Public Health Agency of Canada Invasive Listeriosis Questionnaire

iPHIS Mapping Tool

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# Purpose

The purpose of this document is to provide Ontario Public Health Units with guidance on how to enter information in the Public Health Agency of Canada (PHAC) Invasive Listeriosis Questionnaire into the integrated Public Health Information System (iPHIS).

While all sections of the PHAC Invasive Listeriosis Questionnaire are required to be filled out for the purpose of the Enhanced National Listeriosis Surveillance Program and forwarded to Public Health Ontario, data entry in iPHIS is only required/mandatory for certain sections. This document only focusses on the sections in the PHAC Invasive Listeriosis Questionnaire that are mandatory/required for iPHIS data entry. iPHIS data entry for all other information covered in the PHAC Invasive Listeriosis Questionnaire is optional and is at the discretion of health units.

# PHAC Questionnaire Section and Corresponding iPHIS Data Entry Guidance

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| **Legend** |  **♦ System-Mandatory ❖ Required**  |

## **Section 1: Interviewer Details**

Complete Section 1 for the purpose of the Enhanced National Listeriosis Surveillance Program.

Also complete the Ontario Invasive Listeriosis Case Management Tool and enter information into iPHIS as required.

## **Section 2: Case Information**

Complete Section 1 for the purpose of the Enhanced National Listeriosis Surveillance Program.

Also complete the Ontario Invasive Listeriosis Case Management Tool and enter information into iPHIS as required.

#### Listeria and Pregnancy

If the case is associated with pregnancy, select “PREGNANT” from the drop down menu options for Medical Risk Factors (Cases 🡪 Case 🡪 Risks 🡪 Medical Risk Factors).

## **Section 3: Clinical Information: Non-pregnant Adults and Children > 1 month**

| PHAC Field  | iPHIS Required or System-Mandatory | iPHIS Field | Description |
| --- | --- | --- | --- |
| Date of onset of first symptom? | **❖** Required | Cases 🡪 Case 🡪 Symptoms | Input the date for the symptom being used as the onset. |
| When did symptoms resolve? | **❖** Required | Cases 🡪 Case 🡪 Symptoms | Input the date the last symptom was resolved. |
| Symptoms | **♦** System-mandatory | Cases 🡪 Case 🡪 Symptoms | Select drop down option for each symptom listed among the iPHIS options that appear the PHAC questionnaire. Note: The list of symptoms in iPHIS is much more comprehensive than the symptoms listed in the PHAC questionnaire. * If the case mentions a symptom that is in iPHIS but not in the PHAC questionnaire, select “YES” for the corresponding symptom in iPHIS.
* Select “NOT ASKED” for all other symptoms in iPHIS that that are not in the PHAC questionnaire and not mentioned by the case.
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| Hospitalization? | **♦** System-mandatory  | Cases 🡪 Case 🡪 Interventions |  |
| Date of admission (hospital) | **♦** System-mandatory | Cases 🡪 Case 🡪 Interventions | Enter the date the case was admitted to hospital. |
| Date of discharge (hospital) | **❖** Required | Cases 🡪 Case 🡪 Interventions | Enter the date the case was discharged from hospital. |
| Case deceased? | **♦** System-mandatory  | Cases 🡪 Case 🡪 Outcome | **System Mandatory**Select “FATAL” if the case is deceased. Note: Entry of any other outcome is optional and is at the discretion of health units.**Required**Enter the date of death.Check if the exact date of death/outcome date was entered.Enter the source of information for cause of death (e.g. coroner’s report or attending physician).Enter the relevant details about the cause of death in the “Cause(s) of Death?” field. |
| Listeria infection underlying/contributing cause of death? | **♦** System-mandatory | Cases 🡪 Case 🡪 Outcome | **If “YES”**, select the most appropriate response from the options listed in iPHIS:* “Reportable Disease Contributed to but was Not the underlying cause of death”
* “Reportable Disease was the Underlying cause of Death”

