**Ontario Cyclosporiasis Hypothesis Generating Questionnaire &** **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: CYCLOSPORIASISType:  ♦ Is this an outbreak associated case?  Yes, *OB #* ####-####-###  No, *link to OB # 0000-2005-010 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.* | | | | | | |
| **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 |  |  |  |  |
| Date letter sent: YYYY-MM-DD | | | | | | | |

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| **Case Details** | | | | | | | | | | | | | | | | |
| **♦ Aetiologic Agent** | | Cyclospora cayetanensis | | | | | | | | | | | | | | |
| **Subtype** | | Specify | | | | | | | | **Further Differentiation** | | | Specify | | | |
| **♦ Classification** | | Confirmed  Probable  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-MMDD | |
| **♦ 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)* | | | | |
| **Symptoms** | | | | | | | | | | | | | | | |
| *Incubation period can range from 2-14 days, usually about 7 days.*  *Communicability: Direct person-to-person transmission is unlikely. Low-level shedding of oocysts is common, even in persons who are symptomatic. Excreted oocysts take days to weeks under favorable environmental conditions to sporulate and become infective.* | | | | | | | | | | | | | | | |
| ***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** | **Don´t Know** | **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* | | | | | | | | | | | |
| Abdominal Pain |  | |  |  |  | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD |
| Anorexia [loss of appetite] |  | |  |  |  | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD |
| **Diarrhea** |  | |  |  |  | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | |
| Nausea |  | |  |  |  | |  |  | | | 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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| ♦ **Complications** |
| None  Other  Unknown |

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| **Incubation Period** | | | | | |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.* | | | | | |
| - 14 days - 2 days onset  Select a date Select a date Select a date & time | | | | | |
| **Medical Risk Factors** | **❖ Response** | | | | **Details**  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Immunocompromised (specify)  (e.g., by medication or by disease such as cancer, diabetes, etc.) |  |  |  |  | If yes, specify |
| **❖** Other (specify)  (e.g., use of antacid, surgery, etc.) |  |  |  |  | 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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| **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-DDEnd 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* | | |

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| **Date of Onset, Age and Gender**  *Complete this section if submission of pages 5-11 and page 16 to Public Health Ontario is required* | | | | | |
| Date of Onset: | YYYY-MM-DD | Age: | **Age** | Gender: | Select an option |

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| **Preliminary Questions** | **Response** | | | **Details** |
| **Yes** | **No** | **Unsure** |
| Do you have any idea how you became sick? |  |  |  | If yes, specify |
| Were you on any specific diet(s) in the 2-14 days prior to the onset of your illness (e.g., vegetarian, vegan, gluten-free, kosher, halal, etc.)? |  |  |  | If yes, specify |
| Did you attend any special functions such as weddings, parties, showers, family gatherings, work-related events or group meals in the 2-14 days prior to the onset of your illness? |  |  |  | If yes, specify:  Event name/location/description:  Date of gathering: YYYY-MM-DD to YYYY-MM-DD  Number attended:  Number ill (if any):  Event name/location/description:  Date of gathering: YYYY-MM-DD to YYYY-MM-DD  Number attended:  Number ill (if any): |
| Did you eat at any food establishments (including food taken home from a restaurant and smoothie/juice bar) in the 2-14 days prior to the onset of your illness? |  |  |  | If yes, specify:  Type of establishment:  Name of establishment:  Location:  Date: YYYY-MM-DD  Type of establishment:  Name of establishment:  Location:  Date: YYYY-MM-DD |

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| **Shopping Venues** *Optional for sporadic cases* | | | | |
| Where do you usually purchase food for home consumption (include grocery stores, farmers markets, specialty stores, ethnic markets, food banks, etc.)? | | | | |
| **Types of food premises** | **Response** | | | **Name(s), Address(es) and Date(s) of purchase** |
| **Yes** | **No** | **Don´t know** |
| Grocery store/supermarkets/food warehouse (e.g., Costco)  If yes, do you use any loyalty cards at the grocery stores identified (e.g., Costco membership, PC points, etc.)? |  |  |  | Store name:  Location:  Loyalty card:  Yes  No  Don’t know  Store name:  Location:  Loyalty card:  Yes  No  Don’t know  Store name:  Location:  Loyalty card:  Yes  No  Don’t know |
| Mini mart |  |  |  | Specify |
| Farmer’s market |  |  |  | Specify |
| Home delivery services (e.g., Grocery Gateway, Schwan’s, Meals on Wheels, etc.) |  |  |  | Specify |
| Other |  |  |  | Specify |

