WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

Salmonellosis

PATIENT DEMOGRAPHICS

Name (last, first): ______________________________

Address (mailing): ______________________________

Address (physical): ______________________________

City/State/Zip: ______________________________

Phone (home): ________________ **Phone** (work/cell) : ________________

Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*

Name: ____________________ *Phone*: ______________

***Birth date**: __ / __ / ____ **Age**: _____

***Sex**: ☐Male ☐Female ☐Unk

***Ethnicity**: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk

***Race**: (Mark all that apply) ☐ White ☐Black/Afr. Amer. ☐ Native HI/Other PI ☐ Am. Ind/AK Native ☐ Asian ☐ Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): ______________________________

Investigation Start Date: __ / __ / ____

Earliest date reported to LHD: __ / __ / ____

Date sent for Regional Review: __ / __ / ____

Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐Private Provider ☐Public Health Agency ☐Other

Reporter Name: ______________________________ Reporter Phone: ____________

Primary HCP Name: ______________________________ Primary HCP Phone: ____________

CLINICAL

Onset date: __ / __ / ____ **Diagnosis date**: __ / __ / ____ **Recovery date**: __ / __ / ____

Clinical Findings

Y N U
☐ ☐ ☐ Diarrhea
☐ ☐ ☐ Bloody stool
☐ ☐ ☐ Fever highest temp______
☐ ☐ ☐ Vomiting
☐ ☐ ☐ Nausea
☐ ☐ ☐ Abdominal cramps

*Hospitalization

Y N U
☐ ☐ ☐ Hospitalized for this illness

Hospital name: ______________________________

Admit date: __ / __ / ____ Discharge date: __ / __ / ____

*Death

Y N U
☐ ☐ ☐ Died due to this illness

Date of death: __ / __ / ____

LABORATORY (Please submit copies of all labs, including sensitivities, associated with this illness to DIDE)

Specimen source: ☐Stool ☐Urine ☐Blood ☐Other ______________

Collection date: __ / __ / ____

Y N U
☐ ☐ ☐ Culture positive for Salmonella species
☐ ☐ ☐ Isolate submitted to state public health lab (OLS)

*Antibiotic Susceptibility Testing:

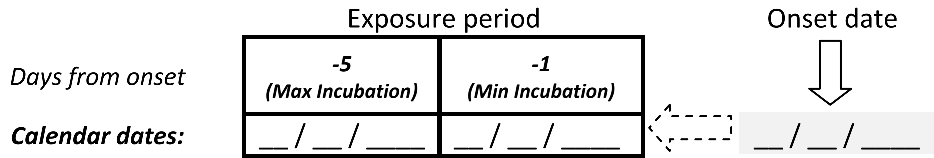
Enter results for the following medications in the Laboratory Event associated with this investigation

Ampicillin
Ciprofloxacin
Trimethoprim/Sulfamethoxazole

Notes (clinical/laboratory)

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period



	Exposure period		Onset date
Days from onset	***-5*** ***(Max Incubation)***	***-1*** ***(Min Incubation)***	
Calendar dates:	__ / __ / ____	__ / __ / ____	__ / __ / ____

EPIDEMIOLOGIC EXPOSURES (Unless stated otherwise, the questions pertain to the exposure period calculated above.)

Y N U

- ☐ ☐ ☐ *Eat fresh shell eggs?
- ☐ ☐ ☐ *Eat raw eggs (Egg nog, sauces, cookie dough, cake batter, etc.)?
- ☐ ☐ ☐ *Eat raw or undercooked chicken, turkey or other fowl?
- ☐ ☐ ☐ Eat raw or undercooked hamburger, red meat, or pork?
- ☐ ☐ ☐ Eat or drink raw or unpasteurized milk?
- ☐ ☐ ☐ *Eat raw fruits or vegetables?
- ☐ ☐ ☐ *Contact with birds, poultry, farm animals or reptiles? Where_________________
- ☐ ☐ ☐ Travel to another state or country? If yes, where _____________
- ☐ ☐ ☐ Hike, camp, fish or swim? If yes, where_____________

***Is case a member of a high risk occupation?** (Mark one)

- ☐ Food Handler
- ☐ Health Care Worker
- ☐ Day Care Worker/Attendee
- ☐ Student
- ☐ None of Above

Employer/School Name**:** ______________________

Name and location of store where typically buys groceries ____

Attend any group activities, parties or gatherings? **Yes / No** If yes, list

Date	Activity	Location

Eat at any restaurant in the last 7 days? **Yes / No** If yes, list

Date	Name of Restaurant	Location

Complete Open-Ended Food History on next page.

Information does not need entered into WVEDSS, however it should be kept with the paper record of the case. State health department staff may request if case is later identified as part of an outbreak.

Food History Completed? Yes / No

PUBLIC HEALTH ISSUES

If any household member is symptomatic, the member is epi-linked and therefore is a probable case and should be investigated further. A stool culture and disease case report should be completed.

Name	Relationship to Case	Onset Date	Lab Testing

Y N NA

- ☐ ☐ ☐ Employed as food handler
- ☐ ☐ ☐ Non-occupational food handling (e.g. pot lucks, receptions)
- ☐ ☐ ☐ Attends or employed in child care
- ☐ ☐ ☐ Household member or close contact in sensitive occupation (food, HCW, child care)
- ☐ ☐ ☐ Case is part of an outbreak
  Outbreak Name: ______________________________

PUBLIC HEALTH ACTIONS

Y N NA

- ☐ ☐ ☐ Disease/Transmission Education Provided
- ☐ ☐ ☐ Exclude individuals in sensitive occupations(food, HCW, child care)
- ☐ ☐ ☐ Restaurant inspection
- ☐ ☐ ☐ Child care inspection
- ☐ ☐ ☐ Culture symptomatic contacts
- ☐ ☐ ☐ Patient is lost to follow up
- ☐ ☐ ☐ Other:_____________________________

Name: ________________________
DOB: _________________
Condition: ___Salmonellosis______

OPEN ENDED FOOD HISTORY
(for Enteric Diseases)

DAY 1 (DATE OF ONSET)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		

DAY 2 (1 day before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		

DAY 3 (2 days before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		

DAY 4 (3 days before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		

DAY 5 (4 days before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		