**Ontario Salmonellosis** **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: SALMONELLOSIS **♦** Is this an outbreak associated case? [ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-041 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 DateYYYY-MM-DD | Specify | Specify | Specify | [ ]  PHI [ ]  PHN[ ]  Other \_\_\_\_\_\_\_  |
| Specify | Assignment DateYYYY-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** | Select the Aetiologic Agent |
| **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-MM-DD |
| **♦ Status** | [ ]  Closed  | Initial here | YYYY-MM-DD | YYYY-MM-DD |
| [ ]  Open (re-opened)  | Initial here | YYYY-MM-DD | YYYY-MM-DD |
| [ ]  Closed  | Initial here | YYYY-MM-DD | YYYY-MM-DD |
| **♦ Priority** | [ ]  High | [ ]  Medium [ ]  Low |  *(At health unit’s discretion)* |
| **Symptoms** |
| ***Incubation period*** *can range from 6 hours to 7 days (although can be up to 16 day), usually about 12-36 hours.* ***Communicability****: Some serotypes can be excreted for up to one year in 1% of infected adults and 5% of 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 ClockHH:MM*(discretionary)* | **❖ Recovery Date**YYYY-MM-DD*(choose one)* |
| **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** |
| Dehydration | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| **Diarrhea** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Diarrhea, bloody | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| **Fever** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Nausea | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **YYYY-MM-DD** | HH:MM | **YYYY-MM-DD** |
| Vomiting | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | **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 listed in iPHIS.*** |

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|  ♦ **Complications** |
| [ ]  Bacteremia [ ]  Enlarged liver [ ]  Focal Infections [ ]  None [ ]  Other (such as meningitis or septicemia) [ ]  Reactive arthritis [ ]  Unknown [ ]  Urinary tract infection |

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| **Incubation Period** |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.*  |
|  - 7 days - 6 hrs onset Select a date Select a date & time  Select a date & time |

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| **Medical Risk Factors** | **❖ Response** | **Details***iPHIS character limit: 50* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖**Immunocompromised(e.g., by medication or by disease) | [ ]  | [ ]  | [ ]  | [ ]  | 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 nameDate(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-DDRoute 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 Sex***Complete this section if submission of pages 5-9 and 16-17 to Public Health Ontario is required* |
| Date of Onset: | YYYY-MM-DD | Age: | \_\_\_\_\_\_ | Gender: | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Unknown |

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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 7 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 or group child care in the 7 days prior to the onset of your illness? | [ ]  | [ ]  | [ ]  | If yes, specify (e.g., location, number attended, any ill) |

| **Behavioural Social Risk Factors in the 7 days prior to onset of illness** | **❖ Response** | **Details***iPHIS character limit: 50.*  |
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| **Yes** | **No** | **Unknown** | **Not asked** |
| Travel related  |
| **❖** Travel outside province in the 7 days prior to illness onset | [ ]  | [ ]  | [ ]  | [ ]  |  |
| Within Canada  | [ ]  | [ ]  | [ ]  | [ ]  | From: YYYY-MM-DD To: YYYY-MM-DDWhere: Specify |
| Outside of Canada  | [ ]  | [ ]  | [ ]  | [ ]  | From: YYYY-MM-DD To: YYYY-MM-DDWhere: SpecifyHotel/Resort: Specify |
| ***Attention!*** *If the case travelled 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 9. If the case travelled for part of their incubation period, please collect information for the behavioural social risk factors that occurred in Canada.* |

