Instructions for Communicable Disease Generic Case Investigation Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the NWT *Public Health Act* (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the *Disease Surveillance Regulations* (2009, R-096-2009). This information is used for territorial and national surveillance and informs public health planning and interventions.

In addition to case information, HCPs shall make reasonable efforts to initiate contact tracing for individuals of reportable disease diagnosis and provide the OCPHO with information respecting the contact tracing and specific control measures that have been initiated or carried out, as outlined the *Reportable Disease Control Regulations* (R-128-2009) and the CDM.

How to Report

Report Type	Reporting Method
Do not complete this Generic Case Investigation form if disease/condition has a dedicated reporting form. Diseases /conditions that have a dedicated form or method found at the bottom of **page 2.**	• Complete dedicated reporting form.
For all diseases/conditions highlighted on **page 2** and no other method of reporting is required please also fill out **Section 5**.	• Environmental Health via Secure File Transfer (SFT): **environmental_health@gov.nt.ca** **AND** • Communicable Disease Control Unit (CDCU) via secure medical fax **867-873-0442** or Secure File Transfer **CDCU@gov.nt.ca**
For all diseases/conditions not highlighted on **page 2** fill out the appropriate form and do not fill out section 5.	• report to CDCU via secure medical fax **867-873-0042** or Secure File Transfer (SFT) **CDCU@gov.nt.ca**

Note: If there is not enough room on the form to provide all the information, please attach an additional sheet with HCN in the top right-hand corner.

Important!

The form, even if not fully complete at the time of reporting, must still be submitted to the OCPHO within the timeframe identified in the *Reportable Disease Control Regulations* (R-128-2009). It is expected that HCPs submit an ***updated*** form as new information is received or further information is requested by the OCPHO to support an investigation.

Reflects Reporting Requirements for Schedule 3 - Reportable Diseases – *Public Health Act*

Part 1

Must be reported to Chief Public Health Officer (CPHO) **by telephone (867) 920-8646 immediately** after a diagnosis is made or the opinion is formed and followed **within 24 hours** by a written report as defined by the online NWT Communicable Disease Control Manual

- Acute Flaccid Paralysis
- Anthrax
- Botulism
- Cholera
- Foodpoisoning outbreaks, including communicable enteric infections
- Gastroenteritisepidemic, including institutional outbreaks
- Group A streptococcal infections, invasive, including toxic shock syndrome, necrotizing fasciitis, myositis, and pneumonitis
- Hantaviral disease (hantavirus pulmonary syndrome)
- Hemorrhagic fevers including Ebola, Marburg Virus, Lassa Virus, and Sudan Virus
- Hepatitis A
- Hepatitis E
- Haemophilus influenzae type B infections, invasive (Hib)
- Listeriosis
- Meningitis, acute
- Meningococcal disease, invasive
- Orthopoxvirus including Smallpox, Mpox
- Plague
- Poliomyelitis
- Respiratory Diphtheria
- Rubella including congenital syndrome
- Shiga toxins producing Escherichia Coli (STEC) 0157-producing escherichia coli infection indicator conditions including 0157:H7 and hemolytic uremic syndrome
- Shigellosis
- Trichinosis
- Typhoid and paratyphoid fevers

Part 2

Must be reported to CPHO by a written report as defined by the online NWT CDM within **24 hours** after a diagnosis is made or the opinion is formed.

- Aeromonas
- Acquired immunodeficiency syndrome (AIDS) (see HIV)
- Amoebiasis
- Brucellosis
- Campylobacteriosis
- Cryptosporidiosis
- Cutaneous diphtheria
- Cyclospora
- Encephalitis
- Giardiasis
- Legionellosis
- Leprosy
- Mumps
- Parvovirus B19
- Pneumococcal disease, invasive
- Prion disease including Creutzfeldt Jakob-disease
- Salmonellosis
- Tetanus
- Toxoplasmosis
- Tularemia
- Varicella (chicken pox)
- Vector borne disease including Anaplasmosis, Babesiosis, California Serogroup Viruses, Chikungunya, Dengue, Japanese encephalitis, Malaria, Powassan virus disease, West Nile, Yellow fever, and Zika
- Yersiniosis

Part 3

Must be reported to CPHO by a written report as defined by the online NWT CDM within **seven (7) days** after a diagnosis is made or the opinion is formed.

- Coxiella burnetii (Q fever)
- Cytomegalovirus infection, congenital
- Erysipelothrix
- Herpes simplex, congenital or neonatal
- Human T-cell lymphotropic virus infections
- Lyme disease
- Psittacosis/Ornithosis
- Tapewormfestations, including echinococcal disease

Fill out form as applicable within 24 hours:

- Unusual clinical manifestations of a disease
- Epidemic forms or outbreaks of any disease (including new and emerging infectious diseases)

Use another form or method to report. Links to other reporting are provided below:

