**Ontario Hepatitis A** **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: HEPATITIS A  **♦** Is this an outbreak associated case?  Yes, *OB #* ####-####-###  No, *link to OB # 0000-2005-019 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 |  |  |  |  |
| Date letter sent: YYYY-MM-DD | | | | | | | |

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| **Case Details** | | | | | | | | | | | | | | | | | | |
| **♦ Aetiologic Agent** | | Hepatitis A Virus | | | | | | | | | | | | | | | | |
| **Subtype** | | Specify | | | | | | | | | **Further Differentiation** | | | Specify | | | | |
| **♦ Classification** | | Confirmed  Person Under Investigation  Probable  Does Not Meet Definition  *Do not close case as PUI* | | | | | | | | | | | | **♦ Classification Date** | | | YYYY-MM-DD | |
| **♦ Outbreak Case Classification** | | Confirmed  Person Under Investigation  Probable  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 | | | | | | | | 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** | | | | | | | | | | | | | | | | | |
| *Hepatitis A may be acquired from contaminated food or water, travelling to countries where the disease is common or where outbreaks are occurring, and from person to person, for example through sexual activity and drug use due to contaminated equipment. It has also been noted that in recent hepatitis A outbreaks in other countries that being homeless or having been incarcerated are also risk factors for acquiring hepatitis A.*  ***Incubation period*** *can range from 15 to 50 days prior to symptom onset, with an average of 28 to 30 days.*  *Enter onset date and time, using this as day 0, then count back to determine the incubation period.*  ***Communicability:*** *Maximum communicability occurs during the latter part of the incubation period with peak levels in the 2 weeks before clinical illness. Communicability diminishes rapidly thereafter and cases are considered non-infectious 7 days after the onset of jaundice (although prolonged viral excretion up to 6 months has been documented in infants and children).* | | | | | | | | | | | | | | | | | |
| ***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 |  | |  |  |  | | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | |
| **Diarrhea** |  | |  |  | |  | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | | |
| **Jaundice** |  | |  |  | |  | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | | |
| **Fever** |  | |  |  | |  | |  |  | | | YYYY-MM-DD | | | HH:MM | YYYY-MM-DD | | | |
| **Vomiting** |  | |  |  | |  | |  |  | | | 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** |
| Enlarged liver  Extra-hepatic complications  Fulminant hepatitis  None  Other  Unknown |
| **Incubation Period and Period of Communicability** |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.* |
| **Exposure Period**  **Period of Communicability**      **Incubation Period**  day 0  - 50 days - 15 days - 14 days symptom onset jaundice onset 7 days after jaundice **OR** +14 days\*  YYYY-MM-DDYYYY-MM-DDYYYY-MM-DDYYYY-MM-DD YYYY-MM-DDYYYY-MM-DD  ***\*Note:*** *If jaundice not present, infectious period is two weeks before symptom onset to two weeks after symptom onset.* |

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| **❖ 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 chronic liver disease, HIV, diabetes, etc.) |  |  |  |  | If yes, specify |
| **❖** Unimmunized |  |  |  |  | *→ For iPHIS data entry – if No, enter immunization information under Interventions* |
| **❖** 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 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 6-9 and 13-14 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 |
| Do you think you may have acquired your infection from sexual activity? |  |  |  | If yes, specify |
| Do you think you may have acquired your infection from using non-prescription or street drugs? |  |  |  | If yes, specify |

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| **Behavioural Social Risk Factors in the 15-50 days prior to onset of illness**  **Travel** | | **❖ Response** | | | | **Details**  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Travel outside province in the last 15-50 days prior to illness(specify) | |  |  |  |  |  |
| Within Canada  *If it is of interest to your health unit, ask about travel outside of your health unit boundaries* |  |  |  |  | From: YYYY-MM-DD To: YYYY-MM-DD  Where: Specify |
| Outside of Canada |  |  |  |  | From: YYYY-MM-DD To: YYYY-MM-DD  City: Specify  Country: Specify |
| ***Attention!*** *If the case travelled during the* ***entire*** *incubation period to an* [*endemic country*](http://gamapserver.who.int/mapLibrary/Files/Maps/Global_HepA_ITHRiskMap.png?ua=1)*, you can skip the foodborne and waterborne sections and go directly to ‘Other Modes of Transmission’ section of the behavioural social risk factor section on page 8.* | | | | | | |
| **Foodborne**  *For the berries risk factors,**report both frozen and fresh berries. Specify brand, type of packaging, and purchase location* | | | | | | |
| **❖** Consumption of strawberries | |  |  |  |  | Specify |
| **❖** Consumption of blueberries | |  |  |  |  | Specify |
| **❖** Consumption of raspberries | |  |  |  |  | Specify |
| **❖** Consumption of blackberries | |  |  |  |  | Specify |
| **❖** Consumption of ‘other’ raw fruits (specify) | |  |  |  |  | Specify |
| Other berries or mixed berries |  |  |  |  |  |
| Tomatoes (specify type: fresh, semi-dried, or other) |  |  |  |  | Specify |
| Pomegranate seeds |  |  |  |  | Specify |

