days?* | | | | | | Yes  No  N/A |
| **Contact 3** | | | | | | | | |
| Name | Enter name | | | | | | | |
| Contact information | Enter contact information | | | | | | | |
| Notes (specify nature and duration of exposure) | Enter notes | | | | | | | |
| *Symptomatic?* | Yes  No | *If asymptomatic, contact advised to self-monitor for symptoms for 10 days?* | | | | | | Yes  No  N/A |

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| **Education/Counselling** *Discuss the relevant sections with case* | | |
| **Hand Hygiene** |  | Wash hands with soap and water after handling poultry/birds or after handling/contacting their bedding, litter or environment. |
| **PPE** |  | Wear appropriate [PPE](https://www.health.gov.on.ca/en/pro/programs/emb/avian/Avian_Influenza_PPE_Guidelines_for_Poultry_Workers_June_2022.pdf) when working with poultry, including gloves, a respirator, eye protection, protective clothing and foot protection when indicated based on a risk assessment.  If the use of a respirator is indicated, this should be fit-tested and training provided on its use.  Where possible, dedicate PPE to a single work location. If this is not feasible, clean, disinfect and dry PPE before moving off-site. |
| **Recovery** |  | If you continue to feel unwell, new symptoms appear, or symptoms change – seek medical attention.  Self-isolate (including from household contacts and pets/other animals) while symptomatic.  Wear a medical mask (if tolerated) when in close/direct contact with others.  Practice good respiratory etiquette (cover cough/sneeze).  Perform regular hand hygiene using soap and water or an alcohol-based hand rub. |
| **Vaccination** |  | Poultry industry workers are recommended to receive annual seasonal influenza vaccine.  *Note: Immunization with the current human influenza vaccine should be offered to all potentially exposed individuals who had unprotected and close exposure to a flock, or sick or dead birds that are infected or suspected to be infected with avian influenza.* |
| **Environmental cleaning** |  | Contaminated surfaces and equipment should be cleaned using water and detergent prior to disinfection.  Disinfect surfaces and equipment after cleaning using a disinfectant with efficacy against influenza (e.g., 1 part household bleach diluted with 9 parts of water, or using a commercially prepared disinfectant product).  Prepare and use disinfectants as per manufacturer instructions, including wearing PPE if indicated, |
| **Travel** |  | Avoid visiting poultry farms, slaughter facilities, and contact with animals in live poultry markets when travelling to countries with known outbreaks of avian influenza. |
| **Food Safety** |  | Cook poultry and meat to a safe internal temperature, and verify internal cooking temperatures using a probe thermometer |

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| **Outcome** *Mandatory in iPHIS only if Outcome is Fatal* |
| Unknown  ♦ Fatal (*If fatal, please complete additional required fields in iPHIS*  Ill  Pending  Residual effects  Recovered |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future cases of Avian Influenza. 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. |

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| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ **Start Date**  **YYYY-MM-DD** | **❖ End Date**  **YYYY-MM-DD** |
| Chemoprophylaxis |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Counselling |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Education |  |  | YYYY-MM-DD | YYYY-MM-DD |
| ER visit |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Hospitalization |  |  | YYYY-MM-DD | YYYY-MM-DD |
| ICU |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Isolation |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter – Client |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter – Physician |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Not hospitalized |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Other (i.e., contacts assessed, PHI/PHN contact information) |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Self-isolation |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Symptoms – active monitoring |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Symptoms – self-monitoring |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Vaccination |  |  | YYYY-MM-DD | YYYY-MM-DD |
| *→**For iPHIS data entry – enter information under* ***Cases > Case > Interventions.*** | | | | |

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| **Progress Notes** |
| **Enter notes** |

If you have any comments or feedback regarding this Investigation Tool, please email us at [hp@oahpp.ca](mailto:hp@oahpp.ca).