

CAMPYLOBACTERIOSIS CASE INVESTIGATION FORM

Use this form to interview all cases of infection with *Campylobacter* for FoodNet Case Exposure Ascertainment (CEA)
(Only required for Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson Counties)

Questions marked with * must be entered into CEDRS

Patient Name: _____ CEDRS # _____ Interview date: ___/___/___

Agency Name: _____ Form Completed by: _____

Contact attempts: record date(s) and contact method (phone, text, letter) here:

Interviewed: Patient Parent/Spouse Refused/Unable to Contact Medical Record Other: _____

Demographics and Contact Information

*Date of Birth ___/___/___ Age: _____ (Circle: Yrs., Mos., Days) *Sex: F M

*Race (Circle all that apply):

American Indian/Alaskan Native Asian Black Unknown
Pacific Islander/Hawaiian Native White Other

*Ethnicity (Circle one): Hispanic Non Hispanic Unknown

Language spoken: _____ Parent/legal guardian: _____

Residence:

Address: _____

City: _____

County: _____

Zip Code: _____

Phone Numbers:

Home Phone: (____) _____

Work Phone: (____) _____

Mobile: (____) _____

E-mail: _____

Was pt living in an Institutional setting at time of event? Y N U If yes, what type? _____

Laboratory information *****please confirm lab information with patient, even if already in CEDRS

*Culture: Pos Neg Not tested *EIA: Pos Neg Not tested *PCR: Pos Neg Not tested

Lab or hospital name: _____

*Date specimen(s) collected: ___/___/___ *Specimen source: Stool Urine
Blood Other: _____

Physician Name: _____ MD Phone: (____) _____

Clinic Name: _____ City/State: _____

Clinical Description (Yes=Y; No=N; Unknown=U)

Did the patient have symptoms?: Y N U If yes, *onset date ___/___/___ Time: ___ AM / PM

Did the patient have:

*Diarrhea Y N U *Fever (max temp _____) Y N U Headache Y N U
Date diarrhea onset ___/___/___ Vomiting Y N U Body aches Y N U
*Bloody diarrhea Y N U Abd. cramps Y N U Other _____ Y N U

How many days did the illness last? _____ days

Outcome/Hospitalization

*Outcome: Survived Died Unk (Record pt outcome on 7th day after specimen collect date)

If died, date of death: ___/___/___

*Was patient hospitalized? Yes No Unk (ER visits only not considered "hospitalized")

If hospitalized:

*Hospital Name: _____ *Date of Admission: ___/___/___ *Date of Discharge: ___/___/___

*2nd hospital Name: _____ *Date of Admission: ___/___/___ *Date of Discharge: ___/___/___

Infection timeline

Enter onset date in box, then count back to determine probable exposure period and enter those dates.

Exposure period **Communicable period**

Days from onset: -7 -2 Onset date

Variable—as long as *Campylobacter* excreted in stool; most infectious while having diarrhea

If not otherwise specified, please ask about exposures 7 days before symptom onset.

School/Work

Current place of Employment: _____ Occupation: _____
 Student? Yes No If yes, Name of School: _____

In the 7 days before illness onset:

Primary occupation: _____ Industry (see CEDRS for list): _____
 Describe main occupational duties: _____

Does the patient...

Attend, work or volunteer at a child care center / preschool?	Yes	No	Unk
Have a child(ren) in a child care center? <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Are other children/staff ill?	Yes	No	Unk
Attend, work or volunteer at a residential facility? (e.g. nsg home) <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Are other staff/residents ill?	Yes	No	Unk
Provide direct patient care as a health care worker? <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Work as a food handler? <i>If yes, name and location of facility</i> _____	Yes	No	Unk
Since the patient became ill, did case prepare food for any public or private gatherings? <i>If yes, provide details:</i> _____	Yes	No	Unk

Contact management

*Did patient have contact with any individual who had a diarrheal illness (before case's onset)? Yes No Unk

Complete the table below for **all** household members and other close contacts. If any of these persons has been ill with similar symptoms, please indicate the date of onset and symptoms.

