**Ontario Q Fever** **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: **Q FEVER****♦** Is this an outbreak-associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Yes, *OB #* ####-####-### [ ]  No, *link to* ***OB # 0000-2005-037*** *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 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 |
| **♦ Classification** | [ ]  Confirmed [ ]  Probable [ ]  Does Not Meet Definition  | **♦ Classification Date**  | YYYY-MM-DD |
| **Stage of infection** | [ ]  Acute [ ]  Chronic |
| **♦ 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 3 to 30 days for acute Q fever, but usually 2-3 weeks. Chronic Q fever may develop years after an initial infection.* ***Communicability****: person to person transmission is rare. Nosocomial transmission has occurred during autopsies and during obstetrical procedures on infected women. In optimal conditions C. burnetii can survive in the environment for months to years.*  |
| ***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** | **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* |
| **Abdominal pain** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | 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 |
| Confusion | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Constant or recurring fatigue | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | 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 |
| **Fever** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Headache** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Joint pain [arthralgia]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Malaise [general unwell feeling] | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Mood changes [indifference/euphoria] | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | 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 |
| **Sweating, profuse [diaphoresis]** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Vomiting** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Weak | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | 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** |
| [ ]  CNS involvement [ ]  Carditis, all [ ]  None [ ]  Other [ ]  Pneumonia [ ]  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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| **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 |
| **❖** Previous history of Q Fever infection | [ ]  | [ ]  | [ ]  | [ ]  | If yes, specify |
| **❖** Cardiovascular conditions (i.e.,Pre-existing heart valve defect) | [ ]  | [ ]  | [ ]  | [ ]  | If yes, specify |
| **❖** Currently pregnant | [ ]  | [ ]  | [ ]  | [ ]  | 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 pages 7-9 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.*  |
|   - 30 days - 3 days onset Select a date Select a date Select a date & time  |

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| **Behavioural Social Risk Factors in the 30 days prior to onset of illness** | **❖ Response** | **Details**(e.g., food product details, date of exposure, animal species and details of exposure)*iPHIS character limit: 50.*  |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Consumption of raw/unpasteurized milk or milk products (e.g., raw milk cheese) *(specify location and date of purchase)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Contact with aborted animal fetuses or birth products, e.g., placenta (*specify* *animal species and type of exposure)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Contact with animals, e.g. pets, farm animals or petting zoo *(specify animal species and nature of contact)* | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| Q Fever reservoirs: Sheep, cattle and goats are the primary reservoirs for *C. burnetii.* Other species, including cats, dogs, wild mammals (e.g., rodents), birds and ticks may also be infected. Infected mammals (including sheep and cats) may by asymptomtic and may shed the organism in placental tissue and birthing fluids.  |
| **❖** Contact with parturient animals (e.g., animals giving birth) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Deliberate use (e.g. bioterrorism) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Live within 5km of farm with live animals | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Occupational – animal or animal product handler | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Occupational – farm worker | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Occupational – laboratory worker | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Occupational – slaughterhouse (abbatoir) worker | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Occupational - veterinarian | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Other (specify) | [ ]  | [ ]  | [ ]  | [ ]  | Specify |
| **❖** Travel outside province in the last 3 weeks (specify province or country) | [ ]  | [ ]  | [ ]  | [ ]  | 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*](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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| **Premises Referral** |
| Has an food premises been identified as a possible source?  | [ ]  Yes [ ]  No  | If exposure is linked to a food premises, refer premises to the Food Safety Program and create an exposure as appropriate.  |
| **Contact Management**  |
| *\*\*NOTE: no management of contacts unless others are identified as having been exposed to the same source as the case.*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 Q Fever and to seek immediate medical attention if these develop. Advise asymptomatic contacts to notify public health if symptoms develop and to inform healthcare provider of exposure to Q Fever. |

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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 or after having contact with their food, environment, bodily fluids or bedding.  |
| [ ]  | Wear gloves when contact with birthing fluids is anticipated, and perform hand hygiene afterwards |
| **Recovery** | [ ]  | If you continue to feel unwell, new symptoms appear, or symptoms change – seek medical attention. |
| **Food Safety** | [ ]  | Avoid consumption of raw (unpasteurized) milk (including from cows, goats and sheep) |
|  | [ ]  | Avoid consumption of raw (unpasteurized) dairy products (e.g., milk, cheese, ice cream)  |
| **Animals** | [ ] [ ] [ ] [ ]  | Clean your hands with soap and water or an alcohol-based hand rub after handling animals, their living environment (e.g., bedding), feces, or urine. Do not touch your face before cleaning your hands.Avoid direct contact with body fluids and/or birth products from infected animals (use gloves)Use personal protective equipment when indicated (e.g., wear a properly fitted respirator when working with animals that have recently given birth)Avoid being near or working with cattle or sheep while pregnant |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future cases of Q Fever. 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 |
| 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** |

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