**Ontario Shigellosis** **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: SHIGELLOSIS ♦ Is this an outbreak associated case?[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to OB # 0000-2005-043 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** | **Signature of Investigator** | **Investigator’s Initials** | **Designation** |
|  | **❖**Investigation Start Date |  |  |  | [ ]  PHI [ ]  PHN[ ]  Other \_\_\_\_\_\_\_  |
|  | Assignment Date |  |  |  | [ ]  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 |  |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 2 |  |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 3 |  |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 4 |  |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 5 |  |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 6 |  |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Date letter sent:  |

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| **Case Details** |
| **♦ Aetiologic Agent** | Select the Aetiologic Agent |
| **Subtype** |   | **Further Differentiation** |   |
| **♦ Classification** | [ ]  Confirmed [ ]  Person Under Investigation [ ]  Probable [ ]  Does Not Meet Definition *Do not close case as PUI*  | **♦ Classification Date**  |  |
| **♦ Outbreak Case Classification** | [ ]  Confirmed [ ]  Person Under Investigation [ ]  Probable [ ]  Does Not Meet Definition *Do not close case as PUI*  | **♦ Outbreak Classification Date** |  |
| **♦ Disposition** | [ ]  Complete [ ]  Closed- Duplicate-Do Not Use [ ]  Entered In Error [ ]  Lost to Follow Up [ ]  Does Not Meet Definition [ ]  Untraceable  | **♦ Disposition Date**  |  |
| **♦ Status** | [ ]  Closed  |  | **♦ Status Date** |  |
| [ ]  Open (re-opened)  |  | **♦ Status Date** |  |
| [ ]  Closed  |  | **♦ Status Date** |  |
| **♦ Priority** | [ ]  High | [ ]  Medium [ ]  Low |  *(At health unit’s discretion)* |

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| **Symptoms** |
| ***Incubation period*** *is usually 1-3 days but can range from 12-96 hours. Can be up to 1 week for S. dysenteriae.****Communicability:*** *during the acute infection and until the infectious agent is no longer present in feces, usually within weeks after illness. Secondary attack rates in households can be as high as 40%. Asymptomatic carriers may transmit infection.* |
| ***Specimen collection date:***  |
| **♦ 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** |
| [ ]  None [ ]  Other [ ]  Unknown |

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| **Incubation Period**  |
|   - 7 days (for *S. dysenteriae)* - 4 days - 12 hours onset Select a date Select a date Select a date & time 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.) |[ ] [ ] [ ] [ ]    |
| **❖** Other (specify)(e.g., use of antacid, surgery, etc.) |[ ] [ ]   [ ]  |[ ]    |
| **❖** 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: Date(s):  |
| **♦** 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:  **♦** Date of admission: **❖** Date of discharge: [ ]  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:  Start date: End date: Route of administration:  Dosage:   |
| Did you take over-the-counter medication?  | [ ]  Yes [ ]  No[ ]  Don’t recall  |    |
| *Treatment information can be entered in iPHIS under* ***Cases > Case > Rx/Treatments>Treatment*** *as per current iPHIS User Guide* |

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| **NOTE TO INVESTIGATORS** |
| *S. dysenteriae* cases should be interviewed based on a 7 day period. |

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| **Date of Onset, Age and Gender** *Complete this section if submission of pages 6-10 and 15-16 to Public Health Ontario is required* |
| Date of Onset: |  | 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? |[ ] [ ] [ ]    |
| Were you on any specific diet(s) in the 4 days prior to the onset of your illness (e.g., vegetarian, vegan, gluten-free, kosher, halal, etc.)? |[ ] [ ] [ ]    |
| Did you attend any special functions such as weddings, parties, showers, family gatherings or group meals in the 4 days prior to the onset of your illness? |[ ] [ ] [ ]    |

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| **Behavioural Social Risk Factors in the 4 days prior to onset of illness (or 7 days for S. *dysenteriae*)****Travel** | **❖ Response** | **Details***iPHIS character limit: 50.* |
|  | **Yes** | **No** | **Unknown** | **Not asked** |  |
| **❖** Travel outside province in the last 4 days prior to illness (specify) |[ ] [ ] [ ] [ ]   |
| Within Canada  |[ ] [ ] [ ] [ ]  From:  To: Where:  |
| Outside of Canada  |[ ] [ ] [ ] [ ]  From:  To: Where: Hotel/Resort:  |
| ***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 10. If the case travelled for part of their incubation period, please collect information for the behavioural social risk factors acquired in Canada.* |