**If “NO”,** select the most appropriate response from the options listed in iPHIS:* “Reportable Disease was Unrelated to the cause of Death”
* “Unknown”
 |
| Underlying medical conditions and treatments (e.g. cancer, organ transplant, liver disease, immunosuppresive medication, heart disease, kidney disease, COPD)? | **❖** Required | Cases 🡪 Case 🡪 Risks 🡪 Medical Risk Factors | Select the appropriate response (i.e. YES, NO, UNKNOWN or NOT ASKED) for the options listed iPHIS and specify details:* Immunocompromised
* Other (specify)
* Unknown

Note: “DON’T KNOW” is equivalent to “UNKNOWN” for this question. |

## **Section 4: Clinical Information: Pregnant Woman, fetus or neonate ≤ 1 month**

Refer to instructions provided for Non-pregnant Adults and Children > 1 month.

#### Outcome of Pregnancy

If the pregnancy resulted in fetal death (miscarriage/stillbirth), induced abortion or live birth with the neonate testing positive for listeria, select “MATERNAL INFECTION” from the drop down menu options for Medical Risk Factors (Cases 🡪 Case 🡪 Risks 🡪 Medical Risk Factors).

## **Section 5: Exposure Sources**

| PHAC Field | iPHIS Required or System-Mandatory | iPHIS Field | Description |
| --- | --- | --- | --- |
| Travel? | **❖** Required | Cases 🡪 Case 🡪 Risks 🡪 Behavioural Social Factors | Select drop down option for “**TRAVEL OUTSIDE PROVINCE IN THE LAST 28 DAYS**”.Note: “DON’T KNOW” is equivalent to “UNKNOWN” for this question.If the case traveled in the 28 days preceding the onset of symptoms, specify details in the free text field (e.g. destination – country/ town/resort) departure date, return date, etc.). If character limit for this field is exceeded, use the “NOTES” section as required.Create exposures as required. |

## Section 9: Food History

iPHIS data entry of the food consumption history is **❖** REQUIRED.

Information should be entered under the Risk Factor section in iPHIS (Cases 🡪 Case 🡪 Risks 🡪 Behavioural Social Factors).

Each food item in the PHAC questionnaire has been assigned a corresponding iPHIS risk factor to facilitate consistent iPHIS data entry. Create exposures as required.

For each risk factor listed in iPHIS:

* Select drop down option
	+ Note:
		- A response of “PROBABLY” in the PHAC Questionnaire is equivalent to “YES” in iPHIS for this section.
		- For each risk factor, if the case responds “YES” or “PROBABLY” to **any** of the food items corresponding to the risk factor, select “YES” for that risk factor.
		- Specify details in the free text field for all items consumed. If character limit for this field is exceeded, use the “NOTES” section as required.
		- Only select “NO” if the case does not report **any** food items corresponding to the risk factor.
		- Select “YES” for the “UNKNOWN” risk factor if **all** other Behavioural Social Risk Factors are “NO” or “UNKNOWN”.

