Typhoid/Paratyphoid 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: ☐ Work ☐ Personal
Phone #: ☐ Primary Home: ☐ Mobile contact: ☐ Workplace:		
Place of Employment/School:	Gender: ☐ Male ☐ Female ☐ Other ☐ Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: ☐ No fixed ☐ Postal Address ☐ Primary Home ☐ Temporary ☐ 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: CASE	**Date**	***Classification: CONTACT***	***Date***	***LAB TEST INFORMATION:***
☐ Confirmed	YYYY / MM / DD	☐ *Contact*	*YYYY / MM / DD*	*Date specimen collected:*
☐ Does Not Meet Case	YYYY / MM / DD	☐ *Not a Contact*	*YYYY / MM / DD*	*YYYY / MM / DD*
☐ Person Under Investigation	YYYY / MM / DD	☐ *Person Under Investigation*	*YYYY / MM / DD*	*Specimen type:*
☐ Probable	YYYY / MM / DD			☐ *Blood* ☐ *Urine* ☐ *Stool*

Disposition:

FOLLOW UP:

☐ In progress	YYYY / MM / DD	☐ Complete	YYYY / MM / DD
☐ Incomplete - Declined	YYYY / MM / DD	☐ Not required	YYYY / MM / DD
☐ Incomplete – Lost contact	YYYY / MM / DD	☐ Referred – Out of province (specify where)	YYYY / MM / DD
☐ Incomplete – Unable to locate	YYYY / MM / DD		

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_____	

Salmonellosis Data Collection Worksheet

Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

C) DISEASE EVENT HISTORY

LHN-> INVESTIGATION->DISEASE SUMMARY (UPDATE)->DISEASE EVENT HISTORY

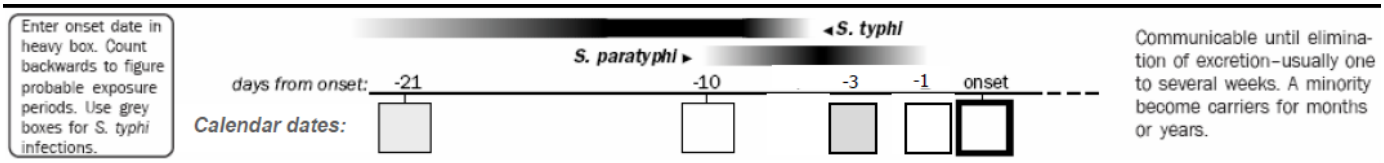
Site / Presentation: ☐ Enteric fever ☐ Gastroenteritis ☐ Other

Staging: ☐ Acute ☐ Carrier

D) SIGNS & SYMPTOMS *(Bold text = part of case definition)*

LHN-> INVESTIGATION-> SIGNS & SYMPTOMS

Description	No	Yes – Date of onset	Description	No	Yes - Date of onset
Dactylitis (swollen digit)		YYYY / MMM / DD	**Loss of appetite (anorexia)**		YYYY / MMM / DD
Dehydration		YYYY / MMM / DD	**Malaise**		YYYY / MMM / DD
Diarrhea		YYYY / MMM / DD	Neurologic - delerium		YYYY / MMM / DD
Fever		YYYY / MMM / DD	Pain - abdominal		YYYY / MMM / DD
Fever - insidious onset		YYYY / MMM / DD	Parotid gland - inflammation (parotitis)		YYYY / MMM / DD
Headache		YYYY / MMM / DD	Rash - rose spots on trunk		YYYY / MMM / DD
Hearing loss			Sepsis (e.g. bactremia, septicemia, etc.)		
Hepatomegaly		YYYY / MMM / DD	**Splenomegaly**		YYYY / MMM / DD
Lethargy (fatigue, drowsiness, weakness, etc)		YYYY / MMM / DD			YYYY / MMM / DD



E) 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

Exposure Calculation details:

Communicability for Case (period for transmission):
Earliest Possible Communicability Date: YYYY / MM / DD **Latest Possible Communicability Date**: YYYY / MM / DD

Communicability Calculation Details:

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

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Chronic Medical condition - Biliary tract disease			YYYY / MM/DD	
Chronic medical condition - Liver disease			YYYY / MM/DD	
Chronic Medical Condition - Schistosomiasis			YYYY / MM/DD	
Contact - At risk population (international travellers or immigrants)			YYYY / MM/DD	
Contact - Carrier			YYYY / MM/DD	
Contact - Persons with similar symptoms			YYYY / MM/DD	
Contact to a known case (Add'l Info)			YYYY / MM/DD	
Immunocompromised - Related to underlying disease or treatment (Add'l Info)			YYYY / MM/DD	
Occupation - Child Care Worker			YYYY / MM/DD	

Salmonellosis Data Collection Worksheet

Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Occupation - Food Handler			YYYY / MM/DD	
Occupation – Health Care Worker IOM Risk Factor			YYYY / MM/DD	
Travel - Outside of Canada (Add'l Info)			YYYY / MM/DD	
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)			YYYY / MM/DD	
Water - Bottled water (Add'l Info)			YYYY / MM/DD	
Water – Public water system (Add'l Info)			YYYY / MM/DD	
Water - Private well or 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) (Add'l Info)			YYYY / MM/DD	
Water (Recreational) – Public (swimming/paddling pool/whirl pool) (Add'l Info)			YYYY / MM/DD	

