

Verotoxigenic Escherichia Coli Infection Data Collection Worksheet

Please complete all sections.

Panorama Client ID: _____

Panorama Investigation ID: _____

Panorama QA complete: Yes No

Initials: _____

A) CLIENT INFORMATION

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home): Address at time of infection if not the same:	

B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> ENTERIC ENCOUNTER GROUP ->CREATE INVESTIGATION

Disease Summary Classification:	Date	Classification:	Date	LAB TEST INFORMATION:
CASE		CONTACT		Date specimen collected:
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	YYYY / MM / DD
<input type="checkbox"/> Does Not Meet Case	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	Specimen type:
<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Blood
<input type="checkbox"/> Probable	YYYY / MM / DD			<input type="checkbox"/> Urine
				<input type="checkbox"/> Stool

Disposition:

FOLLOW UP:

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> In progress | YYYY / MM / DD | <input type="checkbox"/> Complete | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Declined | YYYY / MM / DD | <input type="checkbox"/> Not required | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Lost contact | YYYY / MM / DD | <input type="checkbox"/> Referred - Out of province | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Unable to locate | YYYY / MM / DD | (specify where) | |

REPORTING NOTIFICATION

Name of Attending Physician or Nurse:

Location:

Physician/Nurse Phone number:

Date Received (Public Health): YYYY / MM / DD

Type of Reporting Source: Health Care Facility Lab Report Nurse Practitioner Physician Other _____

Verotoxigenic Escherichia Coli Infection Data Collection Worksheet

Please complete all sections

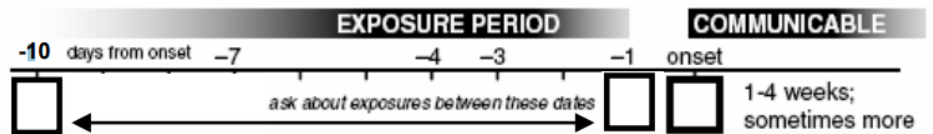
Panorama Client ID: _____
Panorama Investigation ID: _____

C) SIGNS & SYMPTOMS

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	Yes Date of onset	Date of recovery	Description	Yes Date of onset	Date of recovery
Abdominal - cramping	YYYY / MM / DD	YYYY / MM / DD	Hemolytic uremic syndrome (HUS)	YYYY / MM / DD	YYYY / MM / DD
Asymptomatic	YYYY / MM / DD	YYYY / MM / DD	Pain - abdominal	YYYY / MM / DD	YYYY / MM / DD
Dehydration	YYYY / MM / DD	YYYY / MM / DD	Stool - bloody	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - bloody	YYYY / MM / DD	YYYY / MM / DD	Thrombotic thrombocytopenic purpura (TTP)	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - watery	YYYY / MM / DD	YYYY / MM / DD	Vomiting	YYYY / MM / DD	YYYY / MM / DD
Fever	YYYY / MM / DD	YYYY / MM / DD		YYYY / MM / DD	YYYY / MM / DD
Other Signs & Symptoms if applicable					

Enter onset date in heavy box. Count back to figure the probable exposure period.



D) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

Incubation for Case (period for acquisition):	
Earliest Possible Exposure Date: YYYY / MM / DD	Latest Possible Exposure Date: YYYY / MM / DD
<i>Exposure Calculation details:</i>	
Communicability for Case (period for transmission):	
Earliest Possible Communicability Date: YYYY / MM / DD	Latest Possible Communicability Date: YYYY / MM / DD
<i>Communicability Calculation Details:</i>	

E) RISK FACTORS N—No, NA—Not asked, U—Unknown

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Animal Exposure - Farms (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Other (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Pet treats and raw food (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Pets (including reptiles) (Add'l Info)			YYYY / MM/DD	
Animal Exposure - Petting zoos/zoos/special events/other (Add'l Info)			YYYY / MM/DD	
Contact – Persons with diarrhea/vomiting			YYYY / MM/DD	
Contact to a known case (Add'l Info)			YYYY / MM/DD	
Immunocompromised - Related to underlying disease or treatment			YYYY / MM/DD	
Occupation - Child Care Worker	TE		YYYY / MM/DD	
Occupation - Food Handler	TE		YYYY / MM/DD	
Occupation - Health Care Worker - IOM Risk Factor	TE		YYYY / MM/DD	
Other risk factor (Add'l Info)			YYYY / MM/DD	
Special Population - Attends childcare	TE		YYYY / MM/DD	
Special Population - Attends school	TE		YYYY / MM/DD	
Travel - Outside of Canada (Add'l Info)	AE		YYYY / MM/DD	
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	AE		YYYY / MM/DD	

Verotoxigenic Escherichia Coli Infection Data Collection Worksheet

Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Water – Bottled water (Add'l Info)			YYYY / MM/DD	
Water - Private well or system (Add'l Info)			YYYY / MM/DD	
Water - Public water system (Add'l Info)			YYYY / MM/DD	
Water - Untreated water (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Pond, stream, lake, river, ocean (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Private (swimming pool/whirl pool)			YYYY / MM/DD	
Water (Recreational) - Public (swimming/paddling pool/whirl pool)			YYYY / MM/DD	