| **Behavioural Social Risk Factors in the 7 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.* |
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| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of eggs or food containing eggs (from any bird species) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Shelled eggs | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Liquid eggs | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Farm-gate/ungraded eggs | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Unknown(e.g., meal not prepared by case) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Other (specify) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw or undercooked eggs(e.g., runny, over-easy, or in raw cookie dough) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of chicken/chicken products | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Whole chicken/cuts | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Ground chicken | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Other (specify) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Unknown, e.g., meal not prepared by case | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of frozen processed chicken products cooked at home, e.g., nuggets, burgers, strips | [ ]  | [ ]  | [ ]  | [ ]  | BrandBest Before date: Lot code # Product details (flavour, package size):Purchase Location: |
| **❖** Consumption of shawarma or donair | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of beef | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of other bird meat or products made with other bird meat (e.g., turkey, ground turkey, Cornish hen, duck) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of ready-to-eat, pre-washed, or pre-made saladsE.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 ice cream, gelato, and other frozen dairy-based desserts | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of ground beef | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖**Consumption of chocolate | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of fish (including raw fish like sushi, sashimi) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw/unpasteurized milk or milk products *(specify location of purchase)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw vegetables (specify) (e.g., rutabaga, cucumber) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of sprouts (e.g.: bean, alfalfa or other kinds, including in sandwich or salad) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of other seafood (e.g.: shellfish) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of pork | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw fruits (specify) (e.g., any melons, pre-cut fruit tray, papayas, mangoes, tomato) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of seeds, tahini, nuts or nut butter | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw/unpasteurized juice/cider | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of fresh herbs (such as cilantro, basil, and parsley) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of deli meats (such as cold cuts, bologna, salami, pepperoni and kielbasa) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Zoonotic(For pet food, specify bbrand name and other product details, purchase location, date range of use. For recently purchased pets, specify the location and date of purchase. ). *iPHIS character limit: 50.* |
| **❖** Contact with animals, e.g., pets, farm animals or (petting) zoo | [ ]  | [ ]  | [ ]  | [ ]  | SpecifyFor recently purchased petsPurchase locationDate of purchase |
| **❖** Contact with pet treats/food, e.g., raw hide, chews, pig ears, frozen mice | [ ]  | [ ]  | [ ]  | [ ]  | Brand: Purchase Location:Product details (flavour, package size)Date of use Purchase location  |
| **❖** Contact with reptiles/amphibians or their environment, e.g., snakes, turtles, lizards, frogs | [ ]  | [ ]  | [ ]  | [ ]  | SpecifyFor recently purchased petsPurchase locationDate of purchase  |
| **❖** Contact with backyard poultry including chickens, ducks, and their environment (specify) | [ ]  | [ ]  | [ ]  | [ ]  | SpecifyFor recently purchased petsPurchase locationDate of purchase |

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| **Behavioural Social Risk Factors in the 7 days prior to onset of illness**Waterborne | **❖ Response** | **Details***iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| Recreational water contact |
| **❖**Swim or contact with water from swimming pools, hot tubs, wading pools or water parks in Ontario *(specify location)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Other Modes of Transmission |
| **❖** Close contact with case | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Cross-contamination of ready-to-eat foods with raw poultry/meat | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Failure to wash hands after handling raw poultry/beef/pork | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Failure to wash hands properly after handling raw eggs or food containing raw eggs | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Other Modes of Transmission |
| **❖** 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.*  |

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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 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 [ ]  Poultry worker, all types[ ]  Swine worker, all types [ ]  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 day 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, Salmonellosis 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 case is excluded from work or child care/kindergarten, enter information under Interventions.* |

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| **Symptomatic Contact Information**  |
| **Are you aware of anyone who experienced similar symptoms before, during, or after you (or your child) became ill? This includes those in your family, household, child care or kindergarten class, sexual partner(s), 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  |
| 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, after handling animals or pet food, and before preparing or eating meals is shown to be an effective measure to reduce transmission of diseases. Fecal excretion can persist from several days to several weeks after symptoms resolve. |
| [ ]  | Wash hands after handling raw eggs, chicken, ground beef and hamburger, including any of these items that are packaged or frozen, such as chicken nuggets or chicken strips. |
| **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 or vomiting. Do not attend work while ill if you are a foodhandler, child care worker or health care worker. Consider reassignment of food preparation duties at home while ill. |
| [ ]  | Proper cooking temperatures for all food, especially poultry. Cook food to a safe internal temperature:

| **Food** | **Temperature** |
| --- | --- |
| **Pork** (pieces and whole cuts)  | 71°C (160°F)  |
| **Poultry** (pieces) - chicken, turkey, duck  | 74°C (165°F)  |
| **Poultry** (whole) - chicken, turkey, duck  | 82°C (180°F)  |
| **Ground meat and meat mixtures** (burgers, sausages, meatballs, meatloaf, casseroles) - beef, veal, lamb and pork  | 71°C (160°F)  |
| **Ground meat and meat mixtures** - poultry  | 74°C (165°F)  |
| **Fish** | 70°C (158°F) |
| **Others** (stuffing and leftovers)  | 74°C (165°F)  |

 |
| [ ]  | Use a probe thermometer to verify cooking temperatures, as color is not a reliable indicator of how thoroughly meat has been cooked. |
| [ ]  | Avoid consumption of raw eggs or runny yolks. |
| [ ]  | Prevent cross contamination when preparing/handling food:* Clean raw vegetables and fruits including those used as garnishes,
* Keep raw meats away from cooked/ready-to-eat foods,
* Refrigerate foods (including leftover cooked foods) as soon as possible.
 |
| [ ]  | Cook/prepare packaged foods according to package instructions.  |
| [ ]  | Wash all produce before consumption, especially those eaten uncooked. |
| [ ]  | Avoid unpasteurized milk, dairy products, juices or cider. |
| **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 before consumption. |
| [ ]  | If using surface water, boil or treat if testing is not readily available (e.g., while camping) or if test results indicate the water is unsafe for consumption. |

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| **Education/Counselling** *Discuss the relevant sections with case* |
| **Water** | [ ]  | For more information on small drinking water systems and well disinfection, please visit <https://www.ontario.ca/page/drinking-water>and Public Health Ontario’s [Well Disinfection Tool](http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Well-Disinfection-Tool.aspx) at <https://www.publichealthontario.ca/en/laboratory-services/well-water-testing/well-disinfection-tool> |
| **Animals** | [ ]  | Pets: wash your hands after handling animals, their food or treats, animal feces, and the living environment such as cages, coops, pens, etc. |
| [ ] [ ] [ ]  | Reptiles, including snakes and turtles, are not appropriate pets for children. Always wash your hands after handling them. For owners of pet reptiles, please refer to fact sheet on ‘Did you know that contact with amphibians, reptiles and feeder rodents can make you sick with *Salmonella*?’, which is available at <http://www.health.gov.on.ca/en/public/publications/disease/salmonella_arfr.aspx>Children less than 5 years of age, adults 65 years of age and over, and people with medical conditions that weaken their immune system should not handle chickens, ducks, reptiles or rodents. Children 5 years of age and over should be carefully supervised if they touch these animals to ensure they don’t touch their face and that they wash their hands immediately afterwards.Keep live poultry, poultry equipment, and poultry’s water dishes outside your home and away from places where people eat or make food. For more information, please see CDC’s Health Families and Flocks fact sheet <https://www.cdc.gov/healthypets/resources/salmonella-baby-poultry.pdf> |
| **Fomites** | [ ]  | Environmental cleaning: clean and disinfect surfaces (e.g., cutting boards, counters, utensils, diaper changing area, or area where animals are cleaned or pet food is handled). * 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 chlorine solution 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 while symptomatic or with symptomatic individuals.
 |
| [ ]  | Review importance of personal hygiene. |
| **Travel-related Illness** | [ ]  | Refer to the Government of Canada’s Travel Health and Safety Page: <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 unpasteurized milk and unpasteurized milk products, such as cheese.
* 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 *Salmonella*. 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 part of 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  | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| *→**For iPHIS data entry – enter information under* ***Cases > Case > Interventions.*** |

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

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| **Food History** *Optional for sporadic cases* |
| Are you able to recall what you ate in the last 7 days before you started feeling sick? [ ] Yes [ ]  No [ ]  Not sure If “yes”, let’s start with the day you got sick and work backwards. We will go meal by meal, so you can tell me what you ate. If you ate a meal away from home, let me know where you ate it and what you ate, including garnishes and beverages. Referencing debit/ credit card statements may be helpful to remember.If “no” or “not sure”, let’s discuss what you generally eat on weekdays, and what you generally eat on weekends. We will go meal by meal, so you can tell me what you generally eat. If you remember anything specifically that you ate in the 7 days before onset, please also indicate that, including meals away from home or anything that was unusual. |

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| --- | --- | --- | --- | --- |
| *Circle whether you are filling out information for the date or general information* | **Breakfast** | **Lunch** | **Dinner** | **Snacks** |
| Day 0 MM/DD(day of onset)Or Generally eat on weekdays |  |  |  |  |
| Day 1 MM/DD(1 day before onset)Or Generally eat on weekends  |  |  |  |  |
| Day 2 MM/DD(2 days before onset)OrAnything specific or unusual that you ate in the 7 days before illness onset |  |  |  |  |
| Day 3 MM/DD(3 days before onset) |  |  |  |  |
| Day 4 MM/DD(4 days before onset) |  |  |  |  |
| Day 5 MM/DD(5 days before onset) |  |  |  |  |
| Day 6 MM/DD(6 days before onset) |  |  |  |  |
| Day 7 MM/DD(7 days before onset) |  |  |  |  |
| **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 Optimum, etc.)? ☐ Yes ☐ No ☐ Don’t know | [ ]  | [ ]  | [ ]  | Specify |
| Mini mart (e.g., 7-11) | [ ]  | [ ]  | [ ]  | Specify |
| Ethnic specialty markets | [ ]  | [ ]  | [ ]  | Specify |
| Delicatessens/bakeries | [ ]  | [ ]  | [ ]  | Specify |
| Fish shop, meat shop, butcher’s shop | [ ]  | [ ]  | [ ]  | Specify |
| Farmer’s market | [ ]  | [ ]  | [ ]  | Specify |
| Home delivery services (e.g., Grocery Gateway, Schwan’s, Meals on Wheels, Hello Fresh, Uber Eats, etc.) | [ ]  | [ ]  | [ ]  | Specify |
| Other (e.g., farm gate, hunting, private kill, other private household)  | [ ]  | [ ]  | [ ]  | Specify |

If you have any comments or feedback regarding this Investigation Tool, please email us at ezvbd@oahpp.ca.