

## STEC O157/non-O157 CASE INVESTIGATION FORM

Use this form to interview confirmed, probable and suspect cases of infection with *E. coli* O157 and other STEC  
Questions marked with \* are required in FoodNet counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson) and 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/Alaska 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: \_\_\_\_\_

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

Lab confirmed: Yes No Serogroup (circle): O157:H7 O157:non motile O26 O111

If yes, lab or hospital name: \_\_\_\_\_ other serogroup: \_\_\_\_\_

\*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 Did case take antibiotics for this illness? Y N U

\*Outcome: Survived Died Unk (FoodNet counties: record pt outcome on 7th day after specimen collect date  
If died, date of death: \_\_\_/\_\_\_/\_\_\_ or, if hospitalized, at date of hospital discharge)

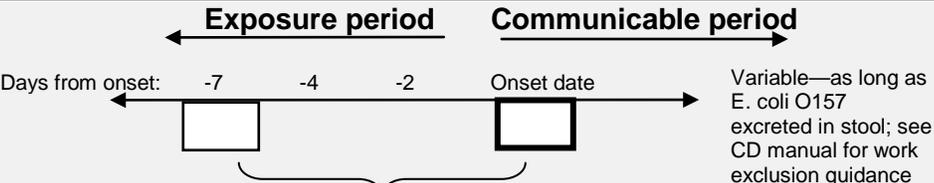
\*Was patient hospitalized? Yes No Unk (ER visits only not considered "hospitalized")  
 If hospitalized: \*Hospital Name: \_\_\_\_\_  
 \*Date of Admission: \_\_\_/\_\_\_/\_\_\_ \*Date of Discharge: \_\_\_/\_\_\_/\_\_\_  
 \*Transferred to another hospital? Yes No Unk \*Transfer hosp name: \_\_\_\_\_

\*Has the case been diagnosed with hemolytic uremic syndrome (HUS)? Yes No Unk  
 (HUS is anemia, low platelet count, kidney impairment)  
 \*Has the case been diagnosed with thrombotic thrombocytopenic purpura (TTP)? Yes No Unk  
 (TTP is anemia, low platelet count, kidney impairment, central nervous system involvement, fever)

**\*\*If yes to either, check that the case is in CEDRS as an HUS case.**

**Infection timeline**

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



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

**School/Work**

Occupation: \_\_\_\_\_ Student? Yes No  
 Place of Employment: \_\_\_\_\_ If yes, Name of School: \_\_\_\_\_

*Does the case...*

Attend, work or volunteer at a child care center / preschool? Yes No Unk  
 Have a child(ren) in a child care center? Yes No Unk  
 Have direct contact with a child who attends child care? Yes No Unk  
 Attend, work or volunteer at a residential facility? (e.g. nsg home, jail) Yes No Unk

*If yes to any of the above,*

Name and location of facility \_\_\_\_\_

Are other children/staff/residents ill? Yes No Unk

Provide direct patient care as a health care worker? Yes No Unk

*If yes, name and location of facility* \_\_\_\_\_

Work in food service? Yes No Unk

*If yes, name and location of facility* \_\_\_\_\_

Since the case became ill, did case prepare food for any public or private gatherings? Yes No Unk

*If yes, provide details:* \_\_\_\_\_

**Contact management**

Did patient have contact with any individual who had a diarrheal illness (before case's onset)? Y N U

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	_____	_____
_____	_____	_____	Y N U	_____	_____

**If case or household contact or case 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.**

**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 known/suspected outbreak?      Yes    No    Unk      *If yes, specify:* \_\_\_\_\_

**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:* \_\_\_\_\_

**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 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 in 7 days prior to illness**

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, farm, etc) Yes No Unk  
*If yes to either, did the case have exposure to manure?* 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	Sheep	Y N
Cat/kitten	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	Elk	Y N
Cow/calf	Y N	Deer	Y N
Chicken/duck/turkey	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. \_\_\_\_\_

Did case handle any pet food or pet treats? Y N  
 If yes, provide details of type of treat/food: \_\_\_\_\_

