**Ontario Psittacosis/Ornithosis** **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: **PSITTACOSIS/ORNITHOSIS**  **♦** Is this an outbreak associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to* OB # **0000-2005-036** *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.* | | | | | | |
| **Record of File** | | | | | | |
| **♦ Responsible Health Unit** | | **Date** | **♦ Investigator’s Name** | **Investigator’s Signature** | **Investigator’s Initials** | **Designation** |
| Specify | | **❖**Investigation Start Date  YYYY-MM-DD | Specify | Specify | Specify | PHI  PHN  Other \_\_\_\_\_\_\_ |
| Specify | | Assignment Date  YYYY-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 | | | | | |
| **♦ 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*** *From 1-4 weeks.*  ***Communicability*** *Not transmitted person-to-person. Birds may shed the agent intermittently/continuously for months. Healthy birds can be carriers, and may shed the the bacterium when stressed (e.g., through crowding/shipping).* | | | | | | | | | |
| ***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 Clock  HH:MM  *(discretionary)* | **❖ Recovery Date**  YYYY-MM-DD  *(one date is sufficient)* |
| **Yes** | **No** | **Unknown** | **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* | | | | | | |
| **Breathing laboured (dyspnea)** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Chest pain** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| **Chills** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| **Cough** [not productive] |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Diarrhea |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Fatigue |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| **Fever** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| **Headache** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| **Myalgia [muscle pain]** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Nausea |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Photophobia |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Pneumonia |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Rash |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Sweating |  |  |  |  |  |  | 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 (e.g., encephalitis, myocarditis, thrombophlebitis)  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 name  Date(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-DD  Route 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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| **Outcome** *(complete for cases only)**Mandatory in iPHIS only if Outcome is Fatal* | | | | |
| **Outcome** | Unknown  ♦ Fatal  Ill  Pending  Residual effects  Recovered | | ♦ **Cause(s) of** **Death?**  *If fatal, complete disposition type and facility name in iPHIS* | Specify |
| *If fatal, complete section below under Outcome* | | | | |
| ♦ **Type of Death** | Reportable disease contributed to but was not the underlying cause of death  Reportable disease was the underlying cause of death  Reportable disease was unrelated to the cause of death  Unknown | | | |
| **Outcome Date** | YYYY-MM-DD | **Date Accurate** | Yes Specify source (e.g. death certificate)  No | |

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| **Medical Risk Factors** | **❖ Response** | | | | **Details**  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Immunocompromised  (e.g., by medication/disease) |  |  |  |  | If yes, specify |
| **❖** Other (specify) |  |  |  |  | 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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| **Date of Onset, Age and Gender**  *Complete this section if submission of page 8 to Public Health Ontario is required* | | | | | |
| Date of Onset: | YYYY-MM-DD | Age: | **Age** | Gender: | **Select an option** |

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| **Incubation Period** |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.* |
| - 28 days - 7 days onset  Select a date Select a date Select a date & time |

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| **Behavioural Social Risk Factors in the 28 days prior to onset of illness** | **❖ Response** | | | | **Details**  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Contact with birds/poultry or their environment (e.g., pet birds; parakeets, parrots, lovebirds) |  |  |  |  | Specify |
| **❖** Contact with commercial birds/poultry or their environment (e.g., barns, bedding, feces) |  |  |  |  | Specify |
| **❖** Contact with wild birds |  |  |  |  |  |
| **❖** Contact with backyard poultry, including chickens, ducks, and their environment |  |  |  |  |  |
| *Wild and domestic birds can carry the bacterium. Most human cases have been caused by transmission of disease from psittacine birds such as parakeets, parrots and lovebirds, and less often from poultry, pigeons, canaries and sea birds. Ask about all types of birds on the premises/in the household, as well as those to which the case may have had occupational or other exposure.* | | | | | |
| **❖** Occupation – lab worker |  |  |  |  |  |
| **❖** Occupation – pet industry worker |  |  |  |  | Specify |
| **❖** Occupation - veterinarian |  |  |  |  | Specify |
| **❖** Other (specify) |  |  |  |  | Specify |
| **❖** Travel outside province in the last 4 weeks (specify province or country) |  |  |  |  |  |
| **❖** 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*](https://www.publichealthontario.ca/-/media/Documents/I/2015/investigation-tool-iphis-case-exposure-form.docx?la=en&rev=d8fb16a37da3475fb46fba02e9505f0f&sc_lang=en&hash=47E3148895EB5991B7766C95B3CC96C5) *as required.* | | | | | |

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| **Contact Management** |
| *\*\*NOTE: no management of contacts unless others are identified as having been exposed to the same source as the case and are experiencing symptoms.*  *Manage symptomatic and exposed contacts as cases and complete a separate OIT for each individual.*  *Advise asymptomatic contacts to monitor for signs and symptoms of Psittacosis/Ornithosis and to seek immediate medical assessment if these develop within 4 weeks of exposure. If symptoms develop, advise client to notify public health and to inform their healthcare provider of exposure to Psittacosis/Ornithosis.* |

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| **Contact 1** | | | |
| Name |  | Status | Symptomatic  Asymptomatic |
| If symptomatic: CaseID: |  | **♦ Classification** | Confirmed  Probable  DNM |
| Symptom onset date | Select a date | Occupation |  |
| If asymptomatic: advised to monitor for signs and symptoms | | Yes  No  N/A | |
| Contact information  (phone, address, email) | Enter contact information | | |
| Notes (specify nature and duration of exposure) | Enter notes | | |
| **Contact 2** | | | |
| Name |  | Status | Symptomatic  Asymptomatic |
| If symptomatic: CaseID: |  | **♦ Classification** | Confirmed  Probable  DNM |
| Symptom onset date | Select a date | Occupation |  |
| If asymptomatic: advised to monitor for signs and symptoms | | Yes  No  N/A | |
| Contact information  (phone, address, email) | Enter contact information | | |
| Notes (specify nature and duration of exposure) | Enter notes | | |

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| **Education/Counselling** *Discuss the relevant sections with case* | | |
| **Hand Hygiene** |  | Wash hands with soap and water after handling animals, their bedding, feces or pet food. |
| **Animals/disease prevention** | ☐  ☐    ☐  ☐  ☐  ☐  ☐  ☐ | Educate client on the risk of household or occupational exposure (as applicable) to infected pet birds  Use cage cleaning and feeding methods that minimize air circulation of feathers, dust and droppings  Isolate and treat infected birds  Disinfect premises if infection identified  Wet contaminated surfaces (e.g. bird cages/surfaces contaminated with droppings) with water or disinfectant before cleaning  Aoid dry sweeping and vacuuming to minimize aerosolization and air circulation of dust, feathers and droppings.  Position cages so that food, feathers and droppings cannot spread between these (e.g., do not stack cages, use solid-sided cages or barriers if cages are next to each other)  Wear gloves and dust masks when cleaning cages and birdfeeders |
| **Recovery** |  | If you continue to feel unwell, or new symptoms appear, or symptoms change – seek medical attention |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future cases of Psittacosis/Ornithosis. 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 |  |  | YYYY-MM-DD | YYYY-MM-DD |
| ER visit |  |  | 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** |

If you have any comments or feedback regarding this Investigation Tool, please email us at [ezvbd@oahpp.ca](mailto:ezvbd@oahpp.ca).