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| **Behavioural Social Risk Factors in the 15-50 days prior to onset of illness**  **Foodborne** | **❖ Response** | | | | **Details**  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of ready-to-eat, pre-washed, or pre-made salads  E.g., pre-washed leafy greens in bags or packages; lettuce or leafy greens salad kits with toppings and dressing; ready-to-eat salads sold at the grocery store deli counter or fast food restaurant |  |  |  |  | Specify |
| **❖** Consumption of any lettuce on a sandwich, burger, or taco from a restaurant or a fast food establishment |  |  |  |  | Specify |
| **❖** Consumption of raw vegetables (specify) (e.g., green onions) |  |  |  |  | Specify |
| **❖** Consumption of raw/undercooked shellfish (specify fresh vs. frozen, brand, location) e.g., such as oysters, shrimps, clams, crabs |  |  |  |  | Specify |
| **Waterborne** | | | | | |
| **❖** Private water system  (specify if treated, e.g., Brita, boiled, UV light, on tap filter, reverse osmosis, etc.) |  |  |  |  | Specify |
| **❖** Municipal water system  (specify if treated, e.g., Brita, boiled, UV light, on tap filter, reverse osmosis, etc.) |  |  |  |  | Specify |
| **Other Modes of Transmission** | | | | | |
| **❖** Anal-oral contact |  |  |  |  | Specify |
| **❖** Close contact with case |  |  |  |  | Specify |
| **❖** Illicit drug use |  |  |  |  | Specify |

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| **Behavioural Social Risk Factors in the 15-50 days prior to onset of illness**  **Other Modes of Transmission** | **❖ Response** | | | | **Details**  (e.g., Brand name, purchase/consumption location, product details, date of exposure)  *iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Diaper a child, or assist a child or adult with bathroom use |  |  |  |  | Specify |
| **❖**Poor hand hygiene |  |  |  |  | Specify |
| **❖** Other (specify) *for all modes of transmission* |  |  |  |  | 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.* | | | | |  |

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| **Premises Referral** | | |
| Has a food premises 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 | Child care/kindergarten staff or attendees  Food handler  Health care provider | Sewage worker  Other (specify)  Occupation: Specify | |
| Name of child care/Kindergarten/Employer | Enter name | | | |
| Child care/Kindergarten/Employer Contact Information (name, phone number, etc.) | Enter contact information | | | |
| Address | **Enter address** | | | |
| Are you/ your child currently experiencing diarrhea? | Yes  No | Last child case attended child care/kindergarten/work: | | YYYY-MM-DD |
| Exclusion required from child care/kindergarten/work? | Yes  No | Case/Parent/Guardian advised that public health unit will contact child care/ kindergarten/work? | | Yes  No |
| Could we have your permission to release your/your child’s diagnosis to child care/kindergarten/work? | Yes Enter name of individual permission granted by  No | | | |
| *Refer to the current Infectious Diseases Protocol, Hepatitis A 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 daycare/kindergarten, enter information under Interventions.* | | | | |

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| **Household and Close Contacts** | |
| A contact is defined as a person who had exposure to a case during the time the case was infectious. Refer to *the current Infectious Diseases Protocol, Hepatitis A chapter, Appendix A, Management of Contacts section for further information.* | |
| Contacts identified? | Yes, *Enter contact information on page 16*  No  Unknown |

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| **Post-exposure Prophylaxis Summary** | |
| *Refer to the current Infectious Diseases Protocol, Hepatitis A chapter, Appendix A, Management of Contacts section for post-exposure prophylaxis recommendations.* | |
| Total number of vaccine doses ordered: |  |
| Total number of contacts who received vaccine: |  |
| Total number of contacts who received IG: |  |
| *→**For iPHIS data entry – As per Bulletin #21 – Contact Entry OM, total counts for contacts, vaccine doses ordered and administered, and number of contacts that receive IG can be entered in the Comments box on the Case Details screen.* | |

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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. |
| **Recovery** |  | If you continue to feel unwell, or new symptoms appear, or symptoms change – seek medical attention. |
| **Food Safety** |  | Consider reassignment of food handling duties. Avoid preparing food or drinks, sharing utensils, providing personal care for others until one week after onset of jaundice, or if there is no jaundice, two weeks from the onset of your symptoms. |
|  | Proper cooking temperatures for all food.   * Shellfish should be boiled or steamed for at least 10 minutes before consumption. * Cook raw foods according to instructions. |
|  | Prevent cross contamination when preparing/handling food:   * Clean raw vegetables and fruits including those used as garnishes, and * Refrigerate foods (including leftover cooked foods) as soon as possible. |
|  | Wash all produce before consumption, especially those eaten uncooked. |
| **Water** |  | Avoid swimming or using a pool/spa, hot tub or splash pad if ill with diarrhea or vomiting. |
|  | If using well water, test water regularly as water quality can change frequently. If results are adverse, boil or treat water for consumption. |
|  | If using surface water, boil or treat if testing is not readily available (e.g., while camping) or if test results indicate it is unsafe for consumption. |
|  | For more information on small drinking water systems and well disinfection, please visit [www.health.gov.on.ca/english/public/program/pubhealth/safewater/safewater\_resources.html](http://www.health.gov.on.ca/english/public/program/pubhealth/safewater/safewater_resources.html)  and Public Health Ontario’s [Well Disinfection Tool](http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Well-Disinfection-Tool.aspx) at <http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Well-Disinfection-Tool.aspx>. |

