MONTANA
Department of Public Health & Human Services

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

Hemolytic Uremic Syndrome (HUS)

County

Case ID _____

Reported to DPHHS: ☐ Date ___/___/___
Classification: ☐ Confirmed ☐ Probable

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 _____

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: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	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

Hospitalization

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

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

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy Place of death _____

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	**Onset within 3 weeks of diarrheal episode**
☐	☐	☐	☐	Antibiotic taken for this diarrheal illness
☐	☐	☐	☐	Antacid use regularly
☐	☐	☐	☐	Underlying illness, specify: _____

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	**Kidney (renal) abnormality or failure**
☐	☐	☐	☐	**Thrombotic thrombocytopenic purpura (TTP)**
☐	☐	☐	☐	Hemolytic uremic syndrome (HUS)
☐	☐	☐	☐	Delirium or disorientation

Laboratory

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

Collection date ___/___/___
Source _____

P	N	I	O	NT	
☐	☐	☐	☐	☐	Shiga toxin
☐	☐	☐	☐	☐	**Elevated creatinine level**
☐	☐	☐	☐	☐	**Proteinuria**
☐	☐	☐	☐	☐	**Acute anemia with microangiopathic changes**
☐	☐	☐	☐	☐	**Anemia (Hb<11, Hct<33)**
☐	☐	☐	☐	☐	**Coagulopathy (platelets < 100,000)**
☐	☐	☐	☐	☐	**Hematuria**

NOTES

INFECTION TIMELINE

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

Montana Department of Public Health and Human Services **Case Name:** _____

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

Days before onset: -8 days ← ***Exposure period*** → -1 day | ***Onset date and time*** | ***Contagious period*** → 1 week to weeks

Calendar dates: [ ] Ask about exposures between these dates [ ]

EXPOSURE (Refer to dates above)

Y	N	DK	NA	
☐	☐	☐	☐	Case knows anyone with similar symptoms
☐	☐	☐	☐	Travel out of the state, out of the country, or outside of usual routine Out of: ☐ County ☐ State ☐ Country Dates/Locations: _____ _____ _____
☐	☐	☐	☐	Contact with lab confirmed case ☐ Casual ☐ Household ☐ Sexual ☐ Needle use ☐ Other: _____
☐	☐	☐	☐	Contact with diapered or incontinent child or adult
☐	☐	☐	☐	Congregate living Type: ☐ Barracks ☐ Corrections ☐ Long term care ☐ Dormitory ☐ Boarding school ☐ Camp ☐ Shelter ☐ Other: _____
☐	☐	☐	☐	Beef Rare, undercooked, or raw: ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	Ground beef Rare, undercooked, or raw: ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	Handled raw meat
☐	☐	☐	☐	Venison or other wild game meat
☐	☐	☐	☐	Other meat products: _____
☐	☐	☐	☐	Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
☐	☐	☐	☐	Raw fruits or vegetables
☐	☐	☐	☐	Sprouts (e.g. alfalfa, clover, bean)
☐	☐	☐	☐	Fresh herbs Type: _____

Y	N	DK	NA	
☐	☐	☐	☐	Unpasteurized milk (cow)
☐	☐	☐	☐	Juices or cider, Type: _____ Unpasteurized: ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	Known contaminated food product
☐	☐	☐	☐	Group meal (e.g. potluck, reception)
☐	☐	☐	☐	Food from restaurants Restaurant name/location: _____ _____ _____
☐	☐	☐	☐	Source of drinking water known ☐ 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)
☐	☐	☐	☐	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: _____
☐	☐	☐	☐	Zoo, farm, fair or pet shop visit
☐	☐	☐	☐	Any contact with animals at home or elsewhere Cattle, cow or calf: ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	Sewage or human excreta
☐	☐	☐	☐	Any type of sexual contact with others during the exposure period # female sexual partners: _____ # male sexual partners: _____

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

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

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

PUBLIC HEALTH ISSUES

Y	N	DK	NA	
☐	☐	☐	☐	Employed as food worker
☐	☐	☐	☐	Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐	☐	☐	☐	Employed in child care or preschool
☐	☐	☐	☐	Attends child care or preschool
☐	☐	☐	☐	Household member or close contact work at or attend child care or preschool

PUBLIC HEALTH ACTIONS

☐ Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until diarrhea ceases
☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____ **Record complete date** ___/___/___

Hemolytic Uremic Syndrome: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered