DEPARTMENT OF **HEALTH & HUMAN SERVICES** AND PREVENTION ATLANTA, GA 30333

## HEALIH & HUMAN SERVICES CENTROL TYPHOID AND PARATYPHOID FEVER SURVEILLANCE REPORT

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AND PREVENTION ATLANTA, GA 30333	CDC NO.:	STATE LAB ISOLATE ID NO.	CENTERS FOR DISEASE CONTROL AND PREVENTION	
<ul><li><u>Instructions:</u></li><li>Please complete this</li></ul>		re-proven cases of typhoid or paratyphoid fever. –	Form Approved: OMB No. 0920-0728	
	DEM	IOGRAPHIC DATA		
1. Reporting State:	2. First three letters of patient's last name:	3. Date of birth: Day Or A (in y	age:	
4. Sex:  Male Female	<b>5.</b> Does the patient work as a foodhandl	U.S. Other:	Unk.	
CLINICAL DATA				
7. Was the patient ill vor paratyphoid feve abdominal pain, he	er? (fever, adache, etc) Unk.  Onset of symptoms:  Mo.  Day  Yr.	hospitalized? the patient hospitalized?  Yes No Unk.  Days	O. Outcome of case:  Recovered Died Unk.	
	LAE	BORATORY DATA		
10. Date Salmonella fi	rst isolated: Site(s) of isolation: (check all that apply)  Blood Stool Serotype:  Typhi Paratyph	☐ Gall Bladder ☐ Other (specify):		
on this (these) iso	Isitivity testing performed late(s) at the laboratory?  The clinical laboratory for a laboratory for laboratory	Ampicillin: Yes Chloramphenicol: Yes Trimethoprim-sulfamethoxazole: Yes Fluoroquinolones (e.g., Ciprofloxacin): Yes	No Not tested	
Yes No Uni			NoNot tested	
	EPID	EMIOLOGIC DATA		
	r as part of an outbreak? es of typhoid or paratyphoid fever associa	ted by time and place)		
13. Did the patient red (primary series or five years before o	inset of illness?	<ul> <li>Oral Ty21a or Vivotif (Berna) four pill series: Yes</li> <li>ViCPS or Typhim Vi shot (Pasteur Merieux): Yes</li> </ul>		
14. Did the patient tra the United States duri before the illness bega	ng the 30 days   before the illness beg an?	entry to the	ost recent return or le United States:	
Yes No Unl	1. c. <u>2</u> .	<u> </u>	Day Yr.	
<b>15.</b> Was the purpose of	of the international travel:			
a. Business?b. Tourism?	Yes No Yes No U	Unk. d. Immigration to U.S.?		
<b>16.</b> Was the case traced to a typhoi	d or paratyphoid carrier?	No Unk. If Yes, was the carrier previously known to the health department?	Yes No Unk.	
17. Comments:				
Address:				
Telephone:		Date: 03/25/2019	W.	

Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention

Mailstop C-09, Atlanta, Georgia 30333 • Fax: (404) 639-2205

Please send a copy to your STATE EPIDEMIOLOGY OFFICE and the

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and the data of the datreviewing the collection of information. An agency may not conductor sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are not of the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are not of the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are not of the collection of information unless it displays a currently valid OMB control number. Send control number is a current of the collection of information unless it displays a currently valid OMB control number. Send control number is a current of the current ofor any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).