



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)**

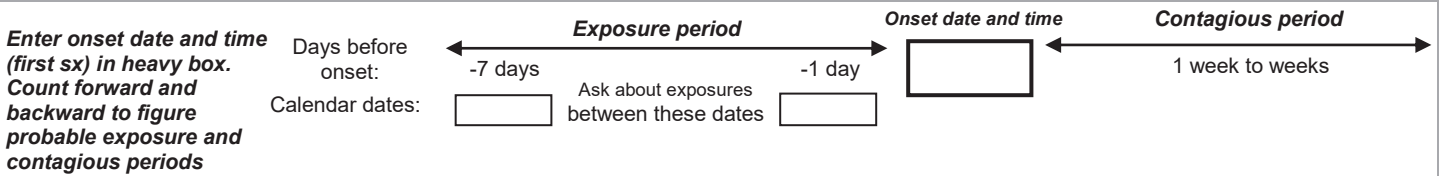
Shigella species: \_\_\_\_\_

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 \_\_\_/\_\_\_/\_\_\_