Nov 17, 2004

Public Health Agency of Canada / Agence de santé publique du Canada

Severe Respiratory Illness (SRI) / Severe Acute Respiratory Syndrome (SARS) Investigation Report Form

TO BE COMPLETED BY PUBLIC HEALTH AGENCY OF CANADA (CIDPC)	
Date received at CIDPC: ____/____/________ (dd / mm / yyyy)	**CIDPC ID:** ____________________

Initial Report **Update** *(please provide new information in Comments section on next page)*

Reporting Province/Territory: ______________________

Provincial/Territorial SRI/SARS Case ID: ____________

REPORTING INFORMATION

Name/affiliation of person making report: ____

Reporting contact phone no: ( ) ____ - ________

Date of report: _____/_____/_________ (dd / mm / yyyy)

PATIENT INFORMATION

Gender: Male Female Unknown

Date of birth: ____/____/________ (dd / mm / yyyy)
Age at onset: _______________ Age Unknown

Occupation: ________________________
Are you a Health Care Worker? Yes No Don't Know
If Yes, are you in direct patient Contact? Yes No

First Nations (Canadian-born)?
Yes → ***If Yes***, lives most of the time: On Reserve / Off Reserve / Unknown
No
Unknown

Was this patient part of a 'super spreading' event?
Yes → ***If Yes***, was this patient the index case ? Yes No Don't Know
No
Don't Know

Country of Current residence: ___________________________
Prov/Terr/State of Current residence: ___________________
City of Current residence: ______________________________
First 3 digits of postal code of Current residence: _________
Health Unit/Authority/Region of Current residence: _________________________

Residence within last 3 months (if different from current address) Country of residence: _______________________
Prov/Terr/State of residence: ___________________________
City of residence: ______________________________________
First 3 digits of postal code of residence: _____________
Health Unit/Authority/Region of residence: _________________________

SURVEILLANCE DEFINITION ALGORITHM

*(*refer to SRI Enhanced Surveillance Definition and SARS Case Definition at http://www.sars.gc.ca)*

Hospitalized patients
- fever*
- diarrhea
- cough or breathing difficulty
- radiographic evidence of infiltrates consistent with pneumonia or RDS*
- no alternate diagnosis within first 72 hours of hospitalization

Post-mortem
- history of unexplained acute respiratory illness (including fever and cough or breathing difficulty) resulting in death
- autopsy findings consistent with the pathology of RDS without an identifiable cause*

POSSIBLE EPI-LINK / RISK FACTOR (e.g. link to zone of emergence/re-emergence - ZRE)
- traveller returned from ZRE* or a currently affected area* in Canada
- contact with traveller to ZRE* or a currently affected area* in Canada
(If travel-related, please complete travel section below)
- household/community contact
- laboratory worker handling/storing SARS CoV

Epi-link to cluster* setting:
→ Is Case part of a Cluster Yes No
→ Cluster ID #_______________
Nosocomial Household Health Care Facility
Aircraft Laboratory Community Event
Other (specify): ______________________

CASE CLASSIFICATION
- meets SRI definition*
- does NOT meet SRI definition*
→ **Why excluded? (specify)** ____
- Confirmed SARS case*
- Probable SARS case*

Isolation date: ___/____/_______ (dd / mm / yyyy)

CLINICAL INFORMATION

Is/was patient hospitalized:
Yes → ***If yes***, Name of hospital (specify):_______________________________
No Date of admission: ____/____/______ (dd / mm / yyyy)
Unknown Date of discharge: ____/____/______ (dd / mm / yyyy)

Symptom(s) onset date: ___/____/_______ (dd / mm / yyyy)

Course of Illness:

Is/Was the patient admitted to ICU?	Yes	No	Don't Know
Is/Was the patient intubated during any of the hospital stays?	Yes	No	Don't Know
Is/Was the patient ventilated during any of the hospital stays?	Yes	No	Don't Know
Is/Was the patient diagnosed with atypical pneumonia?	Yes	No	Don't Know
Is/Was the patient diagnosed with ARDS NYD?	Yes	No	Don't Know

Disposition at time of report:
Discharged Recovered Recovering Stable Getting Worse Lost to Follow-up / Unknown
Died → Date of death: _____/____/________ (dd / mm / yyyy) → Cause of death (specify): ______________________________

UNDERLYING ILLNESS

Cardiovascular disease	Yes	No	Don't Know	Lung disease	Yes	No	Don't Know
Diabetes	Yes	No	Don't Know	Immune suppressed	Yes	No	Don't Know
Kidney disease	Yes	No	Don't Know	Other (specify): ______________			

EXPOSURE HISTORY

Contact of a previously identified SRI/SARS case? Yes No Don't Know

If yes, contact case status – Confirmed Probable Don't Know → SRI/SARS Case ID (specify): _______________

If yes, type of contact: Household Health care setting Airline Other (specify): ________________________

If yes, date of: First contact with case: ____/_____/______ (dd/mm/yyyy) Last contact: ____/_____/______ (dd/mm/yyyy)