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| **Food History** *Required for sporadic cases* |
| **Please try to remember what you ate in the last 4 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**(for establishments, please include name, address, city/town) | **Food Consumed**(include name and location of grocers and restaurants) |

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| **Day 0** (the day of onset) | Breakfastt  | [ ]  AM | [ ]  PM |   |   |
| Lunch | [ ]  AM | [ ]  PM |   |   |
| Dinner | [ ]  AM | [ ]  PM |   |   |
| Snack | [ ]  AM | [ ]  PM |   |   |
| **Day 1** (1 day before onset) | Breakfast  | [ ]  AM | [ ]  PM |   |   |
| Lunch | [ ]  AM | [ ]  PM |   |   |
| Dinner | [ ]  AM | [ ]  PM |   |   |
| Snack | [ ]  AM | [ ]  PM |   |   |
| **Day 2** (2 days before onset) | Breakfast  | [ ]  AM | [ ]  PM |   |   |
| Lunch | [ ]  AM | [ ]  PM |   |   |
| Dinner | [ ]  AM | [ ]  PM |   |   |
| Snack | [ ]  AM | [ ]  PM |   |   |
| **Day 3** (3 days before onset) | Breakfast  | [ ]  AM | [ ]  PM |   |   |
| Lunch | [ ]  AM | [ ]  PM |   |   |
| Dinner | [ ]  AM | [ ]  PM |   |   |
| Snack | [ ]  AM | [ ]  PM |   |   |

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| **Food History** *Required for sporadic cases* |
| **Day** | **Meal AM/ PM** | **Place**(for establishments, please include name, address, city/town) | **Food Consumed**(include name and location of grocers and restaurants) |

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| **Day 4** (4 days before onset) | Breakfast  | [ ]  AM | [ ]  PM |   |   |
| Lunch | [ ]  AM | [ ]  PM |   |   |
| Dinner | [ ]  AM | [ ]  PM |   |   |
| Snack | [ ]  AM | [ ]  PM |   |   |

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| **Behavioural Social Risk Factors in the 4 days prior to onset of illness (or 7 days for S. *dysenteriae*)****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 salad  |[ ] [ ] [ ] [ ]    |
| Potato salad |[ ] [ ] [ ] [ ]   |
| Pasta salad |[ ] [ ] [ ] [ ]   |
| Other (specify) such as bean salad, coleslaw, tofu salad |[ ] [ ] [ ] [ ]   |
| **❖** 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  |[ ] [ ] [ ] [ ]    |
| **❖** Consumption of dips  |[ ] [ ] [ ] [ ]    |
| Salsa |[ ] [ ] [ ] [ ]   |
| Other (specify) such as guacamole |[ ] [ ] [ ] [ ]   |

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| **Behavioural Social Risk Factors in the 4 days prior to onset of illness (or 7 days for S. *dysenteriae*)****Foodborne** | **❖ Response** | **Details**(e.g., Brand name, purchase/consumption location, product details, date of exposure)*iPHIS character limit: 50. Please use ‘Notes’ if needed* |
|  | **Yes** | **No** | **Unknown** | **Not asked** |  |
| **❖** Consumption of raw fruits (specify) (e.g., pre-cut melons) |[ ] [ ] [ ] [ ]    |
| **❖** Consumption of raw vegetables (specify) (e.g., carrots, peas, and tomatoes) |[ ] [ ] [ ] [ ]    |
| **❖** Consumption of raw/undercooked shellfish (specify) (e.g., oysters, shrimps) |[ ] [ ] [ ] [ ]    |
| **❖** Consumption of raw/unpasteurized milk/milk products *(specify location of purchase)* |[ ] [ ] [ ] [ ]    |
| **❖** Consumption of fresh herbs (e.g., parsley, basil, cilantro).Specify |[ ] [ ] [ ] [ ]   |
| **❖**Other (specify) ~~(e.g., fajitas and tacos)~~ |[ ] [ ] [ ] [ ]   |

