

Shigellosis

| PATIENT DEMOGRAPHICS | | | |
|---|------------------------------------|---|--|
| Name (last, first): | | *Birth date: / / Age: | |
| Address (mailing): | | *Sex: □Male □Female □Unk | |
| Address (physical): | | *Ethnicity: Not Hispanic or Latino | |
| City/State/Zip: | | □Hispanic or Latino □Unk | |
| Phone (home): Phone (work/cell) : | | *Race: | |
| | | (Mark all Native HI/Other PI | |
| Alternate contact: □Parent/Guardian □Spouse □Oti | | that apply) | |
| Name: | Phone: | ☐ Asian ☐ Unk | |
| INVESTIGATION SUMMARY | | | |
| Local Health Department (Jurisdiction): | | Case Classification: | |
| Investigation Start Date:// | | | |
| Earliest date reported to LHD:/ | | ☐ Confirmed ☐ Probable ☐ Suspect | |
| Earliest date reported to State: / / | | □ Not a case □ Unknown | |
| REPORT SOURCE/HEALTHCARE PROVIDER (HCP) | | | |
| Report Source: | | | |
| Reporter Name: | | | |
| Primary HCP Name: Primary HCP Phone: | | | |
| CLINICAL | | | |
| Onset date:// Diagnosis d | ate:// | Recovery date:// | |
| Clinical Findings | *Hospitalization | | |
| Y N U | Y N U | | |
| □ □ □ Diarrhea | □ □ □ Hospitalized for this | | |
| □ □ □ Bloody stool | Hospital name: Discharge date: / / | | |
| □ □ □ Fever highest temp | Admit date:// | Discharge date:// | |
| □ □ □ Vomiting | *Death | | |
| □ □ □ Nausea | Y N U | | |
| □ □ □ Abdominal cramps | ☐ ☐ ☐ Died due to this illne | ess | |
| | Date of death:// | | |
| LABORATORY (Please submit copies of <u>all</u> labs, including sensitivities, associated with this illness to DIDE) | | | |
| | *Antibiotic Suceptibility Testin | g: | |
| | | owing medications in the Laboratory Event | |
| □Other | associated with this investigat | | |
| | = | Ampicillin | |
| Collection date: / / | | Ciprofloxacin | |
| Y N U | | rim/Sulfamethoxazole | |
| ☐ ☐ ☐ Culture positive for <i>Shigella</i> species | | , canametrionazore | |
| □ □ □ Isolate submitted to state public health lab (OLS) | | | |
| isolate submitted to state public health lab (OLS) | | | |
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| Notes | | | |
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INFECTION TIMELINE Onset date Exposure period Instructions: Enter onset date in grey -7 -1 box. Count backward to Days from onset (Max Incubation) (Min Incubation) determine probable exposure period Calendar dates: **EPIDEMIOLOGIC EXPOSURES** *Is case member of a high risk occupation? (Mark one) Y N U ☐ Food Handler □ □ *Contact with diapered or incontinent child? □ □ Does case know anyone with similar symptoms or illness? ☐ Health Care Worker □ □ □ Contact with a lab confirmed case of Shigellosis? ☐ Day Care Worker/Attendee If yes, type of contact: □Household □Sexual □ Casual □Other ☐ Student □ □ *Live in a congregate setting? ☐ None of Above □ □ □ Exposed to raw sewage? Employer/School Name: _____ □ □ *Drank untreated/unchlorinated water (e.g. surface, well)? □ □ Travel to another state or country? If yes, where ______ ☐ ☐ ☐ Hike, camp, fish or swim? If yes, where__ Attend any group activitites, 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 PUBLIC HEALTH ACTIONS** If any household member is symptomatic, the member is epi-linked and therefore is a probable case and should be investigated further. A stool Y N NA culture and disease case report should be completed. ☐ ☐ ☐ Disease/Transmission Education Provided Name Relationship to Case Onset Date □ □ □ Exclude individuals in sensitive Lab Testing Occupations(food, HCW, child care) □ □ □ Restaurant inspection □ □ □ Child care inspection □ □ □ Culture symptomatic contacts □ □ □ Patient is lost to follow up □ □ □ Other: _____ □ □ □ Employed as food handler □ □ Non-occupational food handling (e.g. pot lucks, receptions) ☐ ☐ ☐ Attends or employed in child care or preschool □ □ Household member or close contact in sensitive occupation (food, HCW, child care) □ □ □ Case is part of an outbreak

Outbreak Name:

| Name: | — OPEN ENDED FOOD HISTORY (for Enteric Diseases) | | |
|----------------------------------|--|-----------------------------------|--|
| DOB: | | | |
| Condition: Shigellosis | (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 | <u>-</u> | | |
| 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