

Hepatitis A Data Collection Worksheet

Please complete all sections.

Panorama QA complete: Yes No
 Initials: _____

Panorama Client ID: _____
 Panorama Investigation ID: _____

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-> ZOONOTIC & VECTORBORNE 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"/> Stool
Disposition:				
<i>FOLLOW UP:</i>				
<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		Location:		
Name of Attending Physician or Nurse:				
Physician/Nurse Phone number:		Date Received (Public Health): YYYY / MM / DD		
Type of Reporting Source: <input type="checkbox"/> Health Care Facility <input type="checkbox"/> Lab Report <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician <input type="checkbox"/> Other _____				

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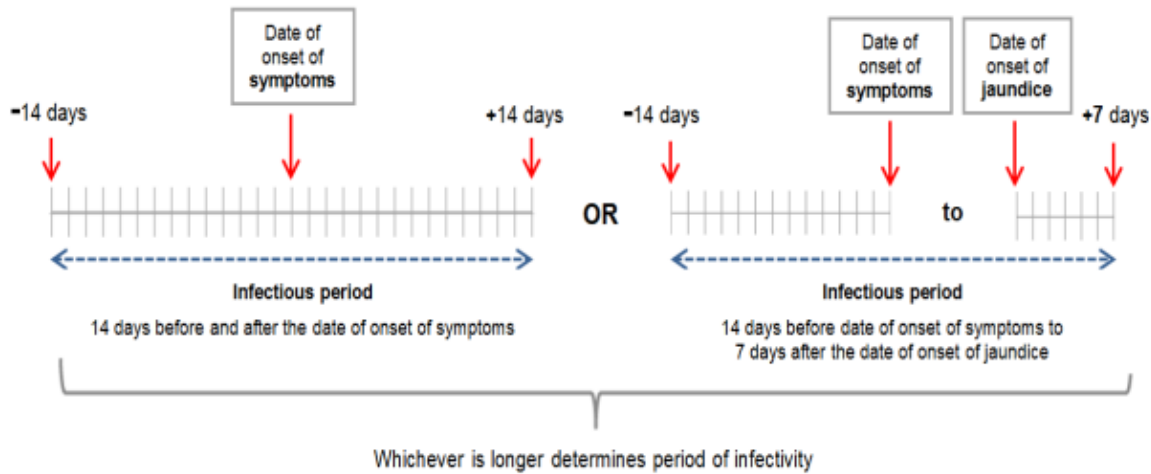
Panorama Client ID: _____
Panorama Investigation ID: _____

C) SIGNS & SYMPTOMS (Bold supports confirmed case definition)

LHN-> INVESTIGATION->SIGNS & SYMPTOMS

Description	No	Yes - Date of onset	Description	No	Yes - Date of onset
Asymptomatic		YYYY / MM / DD	Loss of appetite (anorexia)		YYYY / MM / DD
Fever		YYYY / MM / DD	Malaise		YYYY / MM / DD
Jaundice		YYYY / MM / DD	Nausea		YYYY / MM / DD
Lab - liver enzymes - elevated		YYYY / MM / DD	Pain - abdominal		YYYY / MM / DD
Other signs and symptoms if applicable			Urine - dark		YYYY / MM / DD

Figure 6-1. Determining period of infectivity



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 (during risk period) (continued on next page)

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	YES	N - No NA - not asked U - Unknown	DESCRIPTION	YES	N - No NA - not asked U - Unknown
Contact - At risk population (international travellers or immigrants)	YYYY / MM / DD		Special Population - Attends childcare	TE	
Contact - Persons with similar symptoms	YYYY / MM / DD		Special Population - From or residence in an endemic country (Add'l Info)	YYYY / MM / DD	
Contact to a known case (Add'l Info)	YYYY / MM / DD		Travel - Outside of Canada (Add'l Info)	YYYY / MM / DD AE	
Immunocompromised - Related to underlying disease or treatment			Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM / DD AE	
Occupation - Child Care Worker	TE		Water - Bottled water (Add'l Info)		
Occupation - Food Handler	TE		Water - Private well or system (Add'l Info)		

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DESCRIPTION	YES	N – No NA – not asked U - Unknown	DESCRIPTION	YES	N – No NA – not asked U - Unknown
Occupation - Health Care Worker IoM Risk Factor	TE		Water - Public water system (Add'l Info)		
Occupation - Personal Care Worker	TE		Water - Untreated water		
Sexual Behaviour - MSM	YYYY / MM / DD		Water (Recreational) - Pond, stream, lake, river, ocean		
Sexual Behaviour - Oral-anal	YYYY / MM / DD		Water (Recreational) – Private (swimming pool/whirlpool)	TE	
Sexual Behaviour - Sex with a person from endemic Country (Add'l Info)	YYYY / MM / DD		Water (Recreational) - Public (swimming/paddling pool/whirl pool)	TE	

F) USER DEFINED FORM (SEE ATTACHED)

LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> HEPATITIS A FORM

G) COMPLICATIONS

LHN-> INVESTIGATION->COMPLICATIONS

Description	Yes Date of onset	Description	Yes Date of onset
Hepatitis - fulminant	YYYY / MM / DD	Other complications	YYYY / MM / DD