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| **Behavioural Social Risk Factors in the 2-14 days prior onset of illness**  **Travel** | | **❖ Response** | | | | **Details**  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Travel outside province in the last 2-14 days prior to illness (specify) | |  |  |  |  |  |
| Within Canada |  |  |  |  | From: To:  Where: |
| Outside of Canada |  |  |  |  | From: To:  Where:  Hotel/Resort: |
| ***Attention!*** *If the case travelled outside of Canada during the entire incubation period, you can skip the remainder of the behavioural social risk factor section and go to the* **High Risk Occupation/High Risk Environment** *section on page 12. If the case travelled for part of their incubation period, please collect information for the food items consumed in Canada.* | | | | | |
| **Behavioural Social Risk Factors in the 2-14 days prior onset of illness**  **Foodborne** | | **❖ Response** | | | | **Details**  Please include any available product details  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| ***Attention!*** *For the berries risk factors,**report only fresh berries, not frozen. Specify brand, type of packaging, and purchase location* | | | | | | |
| **❖** Consumption of ‘fresh’ raspberries | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of ‘fresh’ blackberries | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |

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| **Behavioural Social Risk Factors in the 2-14 days prior onset of illness**  **Foodborne** | | **❖ Response** | | | | **Details**  Please include any available product details  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| *For the berries risk factors,**report only fresh berries, not frozen. Specify brand, type of packaging, and purchase location* | | | | | | |
| **❖** Consumption of ‘fresh’ strawberries | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of ‘fresh’ blueberries | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of ‘other’ raw fruits (specify) *The iPHIS risk factor is “Consumption of raw fruits (specify)”* | |  |  |  |  | Specify |
| Melons |  |  |  |  | Specify |
| Grapes |  |  |  |  | Specify |
| Mangos |  |  |  |  | Specify |
| **❖** Consumption of fresh basil (Thai or other basil)  Please indicate type: Specify |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of fresh cilantro or coriander  *Please indicate type:* Specify |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |

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| **Behavioural Social Risk Factors in the 2-14 days prior onset of illness**  **Foodborne** | **❖ Response** | | | | **Details**  Please include any available product details  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of fresh parsley (Flat/ Italian or Curly parsley)  *Please indicate type*:  Specify  Flat-leaf parsley also known as Italian parsley | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of ‘other’ fresh herbs  *The iPHIS risk factor is “Consumption of fresh herbs”* | |  |  |  |  | Specify |
| **❖** Consumption of any other foods containing fresh berries or herbs (dip, salad dressing, etc.)  *Please specify*: Specify | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of iceberg lettuce (specify if loose or prepackaged) | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of mesclun lettuce (specify if loose or prepackaged) | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of romaine lettuce (specify if loose or prepackaged) | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |

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| **Behavioural Social Risk Factors in the 2-14 days prior onset of illness**  **Foodborne** | **❖ Response** | | | | **Details**  Please include any available product details  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of spinach (specify if loose or prepackaged) |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖**Consumption of arugula  (specify if loose or prepackaged) |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of pre-packaged lettuce or leafy greens  *Excluding the 4 risk factors mentioned above.*  E.g., salad kits with toppings and dressing; ready-to-eat salads sold at the grocery store deli counter or fast food restaurant |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| ❖ Consumption of snow peas |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| ❖ Consumption of snap peas |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |

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| **Behavioural Social Risk Factors in the 2-14 days before onset of illness**  **Foodborne** | | | **❖ Response** | | | | **Details**  Please include any available product details  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| ❖ Consumption of green onions | | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| ❖ Consumption of raw ‘fresh’ vegetables (specify) | | |  |  |  |  | Specify |
| Tomatoes |  |  |  |  | Specify |
| Cabbage |  |  |  |  | Specify |
| Sprouts |  |  |  |  | Specify |
| Cucumbers |  |  |  |  | Specify |
| Bell peppers |  |  |  |  | Specify |
| Broccoli |  |  |  |  | Specify |
| Cauliflower |  |  |  |  | Specify |
| Celery |  |  |  |  | Specify |
| Carrot |  |  |  |  | Specify |
| Onions |  |  |  |  | Specify |
| Garlic |  |  |  |  | Specify |
| **❖** Consumption of pesto  (homemade vs. purchased)  Please indicate type: Specify | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **❖** Consumption of fresh salsa | |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |

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| **Behavioural Social Risk Factors in the 2-14 days prior onset of illness**  **Foodborne** | **❖ Response** | | | | **Details**  Please include any available product details  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of guacamole  (homemade vs. purchased)  *Please indicate type*: Specify |  |  |  |  | Where consumed (home, restaurant, etc.):  Describe packaging (cardboard box, plastic clamshell, loose, etc.):  Locally grown (in Canada):  Imported (specify country):  Brand/lot code:  Store name/location: |
| **Other Modes of Transmission** | | | | | |
| **❖** Other (specify) *for all modes of transmission* |  |  |  |  |  |
| **❖** Unknown |  |  | *→ For iPHIS data entry – check Yes for Unknown if all other Behavioural Risk Factors are No or Unknown.* | | |

