



Send completed forms
DPHHS CDEpi
Program
Fax: 800-616-7460

Case ID _____

Reported to DPHHS: Date ___/___/___

Classification: Confirmed Probable

Method: Lab Clinical

Epi Link: _____

Outbreak-related

LHJ Cluster# _____

DOH Outbreak # _____

Shigellosis

County _____

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 (°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

Immunosuppressive therapy or disease

Clinical Findings

Y N DK NA

Hemolytic uremic syndrome (HUS)

Kidney dialysis as result of illness

Laboratory

Collection date ___/___/___

Source _____

P N I O NT

Shigella culture (clinical specimen)

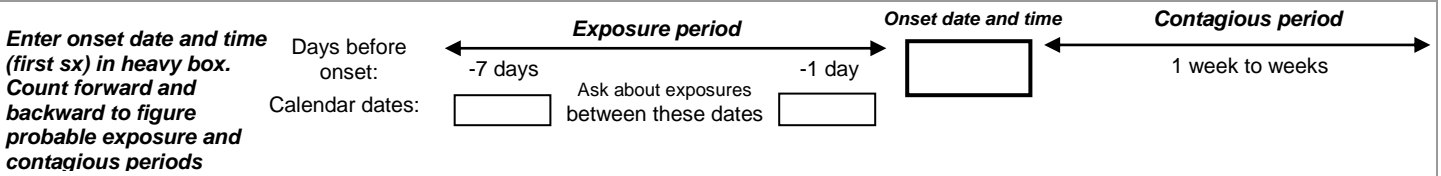
Shigella species: _____

PFGE pattern: _____

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

NOTES

INFECTION TIMELINE



EXPOSURE (Refer to dates above)

CONTACT INFORMATION

Y N ? NA

Do you have any contact with children in child care settings? (e.g. parent of child, care for grandchildren)

Please specify: _____

Name of facility: _____

Do you have contact with children in diapers?

Please specify: _____

Do you know anyone with similar symptoms or illness?

yes no not sure

If yes, is contact a:

Y N ? NA

- Household member?
- Occupational contact?
- Diapered or incontinent child or adult?
- Other: _____
- Is contact in a sensitive occupation or setting?

If yes to any of the above, is person employed as:

Y N ? NA

- Food handler?
- Health care/long term care facility worker?
- Daycare provider/worker?
- Daycare attendee?
- Other group contact? _____

If yes, please name person(s) with similar symptoms or illness

SETTINGS

Y N ? NA

Did you attend any large gatherings? (such as weddings, church service, school events, festivals, fairs)

Date(s)	City/County	Description of event

Congregate living (e.g. LTCF, corrections, Shelter, dormitory)

Please specify: _____

TRAVEL INFORMATION

Y N ? NA

Did you travel outside of jurisdiction?

Date(s)	City/County	Name of event

Did you stop anywhere along the way?

Date(s)	Location of stop	Food, water consumed?

WATER EXPOSURE

Y N ? NA

Source of drinking water known
 Individual well Shared well
 Public water system Bottled water
 Other: _____

Drank untreated/unchlorinated water (e.g. surface, well, stream)

Sewage or human excreta

Did you go fishing?

If yes, where? _____

Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

Date(s)	Location	Body of Water

OTHER EXPOSURES:

Y N ? NA

Any type of sexual contact with others during exposure period?
 Female/ male partners? _____

NOTES:

FOOD HISTORY

Please indicate food consumption and purchase history for the applicable incubation period **only**. Incubation period is usually 1-3 days for shigellosis, rarely 12 hours or up to one week. When collecting food history, please include names, locations and dates of vendors, stores and events.

Y N ? NA

- Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- Home grown, home canned
- Group meal (e.g. potluck, school event)
- Shop at Farmer's markets/ local produce?
- Shop at road stands, mobile vendors (e.g. cherry stands, street vendor)?
- Restaurants visited: _____
- Grocery stores shopped at: _____

Consumed	Prepared	Under-cooked	Raw	Consume/prepare Date(s)	Description of food items: -steak -eggs	Purchase Date(s)	Where purchased/ consumed? -restaurant X, friend's house; -store Y, farmer's market;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Beef		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Poultry		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pork		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lamb		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Game		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Seafood		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fruits		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Produce		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vegetables		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Nuts		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Frozen		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dairy		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Juice/Cider		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:		

NOTES:

PUBLIC HEALTH ISSUES

Y N ? NA

- Employed as food worker
- 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)

PUBLIC HEALTH ACTIONS

- Exclude individuals in sensitive occupations (HCW, food, child care) or situation until 2 negative stools
- Consider excluding symptomatic contacts in sensitive occupations (HCW, food, child care) or situations (child care) until 2 negative stools
- Initiate trace-back investigation
- Child care inspection
- Hygiene education provided
- Restaurant inspection
- Follow-up of household members**
- Work or child care restriction for household member**
- Testing of home/other water supply
- Other, specify: _____

Investigator _____

Record complete date ___/___/___

Phone/email: _____

Investigation complete date ___/___/___