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Companion Guide

June 23, 2017

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The Enteric, Zoonotic and Vector-Borne Diseases Unit at Public Health Ontario wishes to express its appreciation for the collaboration and dedication demonstrated by Ontario Standardized Questionnaire Working Group members throughout the development of the standardized questionnaires for enteric pathogens.

Ontario Standardized Working Group Member Organizations

Ontario Public Health Units

Algoma Public Health

Brant County Health Unit

Durham Region Health Department

City of Hamilton Public Health Services

Lambton Public Health

Middlesex-London Health Unit

Niagara Region Public Health

Northwestern Health Unit

Ottawa Public Health

Oxford County Public Health

Peel Public Health

Peterborough County-City Health Unit

Simcoe Muskoka District Health Unit

Sudbury & District Health Unit

Toronto Public Health

Region of Waterloo, Public Health

Wellington-Dufferin-Guelph Public Health

York Region Public Health

**Provincial Partners**

Ontario Ministry of Health and Long-Term Care

**Federal Partners**

FoodNet Canada

Public Health Agency of Canada

June 23, 2017

Feedback

For feedback or questions regarding the standardized questionnaires, please contact the Enteric, Zoonotic, and Vector Borne Diseases Unit at PHO at [ezvbd@oahpp.ca](mailto:ezvbd@oahpp.ca).

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# Background

Provincially standardized questionnaires, branded Ontario Investigation Tools, have been developed by the Standardized Questionnaire Working Group (SQ WG) in order to standardize information collected from cases of reportable enteric diseases by investigators in Ontario. The SQ WG currently consists of members from 18 public health units (PHUs), FoodNet Canada, Public Health Agency of Canada, the Ministry of Health and Long-Term Care and Public Health Ontario (PHO). Each of the standardized questionnaires has been designed for administration by telephone.

# Purpose

The purpose of the Investigation Tools Companion Guide is to provide instructions on how to administer the investigation tools.

# Goals

The goals of the Ontario Investigation Tools are to specifically assist with:

* Identifying the source of the illness;
* Case and contact management;
* Case counselling;
* Outbreak management;
* Obtaining required data under the *Health Protection and Promotion Act* pertaining to the case; and
* Facilitating documenting each case investigation.

# The Ontario Investigation Tool

The Ontario Investigation Tool is designed to be a comprehensive tool for documenting case information. It helps to facilitate the collection of all mandatory and required fields for entry into the integrated Public Health Information System (iPHIS). If information has to be provided (by secure fax or iPHIS referral) to PHO during an outbreak, only certain pages are required in order to avoid providing personal health information. **The content of the provided pages should not be modified.**

Health Unit investigators may change the order of sections and edit the questionnaires to align with internal processes (add and delete information, include prompts for investigators, etc.), with the exception of the following sections:

* + Preliminary Questions
  + Behavioural Social Risk Factors
  + Food History
  + Shopping Venues

These sections should not be edited so that the consistency of these key sections in the standardized questionnaire are maintained.

## Listeriosis Investigation Tool – Special Case

The Public Health Agency of Canada (PHAC) Invasive Listeriosis Questionnaire will be used to be consistent with the collection of risk factor data for Listeriosis across Canada. A Case Management Tool has been developed to support case and contact management required under the Infectious Diseases Protocol and facilitate the collection of case information not included in the PHAC questionnaire, but required or mandatory for iPHIS. As a result, the format of the standardized Listeriosis questionnaire differs from the formatting available for all of the other questionnaires. A Mapping Tool has been provided to assist with entering information in the PHAC Invasive Listeriosis Questionnaire into iPHIS.

## Other Investigation Tool Components

##### iPHIS Case Exposure Form

The iPHIS Case Exposure Form is a template to help with iPHIS data entry for creation and data entry of exposure. For PHUs where iPHIS entry is completed by data entry clerks or other support staff, investigators can use this form to ensure exposure data are appropriately entered into iPHIS.

##### Source Attribution of the Common *Salmonella* Serovars (Appendix 2)

This document provides a list of foods attributed to outbreaks caused by each *Salmonella* serotype (current as of August 2014).

##### iPHIS Exposure Reference Chart

This document is a reference guide for the drop down menu options for exposures listed in the IPHIS Exposure Module (current as of April 2014).

# Ontario Investigation Tool Sections

## Legend

* There are six symbols in the standardized questionnaires (Table 1).