H) IMMUNIZATION HISTORY INTERPRETATION SUMMARY

LHN -> INVESTIGATION-> IMMUNIZATION HISTORY INTERPRETATION SUMMARY

Interpretation Date: YYYY / MM / DD	
Interpretation of Disease Immunity: <input type="checkbox"/> IOM - Fully immunized (for age) <input type="checkbox"/> IOM - Unimmunized <input type="checkbox"/> IOM - Unclear immunization history	<input type="checkbox"/> IOM - Partially immunized Valid doses received: _____ Doses needed: _____ <input type="checkbox"/> IOM - Interpretation of history by investigator

I) INTERVENTIONS

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

Intervention Type and Sub Type:				
Assessment: <input type="checkbox"/> Assessed for contacts Investigator name: _____ YYYY / MM / DD		Exclusion: 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		
Communication: <input type="checkbox"/> Other communication (See Investigator Notes) Investigator name: _____ YYYY / MM / DD <input type="checkbox"/> Letter (See Document Management) Investigator name: _____ YYYY / MM / DD		Public Health Order: YYYY / MM / DD <input type="checkbox"/> Other (specify) Investigator name: _____		
General: Investigator name <input type="checkbox"/> Disease-Info/Prev-Control YYYY / MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts YYYY / MM / DD		Referral: YYYY / MM / DD <input type="checkbox"/> Canadian food inspection agency <input type="checkbox"/> Consultation with MHO <input type="checkbox"/> Primary care provider Investigator name: _____		
Education/counseling: Investigator name <input type="checkbox"/> Prevention/Control measures YYYY / MM / DD <input type="checkbox"/> Disease information provided YYYY / MM / DD		Symptom monitoring: YYYY / MM / DD <input type="checkbox"/> Symptom monitoring indirect, passive – (contacts as well as cases) Investigator name: _____		
Environmental health: YYYY / MM / DD <input type="checkbox"/> Restaurant Inspection <input type="checkbox"/> Water system inspection Investigator name: _____		Immunization: Investigator name <input type="checkbox"/> Eligible Immunization recommended YYYY / MM / DD <input type="checkbox"/> Disease-specific immunization recommended YYYY / MM / DD <input type="checkbox"/> Disease-specific immunization given YYYY / MM / DD <input type="checkbox"/> Immunization nurse notified YYYY / MM / DD		
Other Investigation Findings: <input type="checkbox"/> Investigator notes <input type="checkbox"/> Document Management				
Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD				
YYYY / MM / DD				
YYYY / MM / DD				

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J) 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) _____

K) 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 (Consider the following settings for TE; if >1 select "multiple settings" in Panorama)	Date/Time	# of contacts
		<input type="checkbox"/> Congregate/Communal Living settings <input type="checkbox"/> Food service establishment <input type="checkbox"/> Health care setting <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep) <input type="checkbox"/> Sexual Exposure <input type="checkbox"/> Type of Community Contact <input type="checkbox"/> Travel		
		<input type="checkbox"/> Congregate/Communal Living settings <input type="checkbox"/> Food service establishment <input type="checkbox"/> Health care setting <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep) <input type="checkbox"/> Sexual Exposure <input type="checkbox"/>		
		<input type="checkbox"/> Congregate/Communal Living settings <input type="checkbox"/> Food service establishment <input type="checkbox"/> Health care setting <input type="checkbox"/> Household <input type="checkbox"/> Private Function (Food prep) <input type="checkbox"/> Sexual Exposure <input type="checkbox"/> Type of Community Contact <input type="checkbox"/> Travel		
	Hep A Contacts – Invest ID _____	<input type="checkbox"/> Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

L) Total number of contacts

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

Anonymous contacts: _____ (total number of individuals [including groups that 1:1 follow-up is not required or is not feasible])

Initial Report completed by:		Date initial report completed: YYYY / MM / DD
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Hepatitis A Routine Questionnaire - August 2018



Loading...

Record type: Investigation
 Record ID: 134
 Record Name: UDF Investigation

If the case traveled outside of Canada during the entire incubation period (15-50 days before the onset of the first symptom) do not fill out this section. If the case traveled outside of Canada for part of the incubation period, fill out the section below for only that part of the incubation period in which he/she was in Canada.

Food Exposures

[Show/Hide](#)

During the incubation period 15-50 days prior to onset, did you eat...

- Any strawberries?
- Yes
 - Probably
 - No
 - Don't know
 - None of the Above

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

- Any blueberries?
- Yes
 - Probably
 - No
 - Don't know
 - None of the Above

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

- Any raspberries?
- Yes
 - Probably
 - No
 - Don't know
 - None of the Above

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

- Any blackberries?
- Yes
 - Probably
 - No
 - Don't know
 - None of the Above

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



Any other raw fruits (e.g. pineapple chunk etc.)?

Yes
 Probably
 No
 Don't know
 None of the Above

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

Any ready to eat, pre-washed packaged salad?

Yes
 Probably
 No
 Don't know
 None of the Above

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

Any lettuce on a sandwich, burger, or taco from a restaurant or a fast food establishment?

Yes
 Probably
 No
 Don't know
 None of the Above

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

Any raw vegetables (e.g., green onions)?

Yes
 Probably
 No
 Don't know
 None of the Above

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

Any raw/undercooked shellfish?

Yes
 Probably
 No
 Don't know
 None of the Above

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

Restaurants

[Show/Hide](#)

Complete this section only if no clear exposure has been identified. In the period between 15 and 50 days before



onset of the first symptom, did you attend any restaurants (including take-out, cafeteria, bakery, deli, kiosk).

- During the incubation period 15-50 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

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

Any special notes regarding this interview

Save as Draft

Submit

Clear