**Ontario Verotoxin-Producing *E. coli*** **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: VEROTOXIN PRODUCING E. COLI INCLUDING HUS **♦** Is this an outbreak associated case?[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-051 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 |  |  |  |  |
| Date letter sent: YYYY-MM-DD |

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| **Case Details** |
| **♦ Aetiologic Agent** | [ ]  *E. coli*, verotoxin-producing |
| **Subtype** |  **Select the Subtype** | **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** |
| ***Incubation period*** *can range from 2-10 days, usually 3-4 days.* ***Communicability*** *varies; the duration of excretion of the pathogen is typically one week or less in adults, but can be 3 weeks in one-third of children. Prolonged carriage is uncommon.* |
| ***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*(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 |
| 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 |
| 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** |
| [ ]  Hemolytic Uremic Syndrome [ ]  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.*  |
|   - 10 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 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 **NOTE:** *Use of antibiotics is not recommended as per the current “Verotoxin-producing E. coli, including HUS” chapter of the Infectious Diseases Protocol*  |
| 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 5-8 and 13-15 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 2-10 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 meals in the 2-10 days prior to the onset of your illness? | [ ]  | [ ]  | [ ]  | If yes, specify (e.g., location, number attended, any ill):  |

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| **Behavioural Social Risk Factors in the 2-10 days prior to onset of illness****Travel** | **❖ Response** | **Details***iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Travel outside province in the 2-10 days prior to illness | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 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 8. If the case travelled for part of their incubation period, please collect information for the behavioural social risk factors acquired in Canada.* |
| **Behavioural Social Risk Factors in the 2-10 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 ground beef | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Frozen burger patties | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Fresh | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Other (specify) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of beef | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of iceberg lettuce (specify if prepackaged or loose) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of mesclun lettuce (aka “spring mix”; specify if prepackaged or loose) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of romaine lettuce (specify if prepackaged or loose) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of spinach (specify if prepackaged or loose) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of ready-to-eat, pre-washed, or pre-made salads*Excluding the 4 risk factors mentioned above.*E.g., 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 lettuce on sandwich, burger, taco from a restaurant or fast food establishment | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw fruits (specify) (e.g., cantaloupe and strawberries)  | [ ]  | [ ]  | [ ]  | [ ]  | Specify |

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| **Behavioural Social Risk Factors in the 2-10 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 raw vegetables (specify) (e.g., alfalfa sprouts, onion, parsley) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw/unpasteurized milk or milk products *(specify location of purchase)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of shawarma or donair | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖**Consumption of pork | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw/unpasteurized juice/cider | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Cross-contamination of ready-to-eat foods with raw poultry/meat | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Failure to wash hands after handling raw poultry/beef/pork | [ ]  | [ ]  | [ ]  | [ ]  | 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 |
| **❖** Swim or contact with water from lakes, rivers, streams in Ontario *(specify location)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Swim or contact with water from swimming pools, hot tubs, wading pools or water parks in Ontario *(specify location*) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **Zoonotic** |
| **❖** Contact with animals, e.g., pets, farm animals, or (petting) zoo | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **Behavioural Social Risk Factors in the 2-10 days prior to onset of illness** | **❖ Response** | **Details**(e.g., Brand name, purchase/consumption location, product details, date of exposure)*iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **Other Modes of Transmission** |
| **❖** Poor hand hygiene | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Close contact with case | [ ]  | [ ]  | [ ]  | [ ]  | 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.* |
| **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 [ ]  Other (specify) Occupation: Specify |
| Name of Child care/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 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  |
| **High Risk Occupation/High Risk Environment** |
| 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, Verotoxin-producing E. coli, including HUS chapter, Appendix A, Management of Cases section for exclusion pertaining to child care staff and attendees, food handlers, and health care providers.* *→**For iPHIS data entry – if the case is excluded from work or child care/kindergarten enter information under Interventions.*  |

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| **Laboratory Specimen Clearance Results** |
|  | **Specimen Type** | **Collection Date** | **Result Date** | **Result** | **Comments/Client Notification** |
| 1 | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Enter notes |
| 2 | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Enter notes |
| 3 | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Enter notes |
| 4 | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Enter notes |
| 5 | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Enter notes |
| 6 | Specify | YYYY-MM-DD | YYYY-MM-DD | Specify | Enter notes |

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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* |
| **Hemolytic Uremic Syndrome** | [ ]  | HUS is a serious condition that can occur as a result of infection with some strains of *E. coli.* It can develop about 5-10 days after the onset of diarrhea; sometimes after the diarrhea or bloody diarrhea seems to have resolved. Symptoms to watch for include decreased urine output, blood in urine, facial paleness, puffiness of the face, swollen limbs, feelings of weakness and confusion. If you notice any of these symptoms, consult a doctor immediately. Blood and urine tests should be conducted to test for HUS. |
| **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. Duration of excretion of the pathogen is typically 1 week or less in adults, but can be 3 weeks in one third of children. Prolonged carriage is uncommon. |
| [ ]  | 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. |
| **Education/Counselling** *Discuss the relevant sections with case* |
| **Recovery** | [x]  | Given the diagnosis of *E. coli,* any use of antibiotics or anti-diarrheals should be reviewed with your physician. |
| **Food Safety** | [ ]  | Avoid preparing or serving food while ill with diarrhea or vomiting. Consider reassignment of duties. |
| [ ]  |

| **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) |

Proper cooking temperatures for all food from animal sources, especially ground beef. * Cook ground beef and meat that has been mechanically tenderized to a temperature of at least 71°C (160°F).
* Cook food to a safe internal temperature:
 |
| [ ]  | Use a probe thermometer to verify cooking temperatures as color is not a very reliable indicator of how thoroughly meat has been cooked. |
| [ ]  | Prevent cross contamination when preparing/handling food:* Clean raw vegetables and fruit 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. Wash all produce before consumption, especially those eaten uncooked, such as leafy greens and lettuce. |
| [ ]  | Cook/prepare packaged foods according to package instructions. |
| [ ]  | 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; for 1 week afterwards if an adult, and 3 weeks afterwards if a child. |
| [ ]  | 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 <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 <http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Well-Disinfection-Tool.aspx>. |

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| **Education/Counselling** *Discuss the relevant sections with case* |
| **Animals** | [ ]  | Wash your hands after handling animals, especially petting zoo and farm animals. Also, wash your hands after handling animal food or treats, animal feces, and the living environment such as cages, coops, pens, etc. |
| **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 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: [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 unpasteurized milk and 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.
 |
| [ ]  | 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 *E. coli*. 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. |
| **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 |
| Not Hospitalized  | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Letter - Client | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Interventions |
| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ Start DateYYYY-MM-DD | ❖ End DateYYYY-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** |

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| **Food History** *Optional for sporadic cases* |
| **Please try to remember what you ate in the last 2-5 days before you started feeling sick. We’ll start with the day you got sick and work backwards. If a meal was eaten out, specify where you ate and what was eaten, including garnishes and beverages.** |
| **Day** | **Meal AM/ PM** | **Place**(Include name, address, city/town) | **Food Consumed** |
| **Day 2** (2 days before onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |
| **Day 3** (3 days before onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |
| **Day 4** (4 days before onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |
| **Day 5**(5 days before onset) | Breakfast  | [ ]  AM | [ ]  PM | Specify | Specify |
| Lunch | [ ]  AM | [ ]  PM | Specify | Specify |
| Dinner | [ ]  AM | [ ]  PM | Specify | Specify |
| Snack | [ ]  AM | [ ]  PM | Specify | Specify |

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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.)? [ ]  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, 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.