**Ontario Invasive Listeriosis** **Case Management 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: LISTERIOSIS**♦** Is this an outbreak associated case?[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-026 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** | [ ]  *Listeria monocytogenes*  |
| **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 | **♦ 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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| ♦ **Complications** |
| [ ]  Meningoencephalitis [ ]  None [ ]  Other [ ]  Unknown |

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| **Incubation Period** |
| ***Incubation period*** *can range from 3-70 days.****Communicability****: Infected persons can shed the bacteria in stool for several months; mothers of infected newborns may shed the infectious agent in vaginal discharges or urine for 7-10 days after delivery.* |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.*  |
|   - 70 days - 3 days onset Select a dateSelect a dateSelect a date & time  |

***At this point, proceed to the PHAC Invasive Listeriosis Questionnaire.***

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| **Premises Referral** |
| Has a food premise(s) 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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| **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, handling animals or pet food, and before preparing meals or eating meals is shown to be an effective measure to reduce transmission of diseases.  |
| **Recovery** |[ ]  If you continue to feel unwell, or new symptoms appear, or symptoms change – seek medical attention |
| **Food Safety** | [ ]  | *Listeria monocytogenes* can multiply in foods kept at refrigeration temperatures. |
|  |[ ]  High risk individuals, such as pregnant women and immunocompromised persons, should avoid high risk foods, including ready-to-eat meats, smoked fish, soft cheeses and unpasteurized dairy products. High risk individuals should also cook leftovers or foods such as hot dogs until steaming hot. |
|  | [ ]  | Cook and reheat 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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|  |[ ]  Avoid unpasteurized milk, dairy products, juices or ciders. |
|  | [ ]  | 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, and
 |
| **Education/Counselling** *Discuss the relevant sections with case* |
| **Food Safety** |[ ]  Refrigerate foods (including leftover cooked foods) as soon as possible. |
| **Water** |[ ]  Wash all produce before consumption, especially those eaten uncooked. |
|  |[ ]  If using well water, test water regularly as water quality can change frequently. If results are adverse, boil or treat water for consumption. |
|  |[ ]  For more information on small drinking water systems and well disinfection, please visit [www.health.gov.on.ca/english/public/program/pubhealth/safewater/safewater\_resources.html](http://www.health.gov.on.ca/english/public/program/pubhealth/safewater/safewater_resources.html) and Public Health Ontario’s [Well Disinfection Tool](http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Well-Disinfection-Tool.aspx) at <http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Well-Disinfection-Tool.aspx> |
| **Animals** |[ ]  High risk individuals should avoid contact with potentially infectious materials, such as aborted animal fetuses on farm. |
|  |[ ]  Wash your hands after handling animals, animal waste, untreated manure, soil or aborted animal fetuses/birth products (e.g. placenta). |
| **Fomites** |[ ]  Clean and disinfect surfaces (e.g. cutting boards, counters, utensils, diaper changing area, or area where animals are cleaned). * 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>
 |
| **Travel-related Illness** |[ ]   Refer to [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.
* 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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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future illnesses caused by *Listeria monocytogenes*. Please note that another investigator may contact you again to ask additional questions if it is identified that there is a possibility that you are included in an outbreak. |

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| **Interventions** |
| **❖ Intervention Type** | **Intervention implemented (check all that apply)** | **Investigator’s initials** | ♦ **Start Date****YYYY-MM-DD** | **❖ End Date****YYYY-MM-DD** |
| Counselling | [ ]  |  | YYYY-MM-DD | YYYY-MM-DD |
| Education (e.g., disease fact sheet, general food safety chart/cooking temperature chart, 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 |
| 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** |
| Specify |

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