MONTANA
Department of Public Health & Human Services

Send completed forms to DPHHS CD Epi Program
Fax: 800-616-7460

Campylobacteriosis

County

Case ID_____

Reported to DPHHS: ☐ Date ___/___/___
Classification: ☐ Confirmed ☐ Probable ☐ Suspect
Method: ☐ Lab ☐ Clinical ☐ Epi Link:_____

☐ **Outbreak-related**
LHJ Cluster #: _____
DPHHS Outbreak #: _____

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation start date: ___/___/___

Reporter name_____
Reporter phone_____
Primary HCP name_____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____
☐ **Patient could not be interviewed**

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Calculated Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	?	NA	
☐	☐	☐	☐	**Diarrhea:** Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	**Bloody diarrhea**
☐	☐	☐	☐	**Abdominal cramps or pain**
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting
☐	☐	☐	☐	Fever Highest measured temp (^{o}F): ____ ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Predisposing Conditions

Y	N	?	NA	
☐	☐	☐	☐	Underlying illness, specify: _____
☐	☐	☐	☐	Immunosuppressive therapy

Clinical Findings

Y	N	?	NA	
☐	☐	☐	☐	Guillain-Barre syndrome
☐	☐	☐	☐	Reactive arthritis

Hospitalization

Y	N	?	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

☐ ☐ ☐ ☐ Died from illness Death date ___/___/___
☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Collection date ___/___/___
Source _____

P	N	I	O	NT	
☐	☐	☐	☐	☐	***Campylobacter* culture (clinical specimen)**

Campylobacter species: _____

NOTES

Campylobacter case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered DPHHS CD017 (Rev 8/2010)

INFECTION TIMELINE: *Get precise answers for onset times if at all possible. Without a date **and time**, it's hard to make a decent epi curve or to calculate incubation times. Estimates are OK. Prompt as needed: "What is your best guess of the time?" Don't let them get away with vague stuff like "morning" or "some time after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? For example, by "2 am Friday night,", do they really mean Saturday morning? Keep probing until it is unambiguous, and then write down what they mean—not just what they say. Midnight will be considered as the **end** of the day (e.g., 11:59 pm).*

EXPOSURE HISTORY: *Ask about travel, the kinds of foods eaten, places where case might have eaten in the 8 days before onset as determined in timeline below.*

INFECTION TIMELINE

Enter onset date and time (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days before onset: -10 days ☐ Ask about exposures between these dates ☐ -1 day

Exposure period

Calendar dates: ☐

Onset date and time ☐

Contagious period

1 week to weeks

EXPOSURE (Refer to dates above)

LEAD-IN QUESTIONS

Y N ? NA

☐ ☐ ☐ ☐ Did you travel?
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
_____
_____

☐ ☐ ☐ ☐ Does case knows anyone with similar symptoms?

☐ ☐ ☐ ☐ Is contact with lab confirmed case?
Was contact:
☐ Casual ☐ Household ☐ Sexual
☐ Diapered child ☐ Diapered adult
☐ Other: _____

FOOD EXPOSURE QUESTIONS

Y N ? NA

☐ ☐ ☐ ☐ Any poultry
☐ ☐ ☐ ☐ Undercooked poultry
☐ ☐ ☐ ☐ Handled raw poultry
☐ ☐ ☐ ☐ Any eggs
☐ ☐ ☐ ☐ Raw or runny eggs
☐ ☐ ☐ ☐ Home-made eggnog
☐ ☐ ☐ ☐ Ice cream,
☐ ☐ ☐ ☐ Raw dough or batter
☐ ☐ ☐ ☐ Raw fruits or vegetables
☐ ☐ ☐ ☐ Any sprouts (e.g. alfalfa, clover, bean)
☐ ☐ ☐ ☐ Unpasteurized milk (cow)
☐ ☐ ☐ ☐ Unpasteurized cheese (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
☐ ☐ ☐ ☐ Juices or ciders Type: _____
Unpasteurized: ☐**Y** ☐**N** ☐**?** ☐**NA**
☐ ☐ ☐ ☐ Known contaminated food product
☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
☐ ☐ ☐ ☐ Meal at campground:
NAME_____

Y N ? NA

☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____
_____

☐ ☐ ☐ ☐ Congregate living
Type:
☐ Long term care facility ☐ Shelter
☐ Barracks ☐ Dormitory
☐ Other: _____

WATER/ANIMAL EXPOSURE

Y N ? NA

☐ ☐ ☐ ☐ Home source of drinking water
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____
☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
☐ ☐ ☐ ☐ Did you drink water from a campground?
Name/location:_____

☐ ☐ ☐ ☐ Case or household member lives or works on farm or dairy
☐ ☐ ☐ ☐ Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____
☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick: ☐**Y** ☐**N** ☐**?** ☐**NA**
☐ ☐ ☐ ☐ Raw pet food or dried pet treats
☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit
☐ ☐ ☐ ☐ Livestock or farm poultry
☐chicks ☐ducks ☐other: _____
☐ ☐ ☐ ☐ Any contact with animal at home or elsewhere
☐ ☐ ☐ ☐ Cat or kitten

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In MT (County: _____) ☐ US but not MT ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS/TREATMENT

PUBLIC HEALTH ISSUES	PUBLIC HEALTH ACTIONS
Y N ? NA ☐ ☐ ☐ ☐ Employed as food worker Where?_____ ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period ☐ ☐ ☐ ☐ Employed as health care worker ☐ ☐ ☐ ☐ Employed in child care or preschool ☐ ☐ ☐ ☐ Attends child care or preschool ☐ ☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, child care, food)	☐ Initiate trace-back investigation ☐ Hygiene education provided ☐ Restaurant inspection ☐ Child care inspection ☐ Investigation of raw milk/dairy ☐ Other: specify _____

Investigator _____ **Phone/email:** _____	**Investigation complete date** ___/___/___
Local health jurisdiction _____	**Record complete date** ___/___/___