G) USER DEFINED FORM (SEE ATTACHED) LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> TYPHOID FORM

H) COMPLICATIONS LHN-> INVESTIGATION->COMPLICATIONS

Description	Yes Date of onset	Description	Yes Date of onset
Biliary tract abnormalities	YYYY / MMM / DD	Kidney stones	YYYY / MMM / DD
Cardiac - endocarditis	YYYY / MMM / DD	Meningitis	YYYY / MMM / DD
Encephalitis	YYYY / MMM / DD	Pancreatitis	YYYY / MMM / DD
Gallstones	YYYY / MMM / DD	Perforation - intestinal	YYYY / MMM / DD
Hemorrhage - intestinal	YYYY / MMM / DD	Schistosome infections	YYYY / MMM / DD
Other complications			

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

Medication *(Panorama = Other Meds)* : _____

Prescribed by:_____ Started on: YYYY / MM / DD

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

Intervention Type and Sub Type:

Assessment: Investigator name
☐ Assessed for contacts YYYY / MM / DD

Exclusion: Investigator name
☐ Daycare YYYY / MM / DD ☐ Preschool YYYY / MM / DD
☐ School YYYY / MM / DD ☐ Work YYYY / MM / DD

Communication:
☐ Other communication (See Investigator Notes) YYYY / MM / DD
Investigator name
☐ Letter (See Document Management) YYYY / MM / DD
Investigator name

Outbreak Declared YYYY / MM / DD
Investigator name

General: Investigator name
☐ Disease-Info/Prev-Control YYYY/ MM / DD
☐ Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD

Public Health Order:
☐ Order (specify)_____ YYYY / MM / DD
Investigator name

Education/counselling:
☐ Prevention/Control measures YYYY / MM / DD
☐ Disease information provided YYYY / MM / DD
Investigator name

Referral:
☐ Canadian food inspection agency YYYY / MM / DD
Investigator name

Salmonellosis Data Collection Worksheet

Please complete **all** sections.

Panorama Client ID: _____
Panorama Investigation ID: _____

Environmental Health: YYYY / MM / DD ☐ Restaurant inspection Investigator name	**Testing:** Investigator name ☐ Stool testing recommended (e.g. for follow-up) YYYY / MM / DD ☐ Laboratory testing recommended YYYY / MM / DD
Immunization: Investigator name ☐ Eligible immunizations recommended YYYY / MM / DD	**Other Investigation Findings:** ☐ Investigator Notes ☐ Document Management Notes

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	

K) OUTCOMES *(optional except for severe influenza)*

LHN-> INVESTIGATION-> OUTCOMES

☐ Not yet recovered/recovering YYYY / MM / DD ☐ ICU/intensive medical care YYYY / MM / DD ☐ Hospitalization YYYY / MM / DD
☐ Recovered YYYY / MM / DD ☐ Intubation /ventilation YYYY / MM / DD ☐ Unknown YYYY / MM / DD
☐ Fatal YYYY / MM / DD ☐ Other _____ YYYY / MM / DD

Cause of Death: (if Fatal was selected) _____

L) 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
		☐ Food service establishment ☐ Health Care setting ☐ Public facilities ☐ Household Exposure		
		☐ Food service establishment ☐ Health Care setting ☐ Public facilities ☐ Household Exposure		
		☐ Food service establishment ☐ Health Care setting ☐ Public facilities ☐ Household Exposure		
	Typhoid/paratyphoid Contacts – Inv ID# _____	☐ Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

M) 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

PANORAMA

Typhoid 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. For typhoid, if the case traveled outside of Canada during the entire incubation period (3-60 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.

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 (Typhoid 3-21 days or Paratyphoid 10 days) prior to onset, did you eat…

Any raw/unpasteurized milk or milk products?
- ◯ Yes
- ◯ Probably
- ◯ No
- ◯ Don't know
- ◯ None of the Above

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

- ◯ Yes

Any raw fruits (e.g. sugar cane juice, mamey (a south/central American fruit) or other exotic product)?	◯ Probably ◯ No ◯ Don't know ◯ None of the Above
If yes, specify details (E.g., where consumed, type, brand, location)	
Any raw vegetables?	◯ 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 (e.g. oysters)?	◯ Yes ◯ Probably ◯ No ◯ Don't know ◯ None of the Above
If yes, specify details (E.g., where consumed, type, brand, location)	
Any imported foods?	◯ 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

Typhoid, in the 3-21 days (10 days for Paratyphoid) prior to onset, did you attend any social functions (e.g. parties,	◯ Yes ◯ No

weddings, showers, potlucks, community events)?

- ◯ Don't know
- ◯ Not asked

Click the Add button to add social event/function details

Add

Restaurants

Show/Hide

Typhoid, in the 3-21 days (10 days for Paratyphoid) 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

Typhoid, in the past 3 - 21 days (10 days for Paratyphoid) prior to onset, did you visit grocery stores for foods consumed during the incubation period?

- ◯ Yes
- ◯ 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	9/27/2018
Any special notes regarding this interview	

Orbeon Forms Orbeon Forms 4.9.0.201505052329 CE