Name	Age	Occupation/ Child Care	Similar illness	Onset m d y	Comments
_____			Y N U	_____	_____
_____			Y N U	_____	_____
_____			Y N U	_____	_____
_____			Y N U	_____	_____
_____			Y N U	_____	_____
_____			Y N U	_____	_____

Epi-links

Is any person listed above already a confirmed or suspected case in CEDRS? Yes No Unk *If yes, CEDRS#* _____
 Is this patient part of a known/suspected outbreak? Yes No Unk *If yes, specify:* _____

If case or household contact is high risk (food handler, health care worker, child care) refer to CD manual for restrictions/follow up. Obtain details of site, job description, dates worked/attended during communicable period, supervisor name, etc.

Travel information

*Did patient travel outside the US in the 7 days prior to the onset of illness? Yes No Unk
 If yes, Country _____ Date left US _____ Date returned to US _____
 (1) _____
 (2) _____
 (3) _____

Check box if case was adopted or immigrated to US (no "date left US")

Did patient travel within the US in the 7 days prior to the onset of illness? Yes No Unk
 If yes, where/when: _____

If case traveled out of the country, complete international travel section and conclude interview. It's not necessary to collect other food or exposure information.

Water

*During the 7 days before illness, did patient drink any water from a private well? Yes No Unk
 If yes, location/type of well _____

*Did patient live in a home with a septic system? Yes No Unk

*Did patient drink any untreated water from a pond, stream, spring, lake or river? Yes No Unk

Did the patient swim or wade in any of the following types of recreational water? If yes, location / dates:

- *Lake, pond, river, or stream Y N U
- *Ocean Y N U
- *Hot tub/spa, whirlpool, Jacuzzi Y N U
- *Swimming or wading pool Y N U
- *Recreational waterpark or any type of fountain Y N U
- Drainage ditch/irrigation canal Y N U
- Other, specify: _____

Pet or animal exposure

*Did the patient visit, work, or live on a farm within 7 days prior to illness? Yes No Unk

*Visit any animal exhibits (petting zoo, county fair, etc) Yes No Unk
 If yes to either, did the case have exposure to manure? Yes No Unk
 did the case participate in calving or birthing any animals Yes No Unk
 did the case participate in branding? Yes No Unk

Work in a slaughterhouse or meat packing plant? Yes No Unk

*Have contact with a pet or any other animal at home, school, work, etc.? Yes No Unk

If yes to any of these, indicate the animals with which patient had contact:

- | | | | |
|--|-----|----------------------|-----|
| *Dog/puppy | Y N | *Cow/calf | Y N |
| *Cat/kitten | Y N | *Chicken/duck/turkey | Y N |
| *Frog | Y N | *Sheep | Y N |
| *Reptile (e.g. snake, iguana, turtle) | Y N | *Goat | Y N |
| *Rodent (e.g. mouse, hamster, guinea pig) | Y N | *Pig | Y N |
| *Ferret, hedgehog or similar small animal? | Y N | Horse | Y N |
| *Pet bird or wild bird (e.g. parakeet, bird feeder bird) | Y N | Other _____ | Y N |

*Did any of these animals recently have diarrhea? Y N Which one(s)? _____
 Were any of them recently acquired? Y N Details _____

Provide details about the type and location of contact with any animals noted above. Was this contact at home, in a store, a farm, etc? Note dates and locations, if relevant. _____

Restaurant history/Group activities

Any group gatherings, picnics, sporting events, etc., during the 7 days before illness? Yes No Unk

Did others accompanying the case become ill with diarrhea, fever, or abdominal pain? Yes No Unk
(If others became ill after a common exposure, this may be an outbreak. Call regional epidemiologist or CDPHE for assistance)

Did patient eat out at any restaurants or other commercial places (i.e., not at a friend's house)? Yes No Unk

If yes, Name	Address	Date of Exposure	Foods Eaten

Grocery / food store history: List food store(s) or grocery store(s) for foods consumed during 7 days prior to illness:

Name/location: _____
 Name/location: _____
 Name/location: _____

Did patient purchase/consume any food from a farmer's market? Yes No Unk *If yes, what/where?* _____

Did patient purchase/consume any food from a CSA (community supported agriculture project) or a food coop or a home delivery service (such as a service that delivers fresh produce to your doorstep) ?
 Yes No Unk *If yes, what/where?* _____

Did patient purchase/consume any food from a specialty stores? Yes No Unk *If yes, what/where?* _____
 (such as a carniceria, or ethnic market)

Food history *Interviewer: if patient is unsure, ask patient if it is likely if s/he ate a particular food item*
Definition: OUT means foods cooked at a commercial establishment such as a by a restaurant, deli, fast food, take out, farmer's market, or catered. This does not include at another person's house, a potluck, etc.

