**Ontario Plague** **Investigation Tool**

|  |  |
| --- | --- |
| **Legend** | **for interview with case ♦ System-Mandatory ❖ Required Personal Health information** |

|  |  |  |
| --- | --- | --- |
| **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: **PLAGUE**  **♦** Is this an outbreak-associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to* ***OB # 0000-2005-035*** *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 \_ \_** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 \_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Case Details** | | | | | | | | | | | | | | | | |
| **♦ Aetiologic Agent** | Select the Aetiologic Agent | | | | | | | | | | | | | | | |
| **Primary clinical syndrome** | Bubonic  Septicemic  Pneumonic  Unknown  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **Secondary pneumonic plague** | | Yes  No | | |
| **♦ 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)* | | | | | |
| **Symptoms** | | | | | | | | | | | | | | | |
| ***Incubation period*** *is 1-7 days (bubonic plague) or 1-4 days (primary pneumonic plague). All forms of plague may progress to septicemic plague.*  ***Communicability****: bubonic plague is not usually transmitted directly from person-to-person, unless there is contact with pus from suppurating buboes. Pneumonic plague can transmitted from person-to-person through exposure to infectious droplets (i.e., when within 2m of a person infected with pneumonic plague who is coughing/sneezing). Untreated bubonic or septicemic plague may spread to the lungs and become pneumonic. Pneumonic plague can be highly transmissible in some situations, including overcrowding and cool temperatures, which facilitate transmission.* | | | | | | | | | | | | | | | |
| ***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 |
| Chills | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| Confusion | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| Constipation | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| **Cough** | |  |  |  | |  | |  |  | 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 | |
| **Lymph node pus [suppuration]** | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| **Lymph nodes swelling/pain [lymphadenopathy]** | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| ***Note: buboes (swollen lymph nodes) may develop in lymph nodes that drain the site of an infected flea bite. If present, specify location(s) of bubo(es):***  Axillary (armpit)  Cervical (neck)  Inguinal/femoral (groin)  Other | | | | | | | | | | | | | | | | |
| Malaise  [general unwell feeling] | |  |  |  | |  | |  |  | 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 | |
| Prostration [exhaustion] | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| Seizures | |  |  |  | |  | |  |  | 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 lesions** | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| **Skin lesions, rose coloured** | |  |  |  | |  | |  |  | YYYY-MM-DD | | | HH:MM | | YYYY-MM-DD | |
| Throat, sore | |  |  |  | |  | |  |  | 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.*** | | | | | | | | | | | | | | | | |

|  |
| --- |
| ♦ **Complications** |
| None  Pneumonia  Unknown  Other |

|  |  |  |
| --- | --- | --- |
| **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* | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Risk Factors** | **❖ Response** | | | | **Details**  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Other (specify) |  |  |  |  | If yes, specify |
| **❖** Unknown |  |  | *→ For iPHIS data entry – check Yes for Unknown if all other Medical Risk Factors are No or Unknown.* | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |

|  |
| --- |
| **Incubation Period** |
| *Enter onset date and time, using this as day 0, then count back to determine the incubation period.* |
| - 7 days - 1 day onset  Select a date Select a date Select a date & time |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Behavioural Social Risk Factors in the 7 days prior to onset of illness** | **❖ Response** | | | | **Details**  *iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| **❖** Close contact with case |  |  |  |  | Specify |
| **❖** Contact with animals, e.g. pets, farm animals or (petting) zoo  *(specify if contact with domestic dog/cat/rodent)* |  |  |  |  | Specify |
| **❖** Contact with carnivores, e.g. wolves |  |  |  |  | Specify |
| **❖** Contact with wild rodents (e.g. squirrels) and lagomorphs (e.g. rabbits) |  |  |  |  | Specify |
| **❖** Deliberate use (e.g. bioterrorism) |  |  |  |  | Specify |
| **❖** Flea bite in the past 4 weeks |  |  |  |  | Specify |
| **❖** Occupational – animal or animal product handler |  |  |  |  |  |
| **❖** Occupational – hunter or trapper |  |  |  |  | Specify |
| **❖** Occupational – pet industry worker |  |  |  |  |  |
| **❖** Occupational – veterinarian |  |  |  |  | Specify |
| **❖** Other (specify) |  |  |  |  | Specify |
| **❖** Travel outside province in the last 7 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** | | | | | | | |
| *Contacts of pneumonic plague are household members and those that have been within 2 meters of a coughing patient in the previous 7 days. For contacts of pneumonic plague, provide antibiotic prophylaxis and place under surveillance for 7 days; those who refuse prophylaxis should be maintained in strict isolation with careful surveillance for 7 days.*  *Contacts of bubonic plague are those that have had direct contact with infected body fluids or tissues (e.g., fluids from buboes).* [*WHO*](https://www.who.int/news-room/fact-sheets/detail/plague#:~:text=Surveillance%3A%20identify%20and%20monitor%20close,members%20of%20bubonic%20plague%20patients.) *recommends that household contacts of a case of bubonic plague should receive antibiotic prophylaxis. Similarly,* [*CDC*](https://www.cdc.gov/plague/healthcare/clinicians.html) *recommends antibiotic prophylaxis for individuals who have had direct contact with infected body fluids/tissues.*  *In all cases where a case or contacts have been exposed to fleas, eliminate fleas.* | | | | | | | |
| **Contact 1** | | | | | | | |
| Name | | |  | Status | Contact of pneumonic plague  Contact of bubonic plague  Contact of septicemic plague | | |
| Recommended to receive antibiotic prophylaxis? | | | Yes  No  N/A | Prophylaxis provided? | Yes  Refused  N/A | | |
| Isolation/surveillance start date | | | Select a date | Isolation/surveillance end date | Select a date | | |
| Contact information  (phone, address, email) | | | Enter contact information | | | | |
| Notes (specify nature and duration of exposure) | | | Enter notes | | | | |
| **Contact 2** | | | | | | | |
| Name | | |  | Status | Contact of pneumonic plague  Contact of bubonic plague  Contact of septicemic plague | | |
| Recommended to receive antibiotic prophylaxis? | | | Yes  No  N/A | Prophylaxis provided? | Yes  Refused  N/A | | |
| Isolation/surveillance start date | | | Select a date | Isolation/surveillance end date | Select a date | | |
| Contact information  (phone, address, email) | | | Enter contact information | | | | |
| Notes (specify nature and duration of exposure) | | | Enter notes | | | | |
|  | | | | | |  | |
| **Education/Counselling** *Discuss the relevant sections with case* | | | | | | | |
| **Disease prevention** | | ☐  ☐  ☐ | Advise to avoid bites of fleas by using insect repellent when travelling in endemic areas. Check and treat household pets for fleas.  Wear gloves when hunting and handling wildlife.  For veterinarians: advise to wear gloves and masks when examining sick cats. | | | | |
| **Recovery** | | ☐ | If you continue to feel unwell, or new symptoms appear/symptoms change – seek medical attention. | | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **❖ 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 |
| Isolation |  |  | 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.*** | | | | |

|  |
| --- |
| **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).