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| **Waterborne** |
| Recreational water contact |
| **❖** Swim or contact with water from lakes, rivers, streams in Ontario *(specify location)* |[ ] [ ] [ ] [ ]    |
| **❖**Swim or contact with water from swimming pools, hot tubs, wading pools or water parks in Ontario *(specify location)* |[ ] [ ] [ ] [ ]    |
| **Person-to-person***Note to health unit only: More than one* risk factor *can be recorded, if applicable. The following questions involve sexual risk factors that have been linked to transmission of XDR shigellosis and also include populations with increased rates of shigellosis, such as men-who-have-sex-with-men and the underhoused. Responses to these questions will help identify affected population and settings, and inform intervention or communication, if needed.*Script: In the past few years, an extensively-drug resistant (XDR) strain of Shigellosis has been linked to anal-oral sexual contact.  Since this infection can be transmitted during sex, part of my job is to assess any potential sexual risks. These are routine questions that we ask our clients, regardless of gender or marital status. They can be important to help figure out where this infection might have come from and how to prevent it in the future. Everything we talk about is completely confidential. You can choose not to participate if you do not feel comfortable. If it is okay with you, I would like to ask you a few questions in this area. |

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| **Behavioural Social Risk Factors in the 4 days prior to onset of illness (or 7 days for S. *dysenteriae*)****Sexually transmitted** | **❖ Response** | **Details**(e.g., Brand name, purchase/consumption location, product details, date of exposure)*iPHIS character limit: 50. Please use ‘Notes’ if needed* |
|  | **Yes** | **No** | **Unknown** | **Not asked** |  |
| **❖** Close contact with case |  |  |  |  |  |
| **❖** Anal-oral contact *(i.e.: rimming, mouth on anus)* |  |  |  |  |  |
| **❖** Met ‘sexual’ contact through internet (specify) *(e.g.dating sites, apps, chat room*) |  |  |  |  |  |
| **❖** Sex with same sex |  |  |  |  |  |
| **❖** Visited bath house |[ ] [ ] [ ] [ ]   |
| **❖** Sex trade worker |[ ] [ ] [ ] [ ]   |
| **❖** Sex with sex trade worker |[ ] [ ] [ ] [ ]   |
| Other |
| **❖** Poor hand hygiene |[ ] [ ] [ ] [ ]    |
| **❖** Underhoused/ Homeless |[ ] [ ] [ ] [ ]   |
| **❖** Other (specify) *for all modes of transmission* |[ ] [ ] [ ] [ ]    |
| **❖** 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 staff or attendees [ ]  Food handler [ ]  Health care provider [ ]  Other (specify) Occupation:  |
| Name of Child care/ /Employer |   |
| Child care/Employer Contact Information (name, phone number, etc.) |   |
| Address |  |
| Are you/ your child currently experiencing diarrhea? | [ ]  Yes [ ]  No  | Last day case attended child care/ work: |  |
| Exclusion required from child care/ work?  | [ ]  Yes [ ]  No  | Case/Parent/Guardian advised that public health unit will contact child care/ work?  | [ ]  Yes [ ]  No  |
| Could we have your permission to release your/ your child’s diagnosis to child care/ work? Child care | [ ]  Yes [ ]  No  |
| *Refer to the current Infectious Diseases Protocol, Shigellosis 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 the case is excluded from work or child care, enter information under Interventions.*  |

