**Ontario Trichinosis** **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: TRICHINOSIS  **♦** Is this an outbreak-associated case? Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, *OB #* ####-####-###  No, *link to OB # 0000-2005-047 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:*** *Gastrointestinal symptoms may appear within a few days. Systemic symptoms usually appear within 5-45 days, depending on the number of parasites involved.*  ***Communicability:*** *Not transmitted person-to-person* | | | | | | | | | |
| ***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 | |
| **Diarrhea** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Eyelid swelling  (periorbital edema) |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| **Fever** |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Hemorrhage, eye |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Hemorrhage, nail bed |  |  |  |  |  |  | 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 | |
| Skin, itchy |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Sweating, profuse (diaphoresis) |  |  |  |  |  |  | YYYY-MM-DD | HH:MM | YYYY-MM-DD | |
| Thirst |  |  |  |  |  |  | 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.*** | | | | | | | | | | |
| ♦ **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 |
| **❖** Previous history of *Trichinella* infection |  |  |  |  | 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 7-8 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.* |
| - 45 days - 5 days onset  Select a date Select a date Select a date & time |

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| **Behavioural Social Risk Factors in the 45 days prior to onset of illness** | **❖ 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 raw/undercooked game meat (specify) |  |  |  |  | Specify |
| **❖** Consumption of raw/undercooked pork/pork products  *(Specify if pork was store bought, from a farm-raised pig (e.g., direct from farm), or from a wild boar)* |  |  |  |  | Specify |
| *Trichinella* species and reservoirs:  *Encapsulating trichinella: T. spiralis*, *T. nativa*, *T. bratovi*, *T. murelli*, *T. nelsoni*, and *Trichinella genotypes* T6, T8, T9 & T12 are generally found in pigs, horses, bears, wild boars and other terrestrial and marine carnivores  Non-encapsulating trichinella: *T. pseudospiralis*, *T. papuae*, *T. zimbabwensis* are generally found in pigs, birds and reptiles (crocodiles)  Note: contact CFIA if disease traced to imported or domestic animals or sources | | | | | |
| **❖** Failure to wash hands properly after handling raw pork/pork products |  |  |  |  | Specify |
| **❖** Other (specify) |  |  |  |  | Specify |
| **❖** Travel outside province in the last 45 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.* | | | | | |

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| **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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| **Contact Management** |
| *\*\*NOTE: no management of contacts unless others are identified as having been exposed to the same* ***source*** *as the case. Not transmitted person to person.*  Manage symptomatic and exposed (e.g., to the same food source) contacts as probable cases and complete a separate OIT for each individual.  Advise asymptomatic contacts exposed to the same source to monitor for signs and symptoms of Trichinosis and to seek immediate medical assessment if these develop. Asymptomatic individuals exposed to the same source as the case may be recommended to receive testing for Trichinella. Advise asymptomatic contacts to notify public health if symptoms develop and to inform healthcare provider of exposure to Trichinella. |

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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 using the bathroom, after changing diapers, handling animals or pet food, and before preparing meals or eating meals. |
|  | Wash hands after handling raw eggs and meat, including any of these items that are packaged or frozen. |
| **Recovery** |  | If you continue to feel unwell, new symptoms appear, or symptoms change – seek medical attention. |
| **Food Safety** |  | Use a probe thermometer to verify cooking temperatures, as color is not a very reliable indicator of how thoroughly meat has been cooked. Cook meats to a safe internal temperature.   | **Food** | **Temperature** | | --- | --- | | **Pork** (pieces and whole cuts) | 71°C (160°F) | | **Poultry** (pieces) - chicken, turkey, duck | 74°C (165°F) | | **Poultry** (whole) - chicken, turkey, duck | 82°C (180°F) | | **Game meat** (bear, deer, bison, elk, rabbit etc.) | 74°C (165°F) | | **Ground meat and meat mixtures** (burgers, sausages, meatballs, meatloaf, casseroles) - beef, veal, lamb and pork | 71°C (160°F) | | **Ground meat and meat mixtures** - poultry | 74°C (165°F) | | **Fish** | 70°C (158°F) | | **Others** (stuffing and leftovers) | 74°C (165°F) | |
|  |  | Avoid eating raw or undercooked meat, including wild game. Curing (salting), drying, smoking and microwaving meat does not consistently kill infective larvae that may be present in the raw meat. |
|  |  | Clean and sanitize cutting boards, knives, meat grinders and other equipment/utensils after use. |
| **Animals** |  | Clean your hands with soap and water or an alcohol-based hand rub after handling animals, their living environment (e.g., cages, coops, pens), feces or food. Do not touch your face before cleaning your hands.  Do not feed garbage (swill) to pigs. |

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| **Thank you** |
| Thank you for your time. This information will be used to help prevent future cases of Trichinosis. 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](mailto:ezvbd@oahpp.ca).