

**BERNACKI, GAIL**  
ATTACHMENTS TO SDL  
ATTACHMENT NO. 2

Facility Information:	Facility Number:	ENT-028-000006
E. coli O157:H7 (0080)	Reporting Site:	
	Facility Type:	General Facility
Phone:	Fax:	
Facility Category:	Enterics, NDR	
Survey Date:	2012-08-29	
	Survey Officer Name:	

**NOTIFIABLE DISEASE INVESTIGATION FORM**  
**Section 1: Disease Descriptors**

- 1.1 Regional Case Investigation Number:  
2012-00713
- 1.2 Notifiable Disease Report Number:  
527944
- 1.3 EI #:  
\*Not Entered\*
- 1.4 EI/OB:  
\*Not Entered\*
- 1.5 What date was the lab report received?  
2012-00713
- 1.6 Month:  
August
- 1.7 Week:  
35
- 1.8 Specimen type:  
Stool
- 1.9 Specimen collection date:  
2012-Aug-26
- 1.10 Confirmed organism name:  
E. coli O157:H7 (0080)
- 1.11 Serotype:  
\*Not Entered\*
- 1.12 Phagetype:  
0.1150
- 1.13 PFGE:  
Natl Pattern EXAI .1775 ECBNI .0012 Romane lettuce recall Tantamira and antle
- 1.14 Reporting agency::  
Private Lab
- 1.16 General comments regarding disease descriptors:  
\*Not Entered\*

**Section 2: Case Contact Information**

- 2.1 Public Healthcare Number:  
161265000
- 2.2 Person providing information:  
Daughter s.17(1), 17(4)(g)(i)
- 2.3 Interpreter used?  
No

- 2.4 Interpreter name / phone number:  
\*Not Entered\*
- 2.5 Surname:  
Bernacki
- 2.6 First name:  
Gail
- 2.7 Middle name:  
Awigea
- 2.8 Birth date of case:  
1928-Oct-30
- 2.9 Sex:  
Female
- 2.10 Age:  
83
- 2.11 Home address:  
2945 Toronto Crescent NW
- 2.12 City / Town:  
Calgary
- 2.13 Postal Code:  
T2N 3W4
- 2.14 Home telephone number:  
403-284-1406
- 2.15 Work telephone number:  
\*Not Entered\*
- 2.16 Cell number:  
\*Not Entered\*

**Section 3: Case Symptoms**

- 3.1 General comments regarding case symptoms:  
\*Not Entered\*
- 3.2 Reason for test:  
Symptomatic
- 3.3 What symptoms did you have? Select all that apply, and then indicate the onset date and time, and duration in hours:  
Bloody Diarrhea
- 3.4 Symptom 2:  
Abdominal Cramps
- 3.5 Symptom 3:  
Nausea
- 3.6 Symptom 4:  
\*Not Entered\*
- 3.7 Symptom 5:  
\*Not Entered\*
- 3.8 Onset date and time of symptoms:  
30-Jul-2012
- 3.9 Are you still symptomatic?  
Yes
- 3.10 Duration (hours):  
\*Not Entered\*
- 3.11 Do you have any known food allergies (allergens and symptoms)?  
No
- 3.12 If you have known food allergies, briefly explain:  
\*Not Entered\*

**Section 4: Medical Treatment**

- 4.1 General comments regarding medical treatment:  
\*Not Entered\*
- 4.2 What medical follow-up have you received?  
Hospitalization
- 4.3 If hospitalized occurred, what was the admission date?  
25-Aug-2012
- 4.4 Outcome of illness?  
Symptoms Ongoing
- 4.5 If case died, what was the date of death?  
\*Not Entered\*

**Section 5: Additional Ill Cases (if applicable)**

- 5.1 General comments regarding additional ill cases:  
None
- 5.2 Are there any additional ill cases in your household or who are close contacts to you?  
No
- 5.3 Additional Ill Case #1 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.4 Does the first additional ill case live in the same household as the primary case?  
\*Not Entered\*
- 5.5 Additional Ill Case #2 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.6 Does the second additional ill case live in the same household as the primary case?  
\*Not Entered\*
- 5.7 Additional Ill Case #3 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.8 Does the third additional ill case live in the same household as the primary case?  
\*Not Entered\*
- 5.9 Additional Ill Case #4 - please list the name, gender, DOB, relationship to case, and phone number if different from the primary case:  
\*Not Entered\*
- 5.10 Does the fourth additional ill case live in the same household as the primary case?  
\*Not Entered\*

**Section 6: Travel Exposure**

- 6.1 General comments regarding travel exposure:  
None
- 6.2 If your illness was acquired while residing outside of Canada, what country were you residing in?  
\*Not Entered\*
- 6.3 If you were previously living outside of Canada, what was your date of arrival to Canada?  
\*Not Entered\*
- 6.4 If you have traveled in the past 30 days, what were the locations and dates of departure and return to home?  
\*Not Entered\*
- 6.5 What resorts, if any, did you stay at during your trip?  
\*Not Entered\*
- 6.6 Was travel within Alberta, within Canada, or outside of Canada?  
\*Not Entered\*
- 6.7 World geographic area associated (if travel was outside of Canada):  
\*Not Entered\*
- 6.8 Probable country associated (if travel was outside of Canada):  
\*Not Entered\*

6.9 Canadian province / territory associated (if applicable):  
\*Not Entered\*

6.10 What was your reason for travel?  
\*Not Entered\*

**Section 7: Food History**

- 7.1 General comments regarding food history:  
17(1), 17(4)(g)(i) does Not eat out a lot/did have a 3 pack romaine lettuce from tanramira and antle brand probably from Coop ??  
advised 10-Sep-2012 Not sure when product was consumed .
- 7.2 On the date of onset (day 0), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.3 Breakfast (day 0):  
\*Not Entered\*
- 7.4 Lunch (day 0):  
\*Not Entered\*
- 7.5 Dinner (day 0):  
\*Not Entered\*
- 7.6 Other (day 0):  
did eat at hi-Ball rest stadium during incubation period 3 others not ill note bean sprouts ???
- 7.7 One day prior to onset (day 1), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.8 Breakfast (day 1):  
\*Not Entered\*
- 7.9 Lunch (day 1):  
\*Not Entered\*
- 7.10 Dinner (day 1):  
\*Not Entered\*
- 7.11 Other (day 1):  
\*Not Entered\*
- 7.12 Two days prior to onset (day 2), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.13 Breakfast (day 2):  
\*Not Entered\*
- 7.14 Lunch (day 2):  
\*Not Entered\*
- 7.15 Dinner (day 2):  
\*Not Entered\*
- 7.16 Other (day 2):  
\*Not Entered\*
- 7.17 Three days prior to onset (day 3), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.18 Breakfast (day 3):  
\*Not Entered\*
- 7.19 Lunch (day 3):  
\*Not Entered\*
- 7.20 Dinner (day 3):  
\*Not Entered\*
- 7.21 Other (day 3):  
\*Not Entered\*

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- 7.22 Four days prior to onset (day 4), please list the time and types of foods consumed and the name and address of any food establishment(s) visited (insert date):  
\*Not Entered\*
- 7.23 Breakfast (day 4):  
\*Not Entered\*
- 7.24 Lunch (day 4):  
\*Not Entered\*
- 7.25 Dinner (day 4):  
\*Not Entered\*
- 7.26 Other (day 4):  
superstore deerfoot meadows and safeway north hill or market mall coop brentwood
- 7.27 High risk food consumed #1:  
\*Not Entered\*
- 7.28 High risk food consumed #2:  
\*Not Entered\*
- 7.29 High risk food consumed #3:  
\*Not Entered\*
- 7.30 Have you handled raw meats either at work or in your home at any time in the past 7 days?  
No

**Section 8: Drinking Water Exposure**

- 8.1 General comments regarding drinking water exposure:  
\*Not Entered\*
- 8.2 What is your primary drinking water supply at home?  
Municipal Treated at Home
- 8.3 Additional information (e.g. treatment method, shallow well, name of river, etc.)  
Brita filter

**Section 9: Recreational Exposures**

- 9.1 General comments regarding recreational exposures:  
husband does gardening
- 9.2 Did you swim at any time in the 30 days prior to the onset of symptoms?  
No
- 9.3 If "Yes", provide additional details as well as the date(s) of exposure (e.g. pool name and address, lake name and location, etc.):  
\*Not Entered\*
- 9.4 Any other recreational activities?  
\*Not Entered\*

**Section 10: Animal Exposures**

- 10.1 General comments regarding animal exposures:  
None
- 10.2 Have you had contact with any animals in the 30 days prior to onset?  
No
- 10.3 If "Yes", provide additional details including dates(s) of contact, type of animal(s), and specific locations(s) where contact occurred:  
\*Not Entered\*
- 10.4 Animal feed (type, brand, store purchased from, etc.)?  
\*Not Entered\*
- 10.5 Probable animal associated with illness:  
\*Not Entered\*

**Section 11: Human Exposures**

- 11.1 General comments regarding human exposures:  
None
- 11.2 Have you had contact with any person with similar symptoms in the 30 days prior to the onset of your symptoms?  
No

- 11.3 If you have had contact with a person with similar symptoms, please indicate the date(s) and location(s):  
\*Not Entered\*
- 11.4 Could you have come into direct contact with human fecal material at any time in the 30 days prior to onset? (e.g. do you care for anyone using a diaper as part of your home or work duties?)  
No

**Ask the next 3 questions only if case is 18 years of age or older and when other types of exp**

- 11.5 During the 30 days prior to the onset of your symptoms, did you have sexual contact with men, women, or both?  
\*Not Entered\*
- 11.6 In the 30 days prior to the onset of your illness, did you have sexual contact with more than 1 person?  
\*Not Entered\*
- 11.7 Do you know if your sexual partner(s) was(were) experiencing any symptoms of diarrhea, abdominal cramps, nausea, or vomiting?  
\*Not Entered\*

**Section 12: Case Occupation**

- 12.1 General comments regarding case occupation:  
Retired
- 12.2 Do you work as a Food Handler, Child Care Worker, or Healthcare Worker that has contact with patients?  
\*Not Entered\*
- 12.3 What is the name and location of your place of employment?  
\*Not Entered\*
- 12.4 Does anyone in your household work as a Food Handler, Child Care Worker, or Healthcare Worker that has contact with patients?  
\*Not Entered\*

**Section 13: Child Care**

- 13.1 General comments regarding child care:  
None
- 13.2 For children 12 years and younger: Does your son / daughter attend child care (child care = day home, day care, after-school care)?  
\*Not Entered\*
- 13.3 If your son / daughter attends child care, please provide the name and address of the facility:  
\*Not Entered\*
- 13.4 Phone number of child care facility:  
\*Not Entered\*
- 13.5 Are you aware of any other cases of illness in that child care facility?  
\*Not Entered\*
- 13.6 Are you aware of any animals in the child care facility? If "Yes", what kind?  
\*Not Entered\*

**Section 14: Exclusion of Case or Close Contacts**

- 14.1 General comments regarding exclusion:  
none
- 14.2 Case and / or contact of case excluded?  
No
- 14.3 Exclusion date of the case and / or close contacts:  
\*Not Entered\*
- 14.4 Date the exclusion order was rescinded:  
\*Not Entered\*

**Section 15: Summary**

- 15.1 General comments regarding summary:  
\*Not Entered\*
- 15.2 How was disease likely acquired?  
Unknown
- 15.3 Where was disease likely acquired?  
Private Dwelling

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- 15.4 Name of establishment implicated:  
\*Not Entered\*
- 15.5 Address of establishment implicated:  
\*Not Entered\*
- 15.6 Name of first establishment equally suspect:  
\*Not Entered\*
- 15.7 Address of first establishment equally suspect:  
\*Not Entered\*
- 15.8 Name of second establishment equally suspect:  
\*Not Entered\*
- 15.9 Address of second establishment equally suspect:  
\*Not Entered\*
- 15.10 Name of third establishment equally suspect:  
\*Not Entered\*
- 15.11 Address of third establishment equally suspect:  
\*Not Entered\*
- 5.12 Reason for no referral to district EHO?  
\*Not Entered\*
- 15.13 Date the no contact letter was mailed:  
\*Not Entered\*
- 15.14 Interviewed by:  
Crowe, Larry
- 15.15 Date the interview was completed:  
30-Aug-2012