**Ontario Campylobacter Enteritis** **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 **♦** Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **♦** Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**♦** Investigator:  **Enter name \_ \_** **♦** DOB: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****♦** Branch Office:  Enter office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**♦** Reported Date: YYYY-MM-DD **❖**Diagnosing Health Unit:  Enter health unit Tel. 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**♦** Disease: CAMPYLOBACTER ENTERITIS Type: Home Mobile Work **♦** Is this an outbreak associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-006 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** | Select the Aetiologic Agent |
| **Subtype** |  | **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 | **♦ 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)* |

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| **Symptoms** |
| ***Incubation period*** *can range from 1-10 days, usually 2-5 days.* ***Communicability****: several days to several weeks. Individuals without antibiotic treatment may shed for 2-7 weeks.* |
| ***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 |
| **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** |
| [ ]  Arthritis [ ]  Febrile seizures [ ]  Guillain-Barré Syndrome [ ]  Meningitis [ ]  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 - 1 day onset Select a date Select a date 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 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  |
| 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 5-7 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***iPHIS character limit: 50* |
| **Yes** | **No** | **Unsure** |
| Do you have any idea how you became sick? | [ ]  | [ ]  | [ ]  | If yes, specify |
| Were you on any specific diet(s) in the 1-10 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 1-10 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 1-10 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 the province in the 1-10 days prior to illness (specify) | [ ]  | [ ]  | [ ]  | [ ]  |  |
| 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 exposed acquired in Canada.* |
| **Behavioural Social Risk Factors in the 1-10 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 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 | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of pork | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of beef | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Cross-contamination of ready-to-eat foods with raw poultry/meat | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Failure to wash hands after handling raw poultry/beef/pork  | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw/unpasteurized milk or milk products *(specify location of purchase)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of eggs or food containing eggs (from any bird species) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of fish | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of other seafood | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw fruits (specify) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Consumption of raw vegetables (specify) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |

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| **Behavioural Social Risk Factors in the 1-10 days prior to onset of illness****Zoonotic** | **❖ Response** | **Details**(e.g., Brand name, purchase/consumption location, product details, date of exposure)*iPHIS character limit: 50.*  |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Contact with backyard poultry including chickens, ducks, and their environment (specify) | [ ]  | [ ]  | [ ]  | [ ]  | SpecifyFor recently purchased petsPurchase locationDate of purchase |
| **❖** Contact with animals, e.g., pets, farm animals or (petting) zoo | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **Waterborne** |
| Residential drinking water source? |
| **❖** Private water system(specify if treated, e.g., Brita, boiled, UV light, on tap filter, reverse osmosis, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Recreational water contact |
| **❖** Swim or go into water from swimming pools, hot tubs, wading pools or water parks in Ontario *(specify location*) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **Other modes of transmission** |
| **❖** Poor hand hygiene | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Anal-oral contact | [ ]  | [ ]  | [ ]  | [ ]  | 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 [ ]  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 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, Campylobacter enteritis 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 similiar 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, handling animals or pet food, and before preparing meals or eating meals is shown to be an effective measure to reduce transmission of diseases. Fecal excretion can persist for 2-7 weeks.  |
| [ ]  | 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. Consider re-assignment of duties. |
| [ ]  | Proper cooking temperatures for all food, especially poultry. Cook food to a safe internal temperature:

| **Food** | **Temperature** |
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| **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)  |

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| **Education/Counselling** *Discuss the relevant sections with case* |
| **Food Safety** | [ ]  | Use a probe thermometer to verify cooking temperatures, as color is not a very 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.
 |
| [ ]  | Wash all produce before consumption, especially those eaten uncooked. |
| [ ]  | 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. |
| [ ]  | 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 the water is unsafe for consumption. |
| [ ]  | For more information on small drinking water systems and well disinfection, please visit https://www.ontario.ca/page/drinking-waterand 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>. |
| **Animals** | [ ] [ ] [ ]  | Clean your hands with soap and water or an alcohol-based hand rub after handling animals, their living environment (e.g., cages, coops, pens), feces or food. Do not touh your face before cleaning your hands.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 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>
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| **Education/Counselling** *Discuss the relevant sections with case* |
| **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). |
| **Travel-related Illness** | [ ]  | 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 Campylobacter. 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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| **❖ 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 (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** |
| **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 |
| Snacks  | [ ]  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 |
| Snacks  | [ ]  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 |
| Snacks  | [ ]  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 |
| Snacks  | [ ]  AM  | [ ]  PM | Specify | Specify |

|  |
| --- |
| **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.