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| ❖ CONSUMPTION OF CHICKEN/CHICKEN PRODUCTS |
| * Cooked chicken eaten cold (e.g.: chicken pieces or sptrips, rotisserie, leftover cooked chicken, cold chicken on salads)
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| ❖ CONSUMPTION OF DIPS |
| * Hummus
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| ❖ CONSUMPTION OF FISH |
| * Smoked or cured fish (not from a can/ retort pourch e.g., smoked salmon, gravlax, jerky or lax)
* Raw fish (e.g. sushi, sashimi, tartar, ceviche)
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| ❖ CONSUMPTION OF FRESH HERBS |
| * Fresh herbs (e.g. basil, cilantro, parsley)
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| ❖ CONSUMPTION OF GROUND BEEF |
| * Ground beef
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| ❖ CONSUMPTION OF ICE CREAM, GELATO OR OTHER FROZEN DAIRY-BASED DESSERTS |
| * Ice cream/ frozen yogurt/ gelato (including milkshakes, frozen dairy bars and sandwiches, and other novelties
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| ❖ CONSUMPTION OF OTHER BIRD MEAT OR BIRD MEAT PRODUCTS |
| * Cooked turkey eaten cold (e.g. turkey pieces or strips, leftover cooked turkey)
* Cooked sausage eaten cold (if turkey)
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| ❖ CONSUMPTION OF OTHER SEAFOOD |
| * Pre-cooked shrimp or prawns eaten cold (e.g.: shrimp ring, shrimp cocktail, in a salad, leftover eaten cold)
* Pre-cooked crab eaten cold (including imitation crab meat)
* Other ready to eat shellfish eaten cold (e.g.: mussels, oysters, clams)
* Tuna salad
* Seafood salad
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| ❖ CONSUMPTION OF PASTEURIZED MILK OR MILK PRODUCTS |
| * Other cheese, all types (e.g., gouda, cheese sold as a block, Halloumi cheese)
* Other cheese, all types
* Butter *(not margarine)*
* Pasteurized milk *(e.g. whole, skim, 1%, 2%, chocolate, other flavoured)*
* Yogurt
* Sour Cream
* Whipped cream
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| ❖ CONSUMPTION OF PORK |
| * Cooked ham eaten cold (not deli meat)
* Sausage eaten cold (if pork) (e.g.: ham sausage, breakfast sausage, frankfurters, cured sausags, leftover)
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| ❖ CONSUMPTION OF RAW FRUITS (SPECIFY) |
| * Honeydew melon
* Watermelon
* Cantaloupe
* Packaged pre-cut fruit (e.g. in a platter or tray, apple slices, fruit salad, etc.)
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| ❖ CONSUMPTION OF RAW/UNPASTEURIZED MILK OR MILK PRODUCTS |
| * Unpasteurized cheese
* Unpasteurized (raw) milk
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| ❖ CONSUMPTION OF RAW VEGETABLES (SPECIFY) |
| * Raw, uncooked mushrooms (whole or pre-sliced)
* Packaged pre-cut vegetables (e.g., in a platter or tray, diced onions, diced celery, etc.)
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| ❖ **CONSUMPTION OF READY-TO-EAT MEATS** |
| * Turkey deli meat
* Chicken deli meat
* Beef deli meat (e.g.: roastbeef)
* Ham deli meat
* Bologna
* Pastrami
* Salami
* Pepperoni
* Other deli meat (e.g. corned beef, kielbasa, prosciutto, mortadella)
* Pâté/meat spread (not canned)
* Hot dogs
* Cured or dried meat (e.g. jerky, pepperettes)
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| ❖ CONSUMPTION OF READY-TO-EAT, PRE-WASHED, PRE-MADE SALADS  |
| * Lettuce and/or salad purchased pre-packaged in a bag or plastic container
* Pre-washed spinach purchased in a bag or plastic container
* Prepared green salad (e.g.: garden, Greek, Caesar, purchased in a store, restaurant or cafeteria)
* Bagged chopped lettuce/salad mix
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| ❖ CONSUMPTION OF READY-TO-EAT PRODUCTS |
| * Prepackaged sandwiches/ wraps (purchased from vending machine, cafeteria, gas station, grocery store, etc.)
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| ❖ **CONSUMPTION OF SALAD** |
| * Potato salad
* Pasta salad
* Bean salad
* Cole slaw
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| * Other salads/dips (e.g. chicken salad, egg salad, rice salad, tabouli)
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| ❖ CONSUMPTION OF SOFT CHEESES |
| * Brie
* Camembert
* Blue cheese (e.g. roquefort, gorgonzola, stilton, etc.)
* Feta
* Goat cheese
* Mexican- or Latin-style fresh cheese (e.g. queso fresco, queso blanco, queso panela, etc.)
* Cottage cheese
* Ricotta
* Other soft/semi-soft cheeses (e.g. Havarti, Bocconcini)
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| ❖ CONSUMPTION OF SPINACH |
| * Spinach, purchased loose or in a package
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| ❖ CONSUMPTION OF SPROUTS |
| * Alfalfa sprouts
* Bean sprouts
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| ❖ CONSUMPTION OF RAW/UNPASTEURIZED JUICE/CIDER |
| * Unpasteurized fruit/vegetable juice (e.g. fresh squeezed orange juice)
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