SALMONELLOSIS CASE INVESTIGATION FORM

Use this form to interview all cases of salmonellosis for the CASE EXPOSURE ASSESSMENT PROJECT (ONLY REQUIRED FOR FOODNET COUNTIES). DO NOT use this form for Typhoid Fever.

Patient Name: ______________________ Age: _______ (Circle: Yrs., Mos., Days) Event # ________
Agency Name: ______________________ Form Completed by: __________________ Interview date: ___/___/____

Is this patient part of a known/suspected outbreak? Yes No Unk If yes, specify: ______________

Was pt living in an institutional setting at time of event? Y N U If yes, what type? ______________________
Institution Name: ______________________ Phone number: ______________________

Provider Name: ______________________ Provider Phone: (____) ______________________
Clinic Name: ______________________ City/State: ______________________

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

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

Demographics and Contact Information (Profile)
Date of Birth ___/___/______ 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: Phone Numbers:
Address: ______________________
City: ______________________
County: ______________________
Zip Code: __________
Home Phone: (____)_______________
Work Phone: (____)_______________
Mobile: (____)_______________
E-mail: ______________________

Laboratory information  *****please confirm specimen information with patient, even if already in CEDRS
Culture: Pos Neg Not tested Serotype____________________
PCR: Pos Neg Not tested

Lab or hospital name: ______________________
Specimen source: Stool Urine Blood Other:__________
Date specimen(s) collected: ___/___/______

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 Abd. cramps Y N U
Bloody diarrhea Y N U Vomiting Y N U Other_______ Y N U

How many days did the illness last? _________ days
Did patient take antibiotics for this illness? Y N U If yes, antibiotic name: ______________________
Outcome/Hospitalization

Outcome: Survived  Died  Unk  
(Record pt outcome on 7th day after specimen collect date)
If died, date of death: ___/___/___

Visited Emergency Room? Yes  No  Unk

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.

<table>
<thead>
<tr>
<th>Exposure period</th>
<th>Communicable period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days from onset:</td>
<td>Onset date</td>
</tr>
<tr>
<td>-7</td>
<td>Variable—as long as Salmonella excreted in stool; most infectious while having diarrhea</td>
</tr>
<tr>
<td>-1</td>
<td></td>
</tr>
<tr>
<td>-0.25</td>
<td></td>
</tr>
</tbody>
</table>

School/Work

Current occupation (for disease control purposes) - enter as ‘Event employment’ in CEDRS
Current place of Employment/Name of School: __________________
Occupation (current): __________________
Occupation Category (see CEDRS list): __________________

Occupation during 7 days before illness:
Primary Occupation (during 7 days before illness): ________________  □  same as current occupation
Industry (see CEDRS for list): __________________
Describe main occupational duties during 7 days before illness:
____________________________________________________________

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?
If yes, name and location of facility
Are other children/staff ill? Yes  No  Unk

Attend, work or volunteer at a residential facility? (e.g. nsg home)
If yes, name and location of facility
Are other staff/residents ill? Yes  No  Unk

Provide direct patient care as a health care worker?
If yes, name and location of facility

Work as a food handler?
If yes, name and location of facility

Since the patient became ill, did case prepare food for any public or private gatherings? Yes  No  Unk
If yes, provide details:__________________________________________

March 2017  Salmonellosis Case Investigation Form,  Page 2
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. Note: This table is for disease control purposes and is not in currently CEDRS.

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Age</th>
<th>Occupation/Child Care</th>
<th>Similar illness</th>
<th>Onset</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

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”)

If patient stayed in a resort, please note resort name and location here: ____________________________

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 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

March 2017  Salmonellosis Case Investigation Form, Page 3
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:

<table>
<thead>
<tr>
<th>Animal Type</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog/puppy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cat/kitten</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frog</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reptile (e.g., snake, iguana, turtle)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rodent (e.g., mouse, hamster, guinea pig)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pet bird or wild bird (e.g., parakeet, bird feeder bird)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cow/calf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken/duck/turkey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheep</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pig</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did any of these animals recently have diarrhea? Yes No

Which one(s)?

Were any of them recently acquired? Yes No

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? Yes No Unk

If yes, provide details of type of pet food/treat:

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:

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 store? Yes No Unk

If yes, what/where?
Food history

Interviewer: If patient is unsure, ask patient if it is likely if he/she ate a particular food item. If the patient is still unsure of a specific food item, please enter 'Unknown.' If the patient was not asked about a specific food item, please leave blank.

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 handle 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
Ground beef prepared at home Y N U

Ground beef details:
Packaged: □ Chub (plastic tube) □ Styrofoam tray □ Butcher paper □ Other:_________
Description:
Meat was: □ Fresh □ Frozen Type: _______% lean Package size _______lbs
Pre-formed patties? Y N U
Where purchased?__________________________________________
What brand?____________ Purchase date____________
Lot/Est #:________________ Use/sell by date:______________

Any ground beef prepared elsewhere Y N U
Any pink or raw ground beef Y N U

Any ground beef in home, even if case did not eat it? Y N U
How often does case usually eat ground beef? □ ≥ 1/week □ ~1/month □ <1/month □ Never □ Unknown
Anyone in household handle 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 handle 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

March 2017 Salmonellosis Case Investigation Form, Page 5
Any raw or undercooked liver  Y N U
Any dried meats (salami, jerky, etc.)  Y N U
Any bison or buffalo meat  Y N U
Any wild game (venison, elk, other game)  Y N U

Produce
Any food from a salad bar  Y N U  Where:
Sprouts (bean, alfalfa, clover...)  Y N U
Uncooked, fresh tomatoes  Y N U  Type(s):
Lettuce  Y N U  Bagged?:  Y N U
Fresh spinach  Y N U  Bagged?:  Y N U
Uncooked green onions  Y N U
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
Honeydew  Y N U
Fresh strawberries  Y N U
Any other fresh berries  Y N U
Mangoes  Y N U
Grapes  Y N U
Other fruits  Y N U  List:

Other Food Items.
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
Raw nuts (almonds, walnuts, etc)  Y N U
Any seasonal foods we haven't discussed  Y N U
If yes, please describe: ___________________________________________

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

Notes:

Summary of follow up
☐ Hygiene education provided  ☐ Child care center inspected
☐ Work or childcare restriction for case  ☐ Restaurant inspected
☐ Follow up of other household members  ☐ ______________________

Questions about filling out this form?
Contact the Communicable Disease Branch at 303-692-2700, 800-866-2759
After finishing case interview, update the CEDRS record. Upload form to CEDRS if requested by CDPHE (e.g. as part of a suspected outbreak) or if part of your agency’s protocol.