**Table 1: Symbols used in the Standardized Questionnaires**

|  |  |
| --- | --- |
| Symbol | Description |
|  | Sections needs to be completed with the case |
| **♦** | Information mandatory in iPHIS |
| **❖** | Information required in iPHIS |
|  | Field contains personal health information. Caution is required when sharing this information. |
| *Italics* | Instructions to the investigator. Not to be read to cases |
| **Bold** | Suggested script for investigators to read to cases |

## General

* At the bottom of each page, there is a section for documenting the investigator’s initials and designation. This is to fulfill the College of Nurses of Ontario (CNO) Practice Standard (2008) for documentation.

## Cover Sheet

* This section is for identification of the case and allows for updates to the case’s contact information and demographics, if required.
* This section and the Verification of Client’s Identity & Notice of Collection section can be generated by iPHIS after the case has been created in iPHIS. To do this, each PHU will need to set up their disease-specific template in iPHIS for the auto-generated page. If a PHU requires assistance in creating the auto-generated cover sheet, please contact the **iPHIS Help Desk at** [**iphissupport.moh@ontario.ca**](mailto:iphissupport.moh@ontario.ca) **or at 1-866-272-2794/416-327-3512**. Alternatively, PHUs can use page 1 of the Investigation Tool/Case Management Tool to complete both sections manually.

## Verification of Client’s Identity & Notice of Collection

* For verification of the case’s identity before disclosing personal health information. Please check the correct box(es) (date of birth, postal code, or physician) that were used to verify the case’s identity.
* Please consult with your PHU’s privacy and legal counsel about Notice of Collection requirements under PHIPA s. 16. Insert your “Notice of Collection”, as required.

## Record of File

* For documenting when the case’s file is transferred within a PHU or between PHUs. The fields for signature, initial and designation are designed to fulfill the documentation requirements outlined by the CNO’s Practice Standard (2008).
* The first row in the table refers to investigation start date as required by iPHIS. The other row refers to assignment date to a different investigator. The assignment date is auto-generated by iPHIS on the date of the data entry.

## Call Log Details

* The start time of telephone calls are recorded for documentation purposes and can be used for both outgoing and incoming calls.

## Case Details

* Provides a summary of the iPHIS Case Details screen, including the Case Classification and Disposition fields. The priority of the case is set at the discretion of individual PHU as per the draft iPHIS User Guide Outbreak Module: Enteric Disease Cases (Sept 2012).

## Symptoms

* Symptoms are used to establish the onset date to facilitate identifying potential source(s) or risk factors during the incubation period. Mark (X) in one of the five options available: yes, no, don’t know, not asked, or refused. Not all symptoms have to be asked. As a minimum, it is suggested that the **symptoms in bold** are asked. A minimum of one onset and one recovery date is required.

## Date of Onset, Age and Gender

* Requires completion if providing (by secure fax or iPHIS referral) the appropriate pages to PHO is required during an outbreak.

## Medical Risk Factors

* For identification of any known Medical Risk Factors.

## Hospitalization and Treatment

* Treatment information can be entered in iPHIS under **Cases > Case > Rx/Treatments>Treatment as per current iPHIS User Guide**.

## Preliminary Questions

* The questions are meant to help build rapport with the cases and give the chance to allow the case to identify what they thought caused their illness prior to being asked the list of risk factors appropriate for the pathogen.

## Behavioural Social Risk Factors

* This section covers **travel**, **foodborne**, **waterborne**, and **zoonotic** risk factors as well as **other modes of transmission**.
* For each risk factor marked with a flower **❖,** mark an (X) in one of the four response options (YES, NO, UNKNOWN, or NOT ASKED). Do not leave the response blank. Note that the response UNKNOWN also includes ‘don’t know’ and ‘cannot recall’ (Figure 1).
* Completion of risk factors that are NOT marked with a flower **❖** is optional (indented as a sub-categories for the risk factor above it).

During administration of the questionnaires, if responses are provided for sub-categories, enter this information in the Details text box provided for each risk factor in iPHIS.

* For the Travel section, include dates, location and details of travel (if available). With the exceptions of food poisoning and botulism, if a case reports travel during the entire incubation period, a skip pattern is available.
* The risk factors on the questionnaire are placed in descending order of expected frequency (i.e., most common to least common). Due to limitations in the configuration of iPHIS, the order of the risk factors in iPHIS is not the same as the order on the questionnaire. In an attempt to correct this limitation, the risk factors in iPHIS are placed in alphabetical order.
* If iPHIS data entry is completed by support staff, record details of exposure(s) in iPHIS Case Exposure Form as required.

