**iPHIS Case Exposure Form**

**Table 1. iPHIS Disease Exposure Codes**

|  |  |  |
| --- | --- | --- |
| **Disease Name** | **Exposure ID** | **Unknown Exposure Name** |
| AMEBIASIS | 5317 | 01 - UNKNOWN – AMEBIASIS |
| BOTULISM | 5318 | 01 - UNKNOWN – BOTULISM |
| CAMPYLOBACTER ENTERITIS | 5320 | 01 - UNKNOWN – CAMPYLOBACTER ENTERITIS |
| CRYPTOSPORIDIOSIS | 5324 | 01 - UNKNOWN – CRYPTOSPORIDIOSIS |
| CYCLOSPORIASIS | 5325 | 01 - UNKNOWN – CYCLOSPORIASIS |
| FOOD POISONING | 5327 | 01 - UNKNOWN – FOOD POISONING |
| GIARDIASIS | 5329 | 01 - UNKNOWN – GIARDIASIS |
| HEPATITIS A | 5331 | 01 - UNKNOWN – HEPATITIS A |
| LISTERIOSIS | 44273 | 01 - UNKNOWN – LISTERIOSIS |
| PARATYPHOID FEVER | 5339 | 01 - UNKNOWN – PARATYPHOID FEVER |
| SALMONELLOSIS | 5342 | 01 - UNKNOWN – SALMONELLOSIS |
| SHIGELLOSIS | 5343 | 01 - UNKNOWN – SHIGELLOSIS |
| TYPHOID FEVER | 5346 | 01 - UNKNOWN – TYPHOID FEVER |
| VEROTOXIN PRODUCING E. COLI INCLUDING HUS | 5347 | 01 - UNKNOWN – VEROTOXIN PRODUCING E. COLI INCLUDING HUS |
| YERSINIOSIS | 5348 | 01 - UNKNOWN – YERSINIOSIS |

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| **Exposure(s)** |
| Complete row 1 using information in Table 1 if exposure is unknown.The two additional rows above are for linking cases to existing outbreaks in iPHIS if exposure ID is already created. For each additional exposure identified, complete one copy of page 2 and create new exposures as required. **Please refer to iPHIS Exposure Reference Chart for more information on the** [**PHO Standardized Questionnaires website**](https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/Pages/Standardized-Questionnaires.aspx)**.*****It is recommended health units enter exposures within one business day of notification of the exposure.*** |
| **Exposure ID** | **Exposure Name** | **Client Earliest Exposure Date/Time**YYYY-MM-DD | **Client Most Recent Exposure Date/Time**YYYY-MM-DD | **Exposure Mode** | **Most Likely Source** (select one only) |
| Choose an item. | Choose an item. | YYYY-MM-DD | YYYY-MM-DD | Acquisition |[ ]
|  |  | YYYY-MM-DD | YYYY-MM-DD |  |[ ]
|  |  | YYYY-MM-DD | YYYY-MM-DD |  |[ ]
| **Legend** | **♦ System-Mandatory ❖ Required**  |

|  |
| --- |
| Exposure ID #: Enter ID iPHIS Exposure Search done by:  **Enter name \_ \_** Date: YYYY-MM-DD |
| ♦ Exposure Level |  | [ ]  Active | Most Likely Source for the Outbreak | [ ]  Leave Blank |
| ♦ Exposure Name |  |
| *\*Person Type* | Client’s last name initial, first name initial- Case ID- Earliest Exposure Date (YYYY-MM-DD) |
| *\*Non-Person Type* | Exposure Location Name- Address- Item- Earliest Exposure Date (YYYY-MM-DD) |
| ♦ Health Unit Responsible |  |
| ♦ Earliest Exposure (for all cases) | YYYY-MM-DD | 24-HR ClockHH:MM | Most Recent Exposure(for all cases) | YYYY-MM-DD | 24-HR ClockHH:MM |
| ♦ Exposure Type |  | ❖ Category/Transmission |  |
| ❖ Source |  | ❖ Source Details |  |
| Exposure Comments |  |

|  |  |
| --- | --- |
| **Exposure Address:****Full Street Address****♦ City/Province, Postal Code****♦ Country** |  |
| **❖ Exposure Setting** | [ ]  Community[ ]  Institutional[ ]  Travel | [ ]  Food Premise[ ]  Other Settings[ ]  Unknown | **Exposure Setting Type** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **♦ Earliest Exposure**  |   | 24-HR Clock | **Most Recent Exposure** |   | 24-HR Clock |
| **♦ Exposure Mode** | [ ]  Acquisition [ ]  Transmission |
| **❖ Most Likely Source?**  | [ ]  |
| **Exposure Assignment**  | Health Unit Person Responsible:  |

**iPHIS Data Entry Date**: YYYY-MM-DD