F) USER DEFINED FORM (SEE ATTACHED) LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> VEROTOXIGENIC E. COLI FORM

G) TREATMENT LHN-> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (Antibiotics are contraindicated – refer to physician if on Rx) (Panorama = Other Meds) : _____	
Prescribed by: _____	Started on: YYYY / MM / DD

H) INTERVENTIONS LHN-> INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:					
Assessment:			Outbreak Declared YYYY / MM / DD		
<input type="checkbox"/> Assessed for contacts	YYYY / MM / DD		Investigator name		
Communication:			Public Health Order:		
<input type="checkbox"/> Other communication (See Investigator Notes)	YYYY / MM / DD		<input type="checkbox"/> Other (specify)	YYYY / MM / DD	
Investigator name			Investigator name		
<input type="checkbox"/> Letter (See Document Management)	YYYY / MM / DD				
Investigator name					
General: Investigator name			Other Investigation Findings:		
<input type="checkbox"/> Disease-Info/Prev-Control	YYYY / MM / DD		<input type="checkbox"/> Investigator Notes		
<input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts	YYYY / MM / DD		<input type="checkbox"/> Document Management		
Education/counseling: Investigator name			Referral: Investigator name		
<input type="checkbox"/> Prevention/Control measures	YYYY / MM / DD		<input type="checkbox"/> Canadian food inspection agency	YYYY / MM / DD	
<input type="checkbox"/> Disease information provided	YYYY / MM / DD		<input type="checkbox"/> Primary care provider	YYYY / MM / DD	
Exclusion: Investigator name			Testing: Investigator name		
<input type="checkbox"/> Daycare	YYYY / MM / DD	<input type="checkbox"/> Preschool	YYYY / MM / DD		
<input type="checkbox"/> School	YYYY / MM / DD	<input type="checkbox"/> Work	YYYY / MM / DD		
Immunization:					
<input type="checkbox"/> Eligible Immunization recommended	YYYY / MM / DD				
Investigator name					
Date	Intervention subtype	Comments		Next follow-up Date	Initials
YYYY / MM / DD				YYYY / MM / DD	
YYYY / MM / DD				YYYY / MM / DD	
YYYY / MM / DD				YYYY / MM / DD	
YYYY / MM / DD				YYYY / MM / DD	
YYYY / MM / DD				YYYY / MM / DD	
YYYY / MM / DD				YYYY / MM / DD	
YYYY / MM / DD				YYYY / MM / DD	

Verotoxigenic Escherichia Coli Infection Data Collection Worksheet

Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

I) OUTCOMES *(optional except for severe influenza,*

LHN-> INVESTIGATION-> OUTCOMES

- | | | | | | |
|---|----------------|---|----------------|--|----------------|
| <input type="checkbox"/> Not yet recovered/recovering | YYYY / MM / DD | <input type="checkbox"/> ICU/intensive medical care | YYYY / MM / DD | <input type="checkbox"/> Hospitalization | YYYY / MM / DD |
| <input type="checkbox"/> Recovered | YYYY / MM / DD | <input type="checkbox"/> Intubation /ventilation | YYYY / MM / DD | <input type="checkbox"/> Unknown | YYYY / MM / DD |
| <input type="checkbox"/> Fatal | YYYY / MM / DD | <input type="checkbox"/> Other _____ | YYYY / MM / DD | | |

Cause of Death: (if Fatal was selected) _____

J) EXPOSURES

Acquisition Event

LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Acquisition Event ID: _____

- Exposure Name: _____
- Acquisition Start** YYYY / MM / DD **to Acquisition End:** YYYY / MM / DD
- Location Name: _____
- Setting Type**
- Travel Exposure or consumption of potentially contaminated food or water Most likely source

Transmission Events

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION event SUMMARY -> QUICK ENTRY

Transmission Event ID	Exposure Name	Setting type	Date/Time	# of contacts
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
		<input type="checkbox"/> Food service establishment <input type="checkbox"/> Health Care setting <input type="checkbox"/> Public facilities <input type="checkbox"/> Household Exposure		
	VTEC Contacts – Inv ID# _____	<input type="checkbox"/> Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

K) TOTAL NUMBER OF CONTACTS

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -> UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts: _____ (total number of individuals exposed)

Initial Report completed by: _____

Date initial report completed:
YYYY / MM / DD



VTEC Routine Questionnaire - August 2018



Record type:

Record ID:

Record Name:

In this form the answers (Yes, Probably, No, and Don't know) are from the perspective of the person being interviewed. "Probably" can be used if the client thinks he/she may have eaten this food or usually eats this food, but is unsure if it was eaten during the period in question.

Diet and Allergies[Show/Hide](#)

Are you a vegetarian?

- Yes
 No
 Don't know
 Not asked

Do you have any food Allergies / avoidances / special diet?

- Yes
 No
 Don't know
 Not asked

If yes, specify details

Food Exposures[Show/Hide](#)

In the 10 days prior to onset, did you eat...