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| **♦** CreateExposures  *Identify Exposures to be entered in iPHIS.*  *→ For iPHIS data entry – record details of exposure(s) in iPHIS Case Exposure Form as required.* | |  | |
| **Premises Referral** | | | | |
| Has a food premise(s) been identified as a possible source? | Yes    No | | *If yes, refer premises to the Food Safety Program and create an exposure as appropriate.* | |

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| **High Risk Occupation/High Risk Environment** | | | |
| Are you/ your child in a high risk occupation or high risk environment (including paid and unpaid/volunteer position)? | Yes  No | Childcare/kindergarten staff or attendees  Food handler  Health care provider  Other (specify)  Occupation: Specify | |
| Name of Childcare/Kindergarten/Employer | Enter name | | |
| Childcare/Kindergarten/Employer Contact Information (name, phone number, etc.) | Enter contact information | | |
| Address | **Enter address** | | |
| Are you/ your child currently experiencing diarrhea? | Yes  No | Last day case attended childcare/kindergarten/ work: | YYYY-MM-DD |
| Exclusion required from childcare/kindergarten/work? | Yes  No | Case/Parent/Guardian advised that public health unit will contact childcare/ kindergarten/work? | Yes  No |
| Could we have your permission to release your/ your child’s diagnosis to childcare/kindergarten/work? | Yes Enter name of individual permission granted by  No | | |
| *Refer to the current Infectious Diseases Protocol, Cyclosporiasis chapter, Appendix A, Management of Cases section for exclusion pertaining to day care staff and attendees, food handlers, and health care providers.*  *→**For iPHIS data entry – if the case is excluded from work or childcare/kindergarten enter information under Interventions.* | | | |

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| **Symptomatic Contact Information** | | | | | |
| **Are you aware of anyone who experienced any symptoms before, during, or after you (or your child) became ill? This includes those in your family, household, daycare or kindergarten class, 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 | | | |
| **Symptomatic Contact Information -** 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 | | | |

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| **Education/Counselling** *Discuss the relevant sections with case* | | | | |
| **Hand Hygiene** | |  | | Wash hands with soap and water after using the bathroom, after changing diapers, handling animals or pet food, and before preparing meals or eating meals is shown to be an effective measure to reduce transmission of diseases. |
|  | |  | | Note that direct person-to-person transmission of Cyclospora is unlikely. |
| **Recovery** | |  | | If you continue to feel unwell, or new symptoms appear, or symptoms change – seek medical attention. |
| **Food Safety** | |  | | Avoid preparing or serving food while ill with diarrhea. Consider reassignment of duties |
|  | | Thoroughly cooking or baking fruits and vegetables will eliminate the risk of *Cyclospora* infection. |
|  | | Freezing fruits and vegetables may kill parasites. |
| **Food Safety** |  | | Prevent cross contamination when preparing/handling food:   * Clean raw vegetables and fruit including those used as garnishes * Cook raw foods according to instructions, and * Refrigerate foods (including leftover cooked foods) as soon as possible. | |
|  | | Produce should be washed thoroughly before it is eaten, although this practice does not eliminate the risk of cyclosporiasis. | |
| **Water** |  | | Avoid swimming or using a pool/spa, hot tub or splash pad if ill with diarrhea. | |
| **Travel-related Illness** |  | | Refer to the Government of Canada’s Travel Health and Safety Page:  [www.phac-aspc.gc.ca/tmp-pmv/info/index-eng.php](http://www.phac-aspc.gc.ca/tmp-pmv/info/index-eng.php). | |
|  | | In areas where hygiene and sanitation are inadequate:   * Bottled water from a trusted source is recommended instead of tap water. Use bottled water for drinking, preparing food and beverages, making ice, cooking, and brushing teeth. Alternatively, water can be boiled, chemically disinfected or filtered. Instructions for each method should be consulted. * Avoid salads, already peeled or pre-cut fresh fruit and uncooked vegetables. * Eat only food that has been fully cooked and is still hot, and fruit that has been washed in clean water and then peeled by the traveler. Avoid buying ready to eat foods from a street vendor. | |
| **Travel-related Illness** |  | | Accidental ingestion or contact with recreational water from lakes, rivers, oceans, and inadequately treated swimming pools can cause many enteric illnesses. | |

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| **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* |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future illnesses caused by Cyclospora. 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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| **Interventions** | | | | |
| **❖ 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., disease fact sheet, general food safety chart/cooking temperature chart, hand washing information) |  |  | YYYY-MM-DD | YYYY-MM-DD |
| ER visit |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Exclusion |  |  | YYYY-MM-DD | YYYY-MM-DD |
| Food Recall |  |  | 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.*** | | | | |

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

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