- Diseases caused by a novel coronavirus Viral Respiratory Illness Hospital Admission Or Death Reporting Form including Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), and Severe Outcomes of SARS-CoV-2 (COVID-19) (Emerging Respiratory Pathogens and Severe Acute Respiratory Infection (SARI) case report form)
- Highly pathogenic avian influenza including H5N1, and H7N2 (Emerging Respiratory Pathogens and Severe Acute Respiratory Infection (SARI) case report form)
- Measles (NWT Measles Case Investigation Form)
- Rabies or exposure to rabies (Animal Bite/Rabies Investigation Form)
- Tuberculosis disease (TB forms)
- Chancroid (Sexually Transmitted Infection forms)
- Chlamydial infections (Sexually Transmitted Infection forms)
- Gonococcal infections (Sexually Transmitted Infection forms)
- Hepatitis B (Hepatitis B and C Case Investigation Form)
- Hepatitis C (Hepatitis B and C Case Investigation Form)
- Human immunodeficiency virus (HIV) infections (Sexually Transmitted Infection forms) plus MRP reporting
- Influenza Viral Respiratory Illness Hospital Admission Or Death Reporting Form (All other cases LAB Reporting Only)
- Pertussis (whooping cough) (Pertussis Investigation Form)
- Respiratory syncytial virus (RSV) Viral Respiratory Illness Hospital Admission Or Death Reporting Form (All other cases LAB Reporting Only)
- Syphilis (Sexually Transmitted Infection forms)
- Group B streptococcal infections invasive, neonatal (No form LAB Reporting Only)
- SARS-CoV-2 [COVID-19] (not severe) (LAB Reporting Only)
- Antibiotic-resistant organisms (Acinetobacter baumannii, CRO, ESBL, MRSA, Penicillin-resistant streptococcal pneumonia, VRSA, Vancomycin-resistant enterococci (No form LAB Reporting Only)
- Clostridium difficile associated disease (No form LAB Reporting Only)
- Tuberculosis infection (TB forms)

Note: If facility acquired ensure you are following appropriate IPAC reporting and procedures.

COMMUNICABLE DISEASE GENERIC CASE INVESTIGATION FORM

Report is: ☐ Initial ☐ Update **New information provided on section(s):**

SECTION 1 - PATIENT INFORMATION

Affix Label		
	Last Name:	**Gender:** ☐ Male ☐ Female ☐ Other ☐ Not Asked
	First Name:	**Sex at Birth:** ☐ Male ☐ Female ☐ Intersex
	Date of Birth (dd-mmm-yyyy):	**Current Address:**
	HCN (including OOT HCN): ☐ **No HCN**	
	Phone #(s):	**If Applicable Name of Guardian(s):** ☐ N/A

SECTION 2 – DISEASE INFORMATION

Name of Disease:	**Date of Diagnosis (dd/mmm/yyyy):**

Temperature Taken: ☐ No ☐ Yes, (°C): _____Date:_____

Symptoms (write symptoms and provide details where applicable.)

Symptom	Date Started	Additional Information
EX: bloody diarrhea	EX: 05/DEC/2040	EX: abdo pain, began 5/7 ago

Specimen Collection

Specimen Type	Collection Date	Additional Information

POCT Used: ☐ No ☐ Yes, if yes **Laboratory confirmation has been sought:** ☐ No ☐ Yes, date (dd/mmm/yyyy):

SECTION 3 – HOSPITALIZATION

Hospitalized: ☐ No ☐ Yes, date admitted (dd/mmm/yyyy):	**Discharged**:
If Deceased (dd/mmm/yyyy):	**Cause of Death:**
Facility Name:	
Transfer Care: ☐ No ☐ Yes, Where:	

SECTION 4 – GENERAL HISTORY

Contact with Previous Case: ☐No ☐Yes, date:	
Travel: ☐ No ☐NWT ☐National ☐International	**Where (list all):**

Occupation/Volunteer (check all that apply): ☐Childcare ☐Corrections ☐Food Services ☐First Responder ☐Healthcare ☐Long-Term Care/Continuing Care ☐Mines/Work Camp ☐Other:_____

Private Dwelling: ☐Single Family Home (Apartment) ☐Congregate Living ☐ Homelessness/Unstable Housing ☐ Mine/Work Camp ☐Other:_____

Contact with animals (check all that apply): ☐No ☐Pet ☐Exotic Pet ☐Wild ☐Farm ☐Zoo ☐Hunting/Trapping ☐Fishing ☐Veterinary ☐Other:_____

Attended Large Events/Gatherings/Feasts: ☐No ☐Yes, list and date:

Please attached another page with HCN if needed.

SECTION 5 (ONLY HIGHLIGHED DISEASES) – FOOD HISTORY

Only fill out for diseases highlighted on page 2 or if food/water is suspected to be contaminated.
Foods consumed during incubation period which were undercooked, unusual or suspect

Contact with untreated water/milk: ☐ No ☐ Yes, list/date:
Contact with wild meat and plants: ☐ No ☐ Yes, list/date:

Suspect Food	Date Eaten (dd/mmm/yyyy)	Details (indicate if sample is still available)

Please attached another page with HCN if needed.

SECTION 6 – ADDITIONAL INFORMATION/REPORTING

IMPORTANT: If you are required to fill out section 5 please secure file transfer (SFT) form to Environmental Health environmental_health@gov.nt.ca *AND* to Medical Confidential Fax (867) 873-0442 or SFT CDCU@gov.nt.ca

Community:	**Facility Name:**
Completed by *(print):*	*(sign)*
Phone:	**Report date (dd/mmm/yyyy):**

Comments:

SECTION 7 – FOR OCPHO DIRECTION

OCPHO Direction provided: