

Shigellosis

COUNTY

FOR STATE USE ONLY

____/____/____ case report

- confirmed
- presumptive
- suspect

____/____/____ interstate

Date investigation initiated: ____/____/____

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City Zip

e-mail address _____

ALTERNATIVE CONTACT: Parent Spouse Household Member Friend _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

- Lab Infection Control Practitioner
- Physician _____

Name _____

Phone _____ Date ____/____/____
(first report)

Primary M.D. _____
(if different)

Phone _____ OK to talk to patient?

DEMOGRAPHICS

SEX
 female male

HISPANIC yes no unknown

RACE

- White American Indian
- Black Asian/Pacific Islander
- unknown refused to answer
- other _____

DATE OF BIRTH ____/____/____
m d y

or, if unknown, AGE _____

Worksites/school/day care center _____

Occupations/grade _____

BASIS OF DIAGNOSIS

CLINICAL DATA

Symptomatic: yes no unk
if yes, ONSET on ____/____/____
m d y

Check all that apply:

- diarrhea yes no unk
- bloody diarrhea yes no unk

Hospitalized: yes no unk

name of hospital _____

date of admission ____/____/____
m d y

date of discharge ____/____/____
m d y

Transferred to/from another hospital:

yes no unk

transfer hospital name _____

Outcome: survived died unk

date of death ____/____/____
m d y

LABORATORY DATA

Culture confirmed: yes no

if yes, Lab _____

Specimen: stool

blood

Date specimen collected m d y
____/____/____

Isolate submitted to PHL?

yes no unk

PHL specimen # _____

Species/Serotype _____

EPI-LINKAGE

During the exposure period, was the patient...

associated with a known outbreak?

yes no unk

a close contact of a *confirmed* or *presumptive* case?

yes no unk

Has the above case been reported?

yes not yet

Specify nature of contact:

household sexual daycare

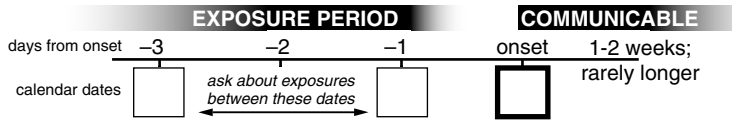
if yes to any question, specify relevant names, dates, places, etc:

if yes to any question, provide relevant details on reverse side.



INFECTION TIMELINE

Enter onset date in heavy box.
Count back to figure the
probable exposure period.



POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Skip this section if already epi linked.

- no risk factors could be identified**
- patient could not be interviewed**

POTENTIAL SOURCES

- | | | | |
|---|--------------------------|--------------------------|---|
| | yes | no | |
| a | <input type="checkbox"/> | <input type="checkbox"/> | travel inside U.S. |
| b | <input type="checkbox"/> | <input type="checkbox"/> | occupational contact with human excreta |
| c | <input type="checkbox"/> | <input type="checkbox"/> | eating at restaurants |

- | | | | |
|---|--------------------------|--------------------------|---|
| | yes | no | |
| d | <input type="checkbox"/> | <input type="checkbox"/> | eating at other gatherings (potlucks, events) |
| e | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Exposure Details

SPECIAL STUDY QUESTIONS

*These questions are being asked as part of a multi-state/CDC study.
Note that the different time intervals refer to the week before onset, not just the 3-day period used above..*

Travel

In the 7 days before onset, was there any travel outside of the United States? yes no unknown

If yes, list countries and dates:

country	duration of stay	(m/d/y)
_____	from _____	to _____
_____	from _____	to _____
_____	from _____	to _____
_____	from _____	to _____
_____	from _____	to _____

Water

In the 7 days before onset what was case's primary source of drinking water?

- g municipal h well water i bottled water
- j other (specify) _____

In those 7 days, did case drink any untreated water from a pond, stream, spring or lake?

- k yes no unknown

Did case swim or wade in any of the following types of recreational water? (check all that apply)

- l lake, pond, river, stream, beach, ocean m recreational water park, interactive water fountain or public fountain
- n hot tub/spa, whirlpool, Jacuzzi o swimming pool or wading pool p no recreational water exposure

If yes, list where and when:

Location	Date mm/dd/yy	Location	Date mm/dd/yy
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

Childcare

In the 7 days before onset, did case work in, volunteer at, or attend a childcare setting?

(A childcare setting is any place in which at least 2 unrelated children, pre-school age or younger and not living in the same household are being cared for)

- q yes no unknown

Contact

In the 7 days before illness onset, did case have contact with any individual(s) who had a diarrheal illness? yes no unknown

If yes, which of the following describes the individual(s) (check all that apply)

- r child attending day care setting s child attending school t child, other setting _____
- u household member, not sexual partner v household member and sexual partner w male sexual partner
- x female sexual partner y other (specify) _____
- z no contact with individuals who had a diarrheal illness



CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

name	age	occupation	diarrhea			onset date m/ d/ y	education provided			comments
			yes	no	unk		yes	no	unk	
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the case know about anyone else with a similar illness? yes no could not be interviewed
if yes, give names, onset dates, contact information, and other details.

During the communicable period, did the case prepare food for any public or private gatherings? yes no
if yes, provide details below.

If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.

Does the patient attend daycare or nursery school? yes no
 If yes: Is the patient in diapers? yes no
 Are other children or staff ill? yes no

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

- hygiene education provided
- work or daycare restriction for case
- daycare inspection
- work or daycare restriction for household member
- follow-up of other household member(s)
- testing of home/other water supply
- restaurant inspection
- _____

