

West Virginia Supplemental Enteric Disease Case Report Follow-up Form - 7/4/02

To be completed by Local Health Department and returned with Confidential Reportable Disease Case Report. This form is part of the permanent record and is a legal document

Name: _____ D.O.B. ____/____/____ COUNTY: _____

Disease Name: _____ ☐ Confirmed ☐ Probable ☐ Epi-link to _____

Clinical Data	Exposures		
Date of Onset ____/____/____ Time _____	Within (____) hours/days prior to onset of illness, did you?		
	Yes	No	Don't Know
Date Well ____/____/____ Time _____			
<input type="checkbox"/> Headache	1. Handle raw meat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<input type="checkbox"/> Vomiting	2. Have contact with a daycare or a daycare attendee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
How many times? _____	3. Have a household member or sexual partner with similar symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<input type="checkbox"/> Diarrhea	4. Hike, camp, fish, or swim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
How many times? _____	5. Drink from a spring or stream? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<input type="checkbox"/> Bloody Stool	6. Travel to another state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<input type="checkbox"/> Nausea	7. Have contact with birds or poultry, pets, farm animals, or reptiles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<input type="checkbox"/> Fever	If you answered yes , to any questions dealing with the above, please explain		
How high? _____	_____		
<input type="checkbox"/> Cramps	_____		
<input type="checkbox"/> Physician visit?	_____		
Name _____	_____		
Address _____	_____		
Phone _____	_____		

List all group activities, parties or gatherings (wedding receptions, baby showers, church events, clubs, school events, athletic events, office parties or banquets, festivals, or fairs) attended in the last (____) hours/days* prior to onset.

Use additional paper if necessary:

Activity: _____ Where: _____ Date: ____/____/____

Activity: _____ Where: _____ Date: ____/____/____

Activity: _____ Where: _____ Date: ____/____/____

Household members. List all household contacts, even if symptomatic. Give onset date, if symptomatic

Name	Age	Relationship to Case	Symptoms (Y/N)	Date of Onset	Lab Testing	Occupation

*** If any household member is symptomatic, the member is epi-linked therefore is a probable case and should be investigated further. A stool culture, yellow card and a supplemental enteric disease case report follow-up form should be completed.**

Disposition

Work or school restrictions? ☐ No ☐ Yes; specify: _____

Other action taken: _____

Document education: ☐ Telephone ☐ Face-to-face ☐ Letter ☐ Fact sheet ☐ Other ☐ Not done

Has an isolate of the organism been sent to the state lab (OLS) for serotyping and PFGE (for Salmonella, E. coli, and Shigella)? ☐ Isolate sent ☐ Isolate requested ☐ No isolate available

Name of person completing the interview: _____ Date: ____/____/____

Patient's Name _____	Disease _____				
FOOD HISTORY					
Did the patient eat any of the following within (____) hours/days* prior to the onset of symptoms?					
	<div style="display: flex; justify-content: space-between; font-weight: bold;"> Yes No Don't Know </div>				
1. Fresh shell eggs:.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<i>If yes, were the eggs cooked well?.....</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
2. Raw eggs in egg nog, Caesar salad, hollandaise sauce, meringue, béarnaise sauce, raw cookie dough, homemade mayonnaise, tiramisu, homemade ice-cream, other: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
3. Raw or undercooked chicken, turkey, or other fowl:.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
4. Raw or undercooked wild game:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
5. Raw or undercooked hamburger, red meat, pork or pork products:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
6. Luncheon meats or wieners	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
7. Raw or unpasteurized milk or cheese.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
8. Raw or undercooked fish or shellfish, including raw oysters.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
9. Unpasteurized juice or cider?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
10. Raw fruits or vegetables? (Includes slaw, salad, sprouts, cantaloupes, tomatoes, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Source of Home Water Supply? <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring <input type="checkbox"/> Other _____					
List all restaurants in which you ate during the (____) hours/days* prior to illness: (Please use additional paper if necessary)					
Restaurant _____	Address _____ Date ____/____/____				
Restaurant _____	Address _____ Date ____/____/____				
Restaurant _____	Address _____ Date ____/____/____				
Where do you usually shop for food?					
Grocery _____	Address _____				
Grocery _____	Address _____				
Grocery _____	Address _____				
Open-ended Food History for the (____) hours/days* prior to illness onset (Use additional paper if necessary)					
	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____	Date ____/____/____
Breakfast					
Snacks					
Lunch					
Snacks					
Dinner					
Snacks					

* Use the incubation period which applies to the agent / disease under investigation: e.g., *Campylobacter* (1-10 days, usually 2-5 days), *Clostridium botulinum* (Botulism)-(12-36 hours), *Cyclospora cayetanensis* (1-11 days), *Cryptosporidium parvum* (1-12 days, average 7 days), *E. coli* O157:H7 (2-8 days, median 3-4 days), *Entamoeba histolytica* (Amebiasis) -(2-3 days to 1-4 weeks), *Giardiasis* (1-4 weeks), *Listeriosis* (9-48 hours), *Non-typhoidal Salmonella gastroenteritis* (6-72 hours, usually 12-36 hours), *Norwalk-like virus* (24-48 hours), *Salmonella typhi* (Typhoid fever)-(3 days-1 month, usually 8-14 days), *Shigella* (12-96 hours, usually 1-3 days), *Vibrio cholerae* (few hours-5 days, usually 2-3 days),