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| **Laboratory Specimen Clearance Results** |
|  | **Specimen Type** | **Collection Date**YYYY-MM-DD | **Result Date**YYYY-MM-DD | **Result** | **Comments/Client Notification** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
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| **Symptomatic/Asymptomatic 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, or child care, sexual partner(s), friends or coworkers.**  | [ ]  Yes [ ]  No [ ]  N/A  |
| Contact 1 |
|  Name |   | Relation to case |   |
|  Contact information(phone, address, email)  |   |
| Notes |   |
| Recommend contact seek medical attention/testing?  | [ ]  Yes [ ]  No [ ]  N/A  |
| Contact 2 |
|  Name |   | Relation to case |   |
|  Contact information(phone, address, email)  |   |
| 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** |[ ]  Avoid preparing or serving food while ill with diarrhea or vomiting. Consider reassignment of duties. |
|  |[ ]  Proper cooking temperatures for all food. Cook and reheat food to a safe internal temperature. |
|  |[ ]  Ensure foods are stored at either below 4ᵒC or above 60ᵒC.  |
|  |[ ]  Prevent cross contamination when preparing/handling food:* Wash raw vegetables and fruit, including those used as garnishes,
* Store raw and cooked foods separately.
 |
| **Water** | [ ]  | Avoid swimming or using a pool/spa, hot tub or splash pad if ill with diarrhea or vomiting, and until 48 hours after symptoms resolve. |
|  |[ ]  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 [Ontario’s Drinking Water](https://www.ontario.ca/page/drinking-water) website and Public Health Ontario’s [Well Disinfection Tool](https://www.publichealthontario.ca/en/laboratory-services/well-water-testing/well-disinfection-tool). |
| **Fomites** |[ ]  Clean and disinfect surfaces (e.g., cutting boards, counters, utensils, diaper changing area, etc.). * 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.
* Use Public Health Ontario’s For a [chlorine dilution calculator](https://www.publichealthontario.ca/en/Health-Topics/Environmental-Occupational-Health/Water-Quality/Chlorine-Dilution-Calculator) if needed
 |
| **Sexual Transmission** | [ ]  | If your case is sexually active, counsel the case as follows: Sexual activity should be avoided from symptom onset until at least seven days after symptoms have resolved. Anal-oral contact during sexual activity should be avoided for four to six weeks, since this is how long shigella bacteria shed in the stool. Avoid anal-oral sexual contact while symptomatic or with symptomatic individuals. |
|  |[ ]  Hygiene measures should be completed prior to sexual activity to potentially reduce fecal-oral exposure and include the following: * + wash genital and anal areas and complete hand washing before and after sexual activity
	+ use latex gloves for fingering or fisting and dental dams during oral-anal sex
	+ refrain from sharing sex toys and ensure proper cleaning and disinfection after their use and between partners.
	+ change condoms between anal and oral sex.
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| **Education/Counselling** *Discuss the relevant sections with case* |
| **Sexual Transmission** | [ ]  | Practice safe sex by using condom to reduce the risk of acquiring other sexually-transmitted infections. |
|  | ☐ | If your case reported risk factors pertaining to sexual activities: Consider screening for other sexually transmitted and blood borne infections, such as [gonorrhea](https://sexualhealthontario.ca/en/gonorrhea), [syphilis](https://sexualhealthontario.ca/en/syphilis), [chlamydia](https://sexualhealthontario.ca/en/chlamydia), [HIV](https://sexualhealthontario.ca/en/hiv-aids), [hepatitis C](https://sexualhealthontario.ca/en/hepatitis_c), and [hepatitis B](https://sexualhealthontario.ca/en/hepatitis_b), via their primary care provider or public health sexual health clinics. |
|  | [ ]  | Discuss eligibility for hepatitis A vaccination with primary health care provider. The two-dose hepatitis A vaccine series is publicly funded for men who have sex with men, people who use intravenous drugs and people with chronic liver disease, including hepatitis C. |
| **Travel-related Illness** |[ ]  Refer to the Government of Canada’s [Travel Health and Safety Page](https://travel.gc.ca/travelling/health-safety) |
|  |[ ]  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 addition 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 *Shigella*. 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 | [ ]  |  |  |  |
| Education (e.g., disease fact sheet, general food safety chart/cooking temperature chart, hand washing information) | [ ]  |  |   |  |
| ER visit  | [ ]  |  |   |  |
| Exclusion | [ ]  |  |   |  |
| Food Recall | [ ]  |  |   |   |
| Hospitalization | [ ]  |  |   |   |
| Letter - Client | [ ]  |  |   |  |
| Letter - Physician | [ ]  |  |   |  |
| Other (i.e., contacts assessed, PHI/PHN contact information) | [ ]  |  |   |  |
| *→ For iPHIS data entry – enter information under* ***Cases > Case > Interventions****.* |

|  |
| --- |
| **Progress Notes** |
|  |
| 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 | Do not 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 |[ ] [ ] [ ]    |
| Mini mart (e.g., 7-Eleven) |[ ] [ ] [ ]    |
| Ethnic specialty markets |[ ] [ ] [ ]    |
| Delicatessens/bakeries |[ ] [ ] [ ]    |
| Fish shop, meat shop, butcher’s shop |[ ] [ ] [ ]    |
| Farmer’s market |[ ] [ ] [ ]    |
| Home delivery services (e.g., Grocery Gateway, Schwan’s, Meals on Wheels, etc.) |[ ] [ ] [ ]    |
| Other  |[ ] [ ] [ ]    |

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