**Ontario Tularemia** **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  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Reported Date: YYYY-MM-DD  **❖**Diagnosing Health Unit:  Enter health unit  Tel. 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **♦** Disease: **TULAREMIA**  **♦** Is this an outbreak-associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to* ***OB # 0000-2005-049*** *in iPHIS* | **♦** 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 in a high-risk occupation/environment?  Yes, specify: Specify  No | |
| 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*** *is related to the size of the innoculum; usually 3-5 days, with a range of 1-14 days*  ***Communicability****: person to person transmission has never been reported. Without treatment, the infectious agent (F. tularensis) has been found in blood during the first 2 weeks of illness, and in lesions for a month.* | | | | | | | | | |
| ***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* | | | | | | |
| Abdominal pain |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| Body, generalized aches |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD |
| **Chills** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Conjunctivitis |  |  |  |  |  |  | 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 | |
| Joint pain [arthralgia] |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Lymph nodes swelling/pain  [lymphadenopathy] |  |  |  |  |  |  | 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 | |
| Pharyngitis |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Respiratory symptoms, generalized |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Septicemia |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Shortness of breath |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Skin ulcers |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Swelling, localized |  |  |  |  |  |  | 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** |
| None  Other  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 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.* |
| - 14 days - 1 days onset  Select a date Select a date Select a date & time |

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| **Behavioural Social Risk Factors in the 14 days prior to onset of illness** | | | | **❖ Response** | | | | | **Details**  *iPHIS character limit: 50.* | | | | |
| **Yes** | **No** | **Unknown** | **Not asked** | |
| **❖** Consumption of potentially contaminated water | | | |  |  |  |  | | Specify | | | | |
| **❖** Consumption of raw/undercooked game meat (specify) | | | |  |  |  |  | | Specify | | | | |
| **❖** Contact with animal skin/hide or related products (e.g. rugs, drums) | | | |  |  |  |  | | Specify | | | | |
| **❖** Contact with wild rodents (e.g. squirrels) and lagomorphs (e.g. rabbits) | | | |  |  |  |  | | Specify | | | | |
| **❖** Deliberate use (e.g. bioterrorism) | | | |  |  |  |  | | Specify | | | | |
| **❖** Handling infected animal tissue | | | |  |  |  |  | | Specify | | | | |
| **❖** Hunting or skinning an animal (e.g., muskrats, rabbits, hares or beavers) | | | |  |  |  |  | | Specify | | | | |
| **❖** Inhalation of dust from contaminated soil, grain, hay, animal pelts or paws | | | |  |  |  |  | | Specify | | | | |
| **❖** Lived/worked in endemic area  (specify province or country) | | | |  |  |  |  | | Specify | | | | |
| **❖** Occupational – animal or animal product handler | | | |  |  |  |  | | Specify | | | | |
| **❖** Occupational – hunter or trapper | | | |  |  |  |  | | Specify | | | | |
| **❖** Occupational – laboratory worker | | | |  |  |  |  | | Specify | | | | |
| **❖** Occupational – pet industry worker | | | |  |  |  |  | | Specify | | | | |
| **❖** Occupational – slaughterhouse (abattoir) worker (including custom cutting/processing of hunted game) | | | |  |  |  |  | | Specify | | | | |
| **❖** Occupational – veterinarian | | | |  |  |  |  | | Specify | | | | |
| **❖** Other (specify) | | | |  |  |  |  | | Specify | | | | |
| **❖** Swim or contact with water from lakes, rivers, streams in Ontario | | | |  |  |  |  | | Specify | | | | |
| **❖** Tick/deer fly/mosquito bite in the last 14 days | | | |  |  |  |  | | Specify | | | | |
| **❖** Travel outside province in the last 14 days (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.* | | | | | | | | | | | | | |
| **Contact Management** | | | | | | | | | | | | |
| *\*\*NOTE: no management of contacts unless others are identified as having been exposed to the same source as the case.*  Contacts exposed to the same source as the case may be recommended to be tested for tularemia.  (Prophylactic antibiotics are recommended for children and adults after exposure to an unintential release of tularemia – See [**Appendix 1**](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/tularemia_chapter.pdf)). | | | | | | | | | | | | |
| **Contact 1** | | | | | | | | | | | | |
| Name | | |  | | | | | Status | | Symptomatic  Asymptomatic | | |
| CaseID: | | |  | | | | | Classification | | Confirmed  Probable  DNM | | |
| Symptom onset date | | | Select a date  N/A | | | | | Occupation | |  | | |
| Testing for tularemia recommended? | | | | | | | | 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 | | |
| CaseID: | | |  | | | | | Classification | | Confirmed  Probable  DNM | | |
| Symptom onset date | | | Select a date  N/A | | | | | Occupation | |  | | |
| Testing for tularemia recommended? | | | | | | | | 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* | | | | | | | | | | | | |
| **Disease prevention** | | ☐  ☐  ☐ | Advise to avoid bites of deer flies, mosquitoes and ticks by using insect repellent, wearing long sleeved shirts and pants and light coloured clothing. Check for ticks frequently.  Cook game meat thoroughly and use impermeable gloves when dressing game.  For hunters/trappers/individuals who handle wildlife: provide information on reservoir and means of transmission of organism. | | | | | | | | | |
| **Recovery** | | ☐ | If you continue to feel unwell, or new symptoms appear/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 Tularemia. 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) |  |  | 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).