**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

<i>If yes, Name</i>	<i>Address</i>	<i>Date of Exposure</i>	<i>Foods Eaten</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Grocery / food store history:** List food store(s) or grocery store(s) for foods consumed during 7 days prior to illness. *Collect shopper card info at end of interview, suggested script is on last page:*

Name/location: \_\_\_\_\_

Shopper card number (if applicable): \_\_\_\_\_

Name/location: \_\_\_\_\_

Shopper card number (if applicable): \_\_\_\_\_

Name/location: \_\_\_\_\_

Shopper card number (if applicable): \_\_\_\_\_

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

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

Dairy

Nonpasteurized (raw) milk Y N U  
 Other nonpasteurized milk products (Queso fresco, homemade ice cream, etc) Y N U

Ground beef

Any ground beef Y N U  
 Prepared at home or private setting Y N U

Ground beef details:  
 Packaged:  Chub (plastic tube)  Styrofoam tray  
 Butcher paper  Other: \_\_\_\_\_  
 Package size \_\_\_\_\_ lbs  
 Meat was:  Fresh  Frozen Type: \_\_\_\_\_ % lean  
 Pre-formed patties? Y N U  
 Where purchased? \_\_\_\_\_  
 What brand? \_\_\_\_\_ Purchase date \_\_\_\_\_  
 Lot/Est #: \_\_\_\_\_ Use/sell by date: \_\_\_\_\_

Prepared at sit-down restaurant Y N U  
 Prepared at fast food restaurant Y N U  
 Prepared elsewhere Y N U

} Details: \_\_\_\_\_

Any pink, rare, or raw ground beef Y N U  
 Any ground beef in home, even if did not eat it? Y N U  
 How often does case usually eat ground beef?  ≥ 1/week  ~1/month  <1/month  Never  
**Any leftover ground beef and/or packaging to collect?** Y N U

Other meat

Steak or roast beef Y N U  
 Any beef served rare or raw Y N U  
 Pepperoni, salami, or summer sausage Y N U  
 Jerky Y N U  
 Wild game (venison, elk, other game) Y N U  
 Any poultry Y N U  
 Any other meat Y N U

Details:

Produce

Any food from a salad bar Y N U  
 Sprouts (bean, alfalfa, clover...) Y N U  
 Uncooked tomatoes Y N U  
 Any lettuce Y N U

Details:

Where:  
 Type of tomato:  
 Iceberg  Green leaf  Red leaf  Romaine  Other \_\_\_\_\_

Prepared at home Y N U  
 Prepared elsewhere Y N U  
 Lettuce type(s) eaten  Iceberg  Green leaf  Red leaf  Romaine  Other \_\_\_\_\_  
 Was lettuce precut/pre-shredded? Y N U  
 Was lettuce bagged/pre-packaged? Y N U

Brand: \_\_\_\_\_

Fresh spinach Y N U  
 Was spinach bagged/pre-packaged? Y N U

Brand: \_\_\_\_\_

Uncooked green onions (scallions) Y N U  
 Uncooked cilantro Y N U  
 Other raw vegetables: \_\_\_\_\_ Y N U

Any juice or cider that was NOT pasteurized Y N U

Cantaloupe Y N U  
 Honeydew Y N U  
 Other fruits : \_\_\_\_\_ Y N U

Other Food Items: Details:  
 Foods brought from other countries Y N U  
 Fresh salsa / pico de gallo Y N U  
 Health food products or supplements Y N U  
 Infant food or formula Y N U

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.? Y N U

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.? Y N U

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

***Explanation an interviewer can read for shopper card number request:***

*If case asks why shopper card information has been requested, interviewer can read: The state public health lab does additional testing on all E. coli specimens and sometimes determines that bacteria from several people are identical, which means they could have had the same source of infection. One way to learn if these people ate the same foods is to compare what they purchased at grocery stores. Would it be OK to get your shopper card number in case this happens? We would ask the store for foods you purchased, usually in the couple of weeks before you became ill.*

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).**