



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

Case ID _____

Outbreak-related

LHJ Cluster #: _____

Hemolytic Uremic Syndrome (HUS)

Reported to DPHHS: Date ___/___/___

Classification: Confirmed Probable

DPHHS Outbreak #: _____

Method: Lab Clinical

Epi Link: _____

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

Onset within 3 weeks of diarrheal episode

Antibiotic taken for this diarrheal illness

Antacid use regularly

Underlying illness, specify: _____

Laboratory

Collection date ___/___/___

Source _____

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

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

Clinical Findings

Y N DK NA

Kidney (renal) abnormality or failure

Thrombotic thrombocytopenic purpura (TTP)

Hemolytic uremic syndrome (HUS)

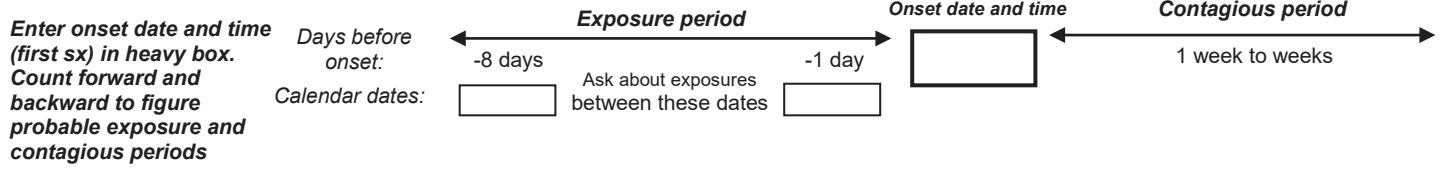
Delirium or disorientation

NOTES

INFECTION TIMELINE

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

DPHHS CD018 (rev, 10/10)



EXPOSURE (Refer to dates above)

- | | |
|---|--|
| <p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Case knows anyone with similar symptoms</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Travel out of the state, out of the country, or outside of usual routine
Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country
Dates/Locations: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with lab confirmed case
<input type="checkbox"/> Casual <input type="checkbox"/> Household <input type="checkbox"/> Sexual
<input type="checkbox"/> Needle use <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with diapered or incontinent child or adult</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Congregate living Type:
<input type="checkbox"/> Barracks <input type="checkbox"/> Corrections <input type="checkbox"/> Long term care
<input type="checkbox"/> Dormitory <input type="checkbox"/> Boarding school <input type="checkbox"/> Camp
<input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Beef
Rare, undercooked, or raw: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ground beef
Rare, undercooked, or raw: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Handled raw meat</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Venison or other wild game meat</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other meat products: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Raw fruits or vegetables</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sprouts (e.g. alfalfa, clover, bean)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fresh herbs Type: _____</p> <p><input type="checkbox"/> Patient could not be interviewed</p> <p><input type="checkbox"/> No risk factors or exposures could be identified</p> | <p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unpasteurized milk (cow)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Juices or cider, Type: _____
Unpasteurized: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Known contaminated food product</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Group meal (e.g. potluck, reception)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food from restaurants
Restaurant name/location: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Source of drinking water known
<input type="checkbox"/> Individual well <input type="checkbox"/> Shared well
<input type="checkbox"/> Public water system <input type="checkbox"/> Bottled water
<input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drank untreated/unchlorinated water (e.g. surface, well)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Case or household member lives or works on farm or dairy</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zoo, farm, fair or pet shop visit</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any contact with animals at home or elsewhere
Cattle, cow or calf: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK <input type="checkbox"/> NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage or human excreta</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any type of sexual contact with others during the exposure period
female sexual partners: _____
male sexual partners: _____</p> |
|---|--|

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 **PUBLIC HEALTH ACTIONS**

- | | |
|--|--|
| <p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employed as food worker</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-occupational food handling (e.g. potlucks, receptions) during contagious period</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employed in child care or preschool</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attends child care or preschool</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Household member or close contact work at or attend child care or preschool</p> | <p><input type="checkbox"/> Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until diarrhea ceases</p> <p><input type="checkbox"/> Other, specify: _____</p> |
|--|--|

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