Campylobacteriosis Data Collection Worksheet

Panorama QA complete: ☐ **Yes** ☐ **No**
Initials:

Please complete **all** sections

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 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:* YYYY / MM / DD
☐ Does Not Meet Case	YYYY / MM / DD	☐ *Not a Contact*	YYYY / MM / DD	*Specimen type:* ☐ *Blood* ☐ *Urine* ☐ *Stool*
☐ Person Under Investigation	YYYY / MM / DD	☐ *Person Under Investigation*	YYYY / MM / DD	
☐ Probable	YYYY / MM / DD			

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_____

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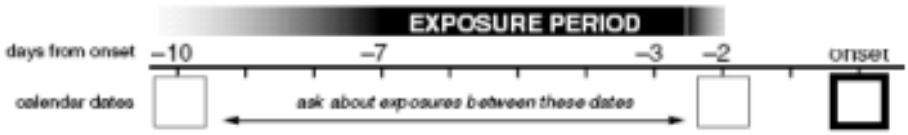
C) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	Yes Date of onset	Date of recovery	Description	Yes Date of onset	Date of recovery
Asymptomatic	YYYY / MM / DD	YYYY / MM / DD	Nausea	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - bloody	YYYY / MM / DD	YYYY / MM / DD	Pain – abdominal	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - mucousy	YYYY / MM / DD	YYYY / MM / DD	Sepsis (e.g. bactremia, septicemia, etc.)	YYYY / MM / DD	YYYY / MM / DD
Diarrhea - watery	YYYY / MM / DD	YYYY / MM / DD	Stool - bloody	YYYY / MM / DD	YYYY / MM / DD
Headache	YYYY / MM / DD	YYYY / MM / DD	Vomiting	YYYY / MM / DD	YYYY / MM / DD
Malaise	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

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:

E) RISK FACTORS

N – NO, NA – Not Asked, U – Unknown

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Add'l Info
Animal Exposure – Farms (Add'l Info)			
Animal Exposure – Other (Add'l Info)			
Animal Exposure – Pet treats and raw food (Add'l Info)			
Animal Exposure – Pets (including reptiles) (Add'l Info)			
Animal Exposure – Rodents/rodent excreta			
Animal Exposure – Wild animals (other than rodents) (Add'l Info)			
Behaviour – Camping/hiking	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			
Occupation – Child Care Worker	TE		
Occupation – Farmer			
Occupation – Food Handler	TE		
Occupation – Health Care Worker – IOM Risk Factor	TE		

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Panorama Investigation ID: _____

DESCRIPTION	Yes	N, NA, U	Add'l Info
Occupation – Veterinarian or related worker			
Travel – Outside of Canada (Add'l Info)	YYYY / MM/DD AE		
Travel – Outside of Saskatchewan, but within Canada (Add'l Info)	YYYY / MM/DD AE		
Water – Bottled water (Add'l Info)			
Water – Private well or system (Add'l Info)			
Water – Public water system (Add'l Info)			
Water – Untreated water (Add'l Info)	AE		
Water (Recreational) – Pond, stream, lake, river, ocean (Add'l Info)	AE		
Water (Recreational) – Private (swimming pool/whirl pool)	TE		
Water (Recreational) – Public (swimming/paddling pool/whirl pool)			
Other risk factor (Add'l Info)			

F) USER DEFINED FORM (SEE ATTACHED) LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> CAMPYLOBACTERIOSIS FORM

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

Medication *(to intercept transmission)Panorama = Other Meds) :* _____

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

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

Intervention Type and Sub Type:

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

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

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

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

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

Referral: Investigator name
☐ Canadian Food Inspection Agency YYYY/ MM / DD
☐ Primary Care Provider YYYY/ MM / DD
☐ Saskatchewan Water Security Agency YYYY/ MM / DD

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

Other Investigation Findings:
☐ Investigator Notes
☐ Document Management

Environmental health: YYYY/ MM / DD
☐ Restaurant Inspection ☐ Facility Inspection
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	

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I) 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) _____

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
		☐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		
		☐Food service establishment ☐Health Care setting ☐Public facilities ☐ Household Exposure		
	Campy Contacts – Inv ID# _____	☐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

PANORAMA

Campylobacteriosis Food Exposure Questionnaire

Loading...

Record type: Investigation
Record ID: 146
Record Name: UDF Investigation

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 chicken meat?
- ○ Yes
- ○ Probably
- ○ No
- ○ Don't know
- ○ None of the Above

If yes, was the chicken undercooked?
- ○ Yes
- ○ Probably
- ○ No
- ○ Don't know
- ○ None of the Above

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

Any eggs or food contain eggs (from any bird species)?
- ○ Yes
- ○ Probably
- ○ No
- ○ Don't know
- ○ None of the Above

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

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

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

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

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

Any fish?
- ○ Yes
- ○ 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 fruits?
- ○ Yes
- ○ Probably
- ○ No
- ○ Don't know
- ○ None of the Above

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

Any Unpasteurized dairy (e.g. milk, cheese)?
- ○ Yes
- ○ Probably
- ○ No
- ○ Don't know

PANORAMA

○ 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

In the 10 days prior to onset did you attend any grocery stores for food 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	8/22/2018
Any special notes regarding this interview	

Save as Draft Submit Clear

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