In the 10 days prior to symptoms onset, was the patient in close contact with anyone who:

Works in a health care facility? Yes No Don't Know

Travelled to a zone of emergence/re-emergence (China/Taiwan/Hong Kong) or to a currently affected area* in Canada? (*refer to SRI Enhanced Surveillance Definition at http://www.sars.gc.ca) Yes No Don't Know

Works in a laboratory handling / storing SARS CoV? Yes No Don't Know

Did the patient travel by airplane in the 10 days prior to onset of symptoms? Yes No Don't Know

If yes, specify flight number(s), carrier(s), seat number(s), city(s) of origin and date(s) of flight(s):

Flight #	Carrier	Seat #	City of Origin	Date of flight (dd/mm/yyyy)

TRAVEL RELATED

Recent travel to a zone of emergence/re-emergence (ZRE) of SARS (i.e. China, including mainland China, Taiwan and Hong Kong SAR) or to a currently affected area* in Canada? (*refer to SRI Enhanced Surveillance Definition at http://www.sars.gc.ca)

Yes No Don't Know

If Yes, specify country(s)/area(s), hotel(s)/residence(s) stayed in and dates of arrival and departure:

Country / Area	Province / City	Hotel / Residence	Date of Arrival	Date of Departure

If travelled to a zone of emergence/re-emergence (China/Taiwan/Hong Kong) or to a currently affected area* in Canada, indicate possible exposure(s): (*refer to SRI Enhanced Surveillance Definition at http://www.sars.gc.ca)

Hospital Doctor's office SARS case Person with influenza-like illness Other (specify): ____________________________

Don't know

Was the patient part of an organized tour? Yes No Don't Know

If yes, type of tour: Adoption Tourism Business Other (specify): ___________________________________

If yes, *w*as the patient ill during tour? Yes* No Don't Know

If yes, Name of tour/ tour company:_____________________________________ ***Contact CEPR (Office of Public Health Security) at Public Health Agency of Canada for tour group manifest.***

Was the patient ill during flight(s)? Yes** No Don't Know

If yes, specify flight number(s), carrier(s), seat number(s), city(s) of origin and date(s) of flight(s):

Flight # ***	Carrier	Seat #	City of origin	Date of Flight (dd/mm/yyyy)

*****Local public health units are to contact CEPR (Office of Public Health Security) at Public Health Agency of Canada for passenger manifest.***

****** Connecting Flights and stop overs need to be assessed.***

BLOOD PRODUCTS

Did the patient receive a blood transfusion in the 10 days prior to onset of symptoms? Yes No Unknown

Did the patient donate blood after the onset of symptoms? Yes No Unknown

Did the patient donate blood in the 10 days prior to onset of symptoms? Yes No Unknown

LABORATORY TESTING

(*refer to Laboratory Protocols at http://www.sars.gc.ca*)

SRI/SARS Laboratory Tracking Code: SRI - _______________ **-** _______________

(Province/Territory) (Unique #)

Date Specimen Collected	Specimen Source	Test Method	Test Result	Date Test Performed

COMMENTS:

____

Note: *Pages 1 and 2 are to be completed and forwarded to the National SRI/SARS Reporting System, Public Health Agency of Canada. Personal contacts sheet(s) are NOT to be submitted to Public Health Agency of Canada.*

Reporting Province/Territory: ____________________	Prov./Terr. SRI/SARS Case ID: ___________________

SRI / SARS PERSONAL CONTACTS

Please give details of all people with whom you have had close contact since the onset of your symptoms.
This includes people who:
1) live with you
2) work in the same environment as you
3) friends/family/others who have visited you/whom you have visited
4) other close contacts

Name of Contact (Last name, First name)	**Phone Number**	**Type of Contact** (please use above numbers)	**Is this person ill with influenza-like or SRI/SARS-like illness?** **If Yes, indicate** Date of Onset (dd/mm/yyyy)
1			Yes Onset:__________________ No Don't know
2			Yes Onset:__________________ No Don't know
3			Yes Onset:__________________ No Don't know
4			Yes Onset:__________________ No Don't know
5			Yes Onset:__________________ No Don't know
6			Yes Onset:__________________ No Don't know
7			Yes Onset:__________________ No Don't know
8			Yes Onset:__________________ No Don't know
9			Yes Onset:__________________ No Don't know
10			Yes Onset:__________________ No Don't know
11			Yes Onset:__________________ No Don't know
12			Yes Onset:__________________ No Don't know
13			Yes Onset:__________________ No Don't know
14			Yes Onset:__________________ No Don't know
15			Yes Onset:__________________ No Don't know
16			Yes Onset:__________________ No Don't know
17			Yes Onset:__________________ No Don't know
18			Yes Onset:__________________ No Don't know
19			Yes Onset:__________________ No Don't know
20			Yes Onset:__________________ No Don't know

If more contacts, please add in **SRI/SARS Contact Sheet** and staple to this form. Thank you.