During 7 days prior to onset of illness did the case eat: **Provide details including where food obtained, when consumed, etc, below:**

Dairy

- *Any dairy product Y N U
- *Pasteurized cow's or goat's milk Y N U
- *Nonpasteurized (raw) milk Y N U
- *Other products made from raw milk (Kiefer, ice cream, yogurt etc) Y N U
- *Any soft cheese such as Queso fresco, Brie or goat cheese? Y N U
- *Was that soft cheese made with raw milk? Y N U
- *Any eggs Y N U
- *Any eggs OUT? Y N U
- *Raw or lightly cooked eggs (runny yolks) or foods made with raw eggs (sauces, cookie dough, etc) Y N U

Meats

- *Any chicken or foods with chicken in them Y N U
- *Any chicken OUT Y N U
- *Any ground chicken Y N U
- *Any chicken at home bought fresh Y N U
- *Any chicken at home bought frozen Y N U

*Any turkey or foods with turkey in them Y N U
 *Any turkey OUT Y N U
 *Any ground turkey Y N U
 Rare or undercooked poultry Y N U
 *Anyone in household handled raw poultry Y N U

*Any beef or foods with beef in them (includes ground beef) Y N U
 *Any beef or ground beef OUT Y N U
 *Any ground beef Y N U
 *Any pink or raw ground beef Y N U
 * Anyone in household handled raw beef Y N U

*Any fish or foods with fish in them Y N U
 *Was any of this fish raw or partially cooked? Y N U
 *Any seafood, such as crab, shrimp, oysters, etc Y N U
 *Was any of this seafood raw or partially cooked? Y N U
 *Anyone in household handled raw fish or seafood Y N U

*Any pork or foods with pork in them Y N U
 *Any lamb or foods with lamb in them Y N U
 *Any liver pate Y N U
 *Any raw or undercooked liver Y N U

Produce

*Sprouts (bean, alfalfa, clover...) Y N U
 *Uncooked, fresh tomatoes Y N U Type(s):
 *Lettuce Y N U Bagged?:
 *Fresh spinach Y N U Bagged?:
 *Uncooked cilantro Y N U
 *Other fresh herbs (e.g. parsley, basil) Y N U
 Other raw vegetables Y N U List:

*Any juice or cider that was NOT pasteurized Y N U
 *Cantaloupe Y N U
 *Watermelon Y N U
 *Fresh strawberries Y N U
 *Any other fresh berries Y N U
 Other fruits Y N U List:

Any food or drinks with marijuana or its active ingredient THC in them (e.g. brownies, cookies, butter or other foods)?
 Y N U

If yes: What food(s) did you eat or drink? _____
 Was this food prepared or made at a store? Y N U
 Was this food prepared or made at home?(i.e. not retail) Y N U
 If at home, was it made with any infused products that were from a store? Y N U

Optional, for pt education purposes:

Does case use the same cutting board to cut meat and vegetables, fruit, etc.? Yes No Unk
 If yes, does case wash the cutting board after cutting meat, or before cutting fruits, vegetables, etc.? Yes No Unk

Does case use the same knife to cut meat and vegetables, fruit, etc.? Yes No Unk
 If yes, does case wash the knife after cutting meat, or before cutting fruits, vegetables, etc.? Yes No Unk

How often does case wash hands after handling raw meat/poultry? Always Most times Sometimes Never NA

Notes:

Summary of follow up

- | | |
|---|--|
| <input type="checkbox"/> Hygiene education provided | <input type="checkbox"/> Child care center inspected |
| <input type="checkbox"/> Work or childcare restriction for case | <input type="checkbox"/> Restaurant inspected |
| <input type="checkbox"/> Follow up of other household members | <input type="checkbox"/> _____ |

Questions about filling out this form?

Contact the Communicable Disease Epidemiology Program at 303-692-2700, 800-866-2759
After finishing case interview, update the CEDRS record. Do NOT send this form to CDPHE unless it is requested (e.g. as part of a suspected outbreak).