##### Figure 1. Example of questionnaire format for collection of Behavioural Social Risk Factors, including sub-categories.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Behavioural Social Risk Factors in the 3 days before onset of illness**  **Foodborne** | | **❖ Response** | | | | **Details**  (e.g. name & location, product details, date of exposure)  *iPHIS character limit: 50. Please use ‘Notes’ if needed* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of chicken/chicken products | | X |  |  |  |  |
| Whole chicken/cuts | X |  |  |  | **Chicken drumstick, purchased raw and in separate Styrofoam packages from ABC Grocery Store (1234 Yonge St, Toronto), cooked at home on Apr 10. Unknown brand. Can’t recall purchased date.** |
| Ground chicken |  |  |  |  |  |
| Deli Meat | X |  |  |  | **Home prepared sandwich- chicken deli meat for April 8 lunch. Deli meat purchased from The Korner store (222 Bloor St. East, Toronto).** |
| Other, *specify* |  |  |  |  |  |

##### Figure 2. Example of Behavioural Social Risk Factors “Details” entry in “Notes”.

|  |  |
| --- | --- |
| **Note** |  |
| Note Date and Time | 2014-04-18 14:30:03 |
| Note | Chicken drumstick purchased raw and in separate Styrofoam packages from ABC Grocery Store (1234 Yonge St, Toronto), cooked at home on Apr 10, unknown brand, can’t recall purchased date; Home prepared sandwich- chicken deli meat for April 8 lunch. Deli meat purchased from The Korner store (222 Bloor St. East, Toronto). |
| Provider | OTHER, INTERNAL |
| Created By | OTHER, INTERNAL |
| Created Date | 2014-04-18: 14:31:38 |

## Premise Referral

* For referral of food premises to the Food Safety/Environmental Health Program if identified as a suspected source of the illness.

## High Risk Occupation/High Risk Environment

* Portions of this section requiring data entry can be found under the ‘Case Details’ screen of iPHIS, while the remainder of the fields in this section is for local administrative purposes only.
* If a case is excluded from work or kindergarten/daycare, this information will need to be entered in iPHIS under ‘Interventions’. For PHUs where support staff complete iPHIS data entry, record the details of exposure(s) in the iPHIS Case Exposure Form as required.

**Laboratory Specimen Clearance Results (E. coli, Shigella, Typhoid Fever, and Paratyphoid Fever)**

* For cases requiring laboratory clearance.

## Symptomatic/Asymptomatic Contact information

* For identifying contacts of the case that experienced similar illness. Follow-up and counselling may be required.

## Household, Close Contacts and Post-exposure Prophylaxis Summary (Hepatitis A only)

* For identifying the number of contacts receiving post-exposure prophylaxis.

## Education/Counselling

* Discuss the relevant sections with the case at the discretion of each public health investigator.

## Outcome

* Data entry in iPHIS is mandatory only if the Outcome is FATAL.

## Thank you

* Please notify the case that another investigator may contact them again if their illness is determined to be part of an outbreak.

## Interventions

* Summarizes the interventions that were implemented. The date field is included to meet the CNO’s requirements.

## Progress Notes

* Use as required.

## Food History

* This section is not provided for all questionnaires.
* Completing the section is optional (except for the Shigellosis, Infant Botulism and Food Poisoning Investigation Tool). This section is placed as the final page so that printing the page can be avoided if not required.
* PHO may request PHUs to complete this section via an Enhanced Surveillance Directive.
* If the section is completed, the findings can be used to populate the Risk Factor section, as appropriate, for entry into iPHIS.

## Shopping Venues

* This section is not provided for all questionnaires.
* Completing the section is optional. PHO may request PHUs to complete this section via an Enhanced Surveillance Directive.
* If the section is completed, the findings can be used to populate the Risk Factor section, as appropriate, for entry into iPHIS.
* If the cases answers YES to “Do you use any loyalty cards at the grocery stores identified (e.g. Costco membership, PC points, etc.?)” and the case is later identified as included in an outbreak, PHU staff may need to contact the case again to obtain consent to obtain their purchase information from the grocery retailers. The purchase information will be used to enhance the case’s food history recall and/or assist with the traceback of an implicated source.

## Feedback Process to PHO

* Instruction is provided on where to direct feedback on the OIT(s) to PHO.

