

2002 Public Health Reporting Study

Please Return within one week

INTRODUCTION:

This survey is strictly confidential. No health unit or individual identifiers will appear in any reports arising from this study.

Thank you for your time in completing this form. Your input is greatly appreciated. Please return the survey in the envelope provided.

If you need clarification on any questions, or wold like more information on the study, please do not hesitate to contact the project coordinator:

James Flint, (519) 826 2260 james_flint@hc-sc.gc.ca

SECTION A: Background Information

- 1. What is the approximate size of the population served by your health unit/region.
- 2. How many <u>epidemiologists</u> (full time equivalents) are currently employed by your public health unit/region?



3. How many <u>environmental health officers/public health inspectors</u> (full time equivalents) are currently employed by your public health unit/region?



- 4. How many <u>nurse epidemiologists/public health nurses</u> (full time equivalents) are currently employed by your public health unit/region?
- 5. What is your position?



- ² Environmental Health Officer
- ³ Nurse Epidemiologist/Public Health Nurse

4	Database	manager

- ⁵ Clerk
- ⁶ Other, please specify

6. What database(s)/electronic registry does your health unit/region use to store acute gastrointestinal illness data?

T RDIS,
² PHIS,
³ Other, please specify
⁴ Not applicable, do not use a database for storing enteric disease data
If you do not use RDIS or PHIS, how do you report information on enteric infections to the province?
Use a regional spreadsheet database to record cases and send <u>case by case</u> information to the province

- 2 Use a regional spreadsheet database to record cases and send weekly/monthly <u>summaries</u> to the province
- ³ Other, please describe
- ⁴ Not applicable

7.

SECTION B: General Reporting of Cases with an Acute Gastrointestinal Illness

8. Of the individual <u>laboratory confirmed cases</u> of acute gastrointestinal illness reported to your health unit/region, what proportion are reported by:

a)	Both a physician and laboratory?		%
b)	Only a physician?		%
c)	Only a laboratory?		%
d)	Other? please specify		%
		Total = 100 %)

- 9. For laboratory confirmed cases of acute gastrointestinal illness, what is the usual time period between when you receive the case report and when you enter the case into the database/electronic case registry?
 - 1 Same day
 - ² Within 48 hours
 - ³ Within 1 week
 - ⁴ Within 1 month
 - ⁵ Longer than one month
 - 6 Don't know
 - 7 Not applicable

10. Who enters the information into the case registry?

1 Clerk
² Database manager
³ Environmental Health Officer (EHO) or Public Health Inspector
⁴ Epidemiologist
⁵ Other, please specify
6 Don't know

11. When you receive information regarding a case who resides in your province, but does <u>not reside in</u> <u>your health unit's/region's jurisdiction</u>, what do you do? (check all that apply)

1	Forward to	public hea	lth unit/region	n where case resides	;
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² Enter into own database but do not report to province

³ Enter into own database and report to province

⁴ Discard

⁵ Other, please specify

6 Don't know

12. When you receive information regarding a case who does <u>not reside in your province</u>, what do you do? (check all that apply)

Forward information to provincial health authority in province where case resides

² Forward to public health unit/region where case resides

³ Enter into own database but do not report to province

⁴ Enter into own database and report to province

⁵ Discard

⁶ Other, please specify

⁷ Don't know

13. Do you ever receive <u>additional</u> pathogen information from a laboratory (i.e. species, serotype, phagetype) <u>after</u> the case data have been forwarded to the province?



 2 No, skip to question 15

3 Don't know, *skip to question 15*

- 14. What is done with this additional pathogen information? (check all that apply)
 - Entered into your database
 - ² Filed as a paper record
 - 3 Forwarded to the province
 - ⁴ Discarded
 - ⁵ Other, please specify
 - ⁶ Don't know
- 15. Does your health unit/region have any mechanisms(s) in place to prevent repeat laboratory confirmed reports from a single case being recorded as multiple cases or episodes?
 - $\frac{1}{2}$ Yes
 - ³ Don't know
 - ⁴ Not applicable

SECTION C: Out-break and Non-Outbreak Cases

- **16.** How are <u>laboratory confirmed outbreak</u> related cases of acute gastrointestinal illness recorded in your database? (check all that apply)
 - In an outbreak module
 - ² In the general case registry, but flagged as outbreak related
 - ³ In the general case registry (indistinguishable from non-outbreak related cases)
 - ⁴ Other, please specify_____
 - ⁵ Don't know
 - ⁶ Not applicable

17. How are <u>epidemiologically linked outbreak</u> cases (non-laboratory confirmed) of acute gastrointestinal illness recorded in your database? (check all that apply)

- ¹ In an outbreak module
- ² In the general case registry, but flagged as outbreak related
- ³ In the general case registry (indistinguishable from non-outbreak related cases)
- ⁴ Other, please specify
- ⁵ Not recorded
- 6 Not applicable
- ⁷ Don't know

18.	If a physician or other health professional reports a <u>non</u> -outbreak related case(s) of acute gastrointestinal illness <u>without a pathogen</u> identified, how does your health unit/region report this to the province? (check all that apply)
	As a "foodborne illness(es)"
	Other, please specify
	It is not reported unless etiological agent is identified
	⁴ Not applicable, do not receive reports without pathogen identified
	5 Don't know
19.	If a physician or other health professional reports an <u>outbreak</u> related case(s) of acute gastrointestinal illness <u>without a pathogen</u> identified, how does your health unit/region report this to the province? (check all that apply)
	As a "foodborne illness(es)"
	As a "gastroenteritis outbreak/epidemic"
	³ As an aggregate number entered into the outbreak module with the agent recorded as 'unknown'
	⁴ As an aggregate number entered into the outbreak module with the 'agent/pathogen' field left blank
	5 Other, please specify
	⁶ Not applicable, it is not reported unless etiological agent is identified
	7 Don't know
20.	Of all individual cases of acute gastrointestinal illness reported to your health unit in the year 2001 (including suspected, laboratory confirmed and outbreak cases), what percentage were <u>not</u> reported to the province?
	Approximately, % were not reported to the provincial level
21.	What were the reasons an individual case reported to your health unit/region was <u>not</u> reported to the province? (check all that apply)
	The case did not meet definition for a reportable disease or condition
	² Etiologic agent was never identified
	³ A suspected etiologic agent was identified but never confirmed
	⁴ Key information on the case was missing
	⁵ The case was never entered into database and therefore was not reported
	6 Other, please specify
	⁷ Don't know
	Not applicable, all cases reported to our health unit/region are reported to the province
22.	During the year 2001, what percentage of cases reported to your health unit/region were <u>not</u> entered into your enteric disease database (record NA is you don't use a database for recording reported enteric diseases)

Approximately, % were **not** entered into database

Note: if you enter all reported cases into your database, enter '0'

SECTION D: Pathogen Specific Reporting Information

23. What was the total number of individual cases reported (i) <u>to</u> your health unit/region and (ii) <u>by</u> your health unit/region to the province in the year 2001 for the following bacterial, parasitic and viral pathogens or conditions?

(please indicate if the number you provide is an estimate or from records, please use records whenever possible)

		Total number reported <u>to</u> your health unit/region (i)		Total number reported <u>by</u> your health unit/region to the province (ii)		
a)	<i>Campylobacter spp</i> (campylobacteriosis)		1Records2Estimate		1Records2Estimate	
b)	Pathogenic <i>E. coli</i> (VTEC/EHEC/ETEC etc)		1Records2Estimate		1Records2Estimate	
c)	Salmonella spp (not <i>S. typhi</i>), (Salmonellosis)		1Records2Estimate		1Records2Estimate	
d)	Salomenella typhi (typhoid)		1Records2Estimate		1Records2Estimate	
e)	Shigella spp (Shigellosis)		1 Records 2 Estimate		1 Records 2 Estimate	
f)	Cryptosporidium (cryptosporidium)		1Records2Estimate		1Records2Estimate	
g)	Cyclospora (cyclosporiosis)		1 Records 2 Estimate		1 Records 2 Estimate	
h)	Giardia (giardiasis)		1Records2Estimate		1Records2Estimate	
i)	Rotavirus		1 Records 2 Estimate		1Records2Estimate	
j)	Calicivirus/Norwalk/NLV/SRSV		1 Records 2 Estimate		Image: 1Records2Estimate	
k)	Hepatitis A		1 Records 2 Estimate		1 Records 2 Estimate	

Thank you very much for participating in this study. Your time and effort is greatly appreciated.

Additional Comments

If you have misplaced the return envelope, please mail to the following address:

James Flint, Health Canada, Division of Enteric, Foodborne and Waterborne Disease 1 Stone Road West, 4th Floor, Guelph ON N1G 4Y2

Did you know...

Every day, some 200 million people world-wide suffer from diarrhoea. The fluid lost is equal to the volume of water flowing over Victoria Falls in Zimbabwe every minute!