Any beef (not including deli meat)?

- Yes
 Probably
 No
 Don't know
 None of the above

if yes, raw beef?

- Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type,
brand, location)



Any whole cut beef (e.g. steak, roast)

- Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., steak, roast, other, purchase location)

Any stewing beef?

- Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any ground beef?

- Yes
 Probably
 No
 Don't know
 None of the above

if yes, any any home-made hamburgers?

- Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any store-bought frozen beef patties?

- Yes
 Probably
 No



If yes, specify details (E.g., where consumed, type, brand, location)

- Don't know
- None of the above

Any other (e.g. store-bought fresh)?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any other ground beef?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any ground beef consumed raw or undercooked?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any pork (not including deli-meat or bacon)?

- Yes
- Probably
- No
- Don't know
- None of the above



If yes, specify type (e.g. ham), purchase location.

Any prepared products containing pork (e.g. spring rolls, dumplings)?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify type (e.g. spring rolls), location purchased

Any deli-meat?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any sausage?

- Yes
- Probably
- No
- Don't know
- None of the above

Meat type (select all that apply):

- Beef
- Chicken
- Pork
- Turkey
- Other

Preparation type (select all that apply):

- Ready to eat
- Fermented
- Raw

Location purchased:



Any game or country meat (e.g. venison, bison)?

Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any sprouts including any sprouts on a sandwich or salad?

Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any lettuce?

Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify types (select all that apply)

Iceberg
 Romaine
 Mesclun

If yes, specify details (E.g., where consumed, type, brand, location)

Any pre-packaged greens?

Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)



<p>Any spinach?</p>	<p> <input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the above </p>
<p>If yes, specify details (E.g., where consumed, type, brand, location)</p>	<div style="border: 1px solid black; height: 50px;"></div>
<p>Any fresh herbs?</p>	<p> <input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the above </p>
<p>If yes, specify details (E.g., where consumed, type, brand, location)</p>	<div style="border: 1px solid black; height: 50px;"></div>
<p>Any fresh parsley?</p>	<p> <input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the above </p>
<p>If yes, specify details (E.g., where consumed, type, brand, location)</p>	<div style="border: 1px solid black; height: 50px;"></div>
<p>Any other fresh herbs (e.g. oregano, dill, mint, rosemary, chives, or thyme)?</p>	<p> <input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> None of the above </p>
<p>If yes, specify details (E.g., where consumed, type, brand, location)</p>	<div style="border: 1px solid black; height: 50px;"></div>
<p>Any melons (e.g. cantaloupe)?</p>	<p> <input type="radio"/> Yes <input type="radio"/> Probably <input type="radio"/> No </p>



If yes, specify details (E.g., where consumed, type, brand, location)

- Don't know
- None of the above

Any berries?

- Yes
- Probably
- No
- Don't know
- None of the above

if yes, specify types (select all that apply)

- Strawberries
- Raspberries
- Blueberries
- Blackberries

If yes, specify details (E.g., where consumed, type, brand, location)

Any unpasteurized fruit juice (e.g. unpasteurized apple cider)?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any nuts (on their own, in a granola bar, as a garnish, or as part of a dish)?

- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify type (e.g. almonds) purchase location

- Yes
- Probably



- Any unpasteurized (raw) dairy milk (excluding cheese)?
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

- Any cheese made with unpasteurized (raw) milk?
- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

- Any raw flour used in the household?
- Yes
- Probably
- No
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

- Did you eat, taste, or lick any uncooked or unbaked dough or batter (e.g. cookie dough, cake or muffin batter)?
- Yes
- Probably
- no
- Don't know
- None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Food Handling

In the 10 days before onset, of illness did you handle or prepare...

- Yes
- Probably



Any raw beef?

No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Any raw pork?

Yes
 Probably
 No
 Don't know
 None of the above

If yes, specify details (E.g., where consumed, type, brand, location)

Social Functions [Show/Hide](#)

In the 10 days prior to onset, did you attend any social functions (e.g. parties, weddings, showers, potlucks, community events)?

Yes
 No
 Don't know
 Not asked

Click the Add button to add social event/function details

Add

Restaurants [Show/Hide](#)

In the 10 days prior to onset, did you attend any restaurants (including take-out, cafeteria, bakery, deli, kiosk)?

Yes
 No
 Don't know
 Not asked

Click the Add button to add restaurant details

Add

Grocery Stores [Show/Hide](#)

Yes



In the past 10 days prior to onset, did you visit grocery stores for foods consumed during the incubation period?

No
 Don't know
 Not asked

Click the Add button to add grocery store details

Add

Loyalty card/store issued card (for outbreak investigation only)

[Show/Hide](#)

This section is only for use in some specific outbreak situations, with client consent. It is not a routine question for sporadic cases.

Has the client given consent (written or verbal)?

- Yes
 No
 Not applicable

Loyalty card details (names and numbers)

Interviewer Details and Notes

[Show/Hide](#)

Interviewer Name

Interview date

9/12/2018

Any special notes regarding this interview

Orbeon Forms Orbeon Forms 4.9.0.201505052329 CE