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| **Education/Counselling** *Discuss the relevant sections with case* | | |
| **Fomites** |  | Clean and disinfect surfaces (e.g., cutting boards, counters, utensils, diaper changing area, etc.).   * A 200 ppm chlorine solution should be sufficient to reach a medium level disinfection to kill or reduce most bacteria, viruses and fungi to acceptable levels. Mix 1 teaspoon (4mL) of bleach with 4 cups (1 litre) of water. * A 400 ppm is more appropriate for disinfecting more heavily soiled utensils and surfaces. Mix 2 teaspoons (8mL) of bleach with 4 cups (1 litre) of water. * For a chlorine dilution calculator, visit Public Health Ontario’s website: <http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Dilution-Calculator.aspx> |
| **Sexual Transmission** |  | Certain sexual activities increase the risk of transmission.   * Avoid anal-oral sexual contact until one week after the onset of jaundice, or two weeks after the onset of your symptoms.   *For cases who do not understand the term anal-oral sexual contact, it can be reworded as “the putting of body parts or sex toys in the mouth after they have been contact with the anus/bum.”* |
|  | Review importance of personal hygiene. |
| **Blood Donation** |  | Do not donate blood for six months or as required by Canadian Blood Services. |
| **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, uncooked vegetables, and raw/undercooked shellfish. * 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. |
|  | Accidental ingestion or contact with recreational water from lakes, rivers, oceans, and inadequately treated swimming pools can cause many enteric illnesses. |
| **Illicit drug use** |  | Wash hands in warm soapy water before and after injecting or smoking substances.  Ensure the area where drugs are being prepared for injection is clean and free from debris.  Do not share or re-use needles, spoons, swabs, water, tourniquets, or any other injecting equipment.  When injecting, swab the injection site with alcohol swabs.  Special care should be taken when injecting in groups, or when being injected by others. Label or mark your syringe.  Be aware that sharing crack or crystal smoking pipes can result in transmission of disease.  Use your own mouthpiece if possible. |

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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 Hepatitis A virus. 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, handwashing 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** | | | | |
| **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.)?  Yes  No  Don’t know | |  |  |  | Specify |
| Ethnic specialty markets | |  |  |  | Specify |
| Delicatessens/bakeries | |  |  |  | Specify |
| Fish shop, meat shop, butcher’s shop | |  |  |  | Specify |
| Farmer’s market | |  |  |  | Specify |
| Other | |  |  |  | Specify |

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| --- | --- | --- | --- | --- |
| **Household and Close Contact Management**  *Print additional copies of this page as needed* | | | | |
| A contact is defined as a person who had exposure to a case during the time the case was infectious. Refer to *the current Infectious Diseases Protocol, Hepatitis A chapter, Appendix A, Management of Contacts section for further information.* | | | | |
| Contact # Enter contact number | | | Relation to case |  |
| Name | Enter name | | Date of birth | YYYY-MM-DD |
| Contact information | Enter relevant contact information | | | |
| Recommend contact seek medical attention/testing? | | Yes  No  N/A | | |
| Date of most recent exposure | | YYYY-MM-DD | | |
| Post-exposure prophylaxis recommended, if within 14 days of the last exposure to the case | | Yes  No  N/A | | |
| Contact # Enter contact number | | | Relation to case |  |
| Name | Enter name | | Date of birth | YYYY-MM-DD |
| Contact information | Enter relevant contact information | | | |
| Recommend contact seek medical attention/testing? | | Yes  No  N/A | | |
| Date of most recent exposure | | YYYY-MM-DD | | |
| Post-exposure prophylaxis recommended, if within 14 days of the last exposure to the case? | | Yes  No  N/A | | |
| Contact # Enter contact number | | | Relation to case |  |
| Name | Enter name | | Date of birth | YYYY-MM-DD |
| Contact information | Enter relevant contact information | | | |
| Recommend contact seek medical attention/testing? | | Yes  No  N/A | | |
| Date of most recent exposure | | YYYY-MM-DD | | |
| Post-exposure prophylaxis recommended, if within 14 days of the last exposure to the case? | | Yes  No  N/A | | |
| Contact # Enter contact number | | | Relation to case |  |
| Name | Enter name | | Date of birth | YYYY-MM-DD |
| Contact information | Enter relevant contact information | | | |
| Recommend contact seek medical attention/testing? | | Yes  No  N/A | | |
| Date of most recent exposure | | YYYY-MM-DD | | |
| Post-exposure prophylaxis recommended, if within 14 days of the last exposure to the case? | | Yes  No  N/A | | |

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