SHIGELLOSIS INVESTIGATION FORM

BASIC DEMOGRAPHIC DATA

Last Name:________________________________ First Name:_______________________________ Middle Name:________________________

DOB: __ __ / __ __ /__ __ __ __ Age: _______ years months Current Sex: Female Male Unknown

Is the patient deceased? No Unknown Yes Date of Death: __ __ / __ __ /__ __ __ __

Street Address 1:____ Street Address 2:______________________________

City:_______________________________________ State:_______ Zip Code:_______________ County:_______________________________

Home Phone: (__ __ __) - __ __ __ - __ __ __ __ Cell Phone: (__ __ __) - __ __ __ - __ __ __ __ Work Phone: (__ __ __) - __ __ __ - __ __ __ __ Ext. _______

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Unknown

INVESTIGATION SUMMARY

Investigation Start Date: __ __ / __ __ /__ __ __ __ Investigation Status: Open Closed Investigator:___________________________________

REPORTING SOURCE

Date of Report: __ __ / __ __ /__ __ __ __ Reporting Source:____

CLINICAL

Physician's Name:____ Phone Number: (__ __ __) - __ __ __ - __ __ __ __ Ext. _______

Was patient hospitalized for this illness? No Unknown Yes If yes: Hospital Name:____

Admission Date: __ __ / __ __ /__ __ __ __ Discharge Date: __ __ / __ __ /__ __ __ __ Duration of Stay ___________ day(s)

Diagnosis Date: __ __ / __ __ /__ __ __ __ Illness Onset Date: __ __ / __ __ /__ __ __ __ Illness End Date: __ __ / __ __ /__ __ __ __

Age at Onset: _________ days hours minutes months unknown weeks years

Did the patient die from this illness? No Unknown Yes Date of Death: __ __ / __ __ /__ __ __ __

EPIDEMIOLOGIC

Is this patient associated with a day care facility? No Unknown Yes Is this patient a food handler? No Unknown Yes

Is this case part of an outbreak? No Unknown Yes If yes, outbreak name:____

Case Status: Confirmed Not a Case Probable Suspect Unknown MMWR Week: ____________ MMWR Year:____________

ADMINISTRATIVE

General Comments: ____

____

PHA4 SUPERVISOR REVIEW

Date Due: __ __ / __ __ /__ __ __ __ Investigation ready for supervisor review: Reviewed (Complete) Reviewed (Incomplete)

Date investigation ready for supervisor review: __ __ / __ __ /__ __ __ __ Reviewed (Not a case) Yes

Review comments (completed by supervisor):____

LABORATORY

Shigella species, if known: boydii dysenteriae flexneri sonnei

DAY CARE

Attend a day care center? No Unknown Yes

Work at a day care center? No Unknown Yes

Live with a day care center attendee? No Unknown Yes

What is the name of the day care facility? ___________________________

What type of day care facility: Adult day health care Adult day social care Alzheimer's specific day care Child care center Child care provided by friend, relative, neighbor In-home care giver

Is food prepared at this facility? No Unknown Yes

Does this facility care for diapered persons? No Unknown Yes

FOOD HANDLER

Did the patient work as a food handler after onset of illness? No Unknown Yes

What was the last date worked as a food handler after onset of illness? _ _ / _ _ /_ _ _ _

Where was the patient a foodhandler?____

TRAVEL HISTORY

Did the patient travel prior to onset of illness? No Unknown Yes

Applicable incubation period for this illness is: **1 – 7 days**

What was the purpose of travel? Business Migration (immigration to US) Other _______________ Tourism Visiting relatives/friends

Please specify the destination(s):

Destination 1 Type: Domestic State/Territory: __________________ International Country: ____________________

Mode of Travel: Airplane Bus Car Cruise ship Train Arrival Date: _ _ / _ _ /_ _ _ _ Departure Date: _ _ / _ _ /_ _ _ _

Destination 2 Type: Domestic State/Territory: __________________ International Country: ____________________

Mode of Travel: Airplane Bus Car Cruise ship Train Arrival Date: _ _ / _ _ /_ _ _ _ Departure Date: _ _ / _ _ /_ _ _ _

Destination 3 Type: Domestic State/Territory: __________________ International Country: ____________________

Mode of Travel: Airplane Bus Car Cruise ship Train Arrival Date: _ _ / _ _ /_ _ _ _ Departure Date: _ _ / _ _ /_ _ _ _

If more than 3 destinations, specify details here: ____

DRINKING WATER EXPOSURE

What is the source of tap water at home? Do not use tap water Municipal, city, or county Other________ Private well Unknown

If "Private Well", how was home well water treated?
Both filtered and disinfected Disinfected Filtered Neither filtered nor disinfected Unknown

What is the source of tap water at school/work? Do not use tap water Municipal, city, or county Other________ Private well Unknown

If "Private Well", how was school/work well water treated?
Both filtered and disinfected Disinfected Filtered Neither filtered nor disinfected Unknown

Did the patient drink untreated water in the **7 days** prior to onset of illness (e.g., from a river while camping)? No Unknown Yes

RECREATIONAL WATER EXPOSURE

Was there recreational water exposure in the **7 days** prior to illness? No Unknown Yes

What was the recreational water exposure type? (select all that apply)

Hot Spring | Hot Tub-Whirlpool-Jacuzzi-Spa | Interactive Fountain | Lake-Pond-River-Stream
Ocean | Other ____________________ | Recreational Water Park | Swimming Pool

If "Swimming Pool", please specify swimming pool type:

Camp Pool | Hospital/Therapy Pool | Hotel/Motel/Resort Vacation Pool
Kiddie/Wading Pool | Municipal/Community Pool | Neighborhood/subdivision/Apartment/Condo Pool
Other, specify______________________ | Private Club/Membership Pool | Private Home Pool, not a kiddie/wading pool
School/College/University Pool | Unknown

Name or location of water exposure: ____

ANIMAL CONTACT

Did the patient come into contact with an animal in the **7 days** prior to onset of illness? No Unknown Yes

If yes, select type of animal: Cat Cattle Chicken Dog Goats Lizard
Poultry Rodent Sheep Swine Turtle Unknown
Other, specify: ________________________

Name or location of animal contact: ____

Did a patient come into contact with animal food/feed(s) in the **7 days** prior to onset of illness? No Unknown Yes

If yes, select associated animal food/feed(s): Cat Cattle Chicken Dog Goats Lizard
Poultry Rodent Sheep Swine Turtle Unknown
Other, specify: ________________________

If applicable, please list food brand(s): ____

UNDERLYING CONDITIONS

Did the patient have any of the following underlying conditions?

CSF leak | Hodgkin's disease | IVDU
Alcohol abuse | Asthma | Atherosclerotic cardiovascular disease (ASCVD)/CAD
Burns | Cerebral vascular accident (CVA) stroke | Chronic GI illness/diarrhea
Cirrhosis/liver failure | Cochlear implant | Current smoker
Deaf/profound hearing loss | Diabetes mellitus (insulin): No Unk Yes | Emphysema/COPD
Gastric surgery (type): _____________ | Heart failure | Hematologic disease (type): ____________________
Immunodeficiency (type): __________ | Immunoglobulin deficiency | Immunosuppressive therapy (steroids, chemotherapy)
Leukemia | Multiple myeloma | Nephrotic Syndrome
None | Organ transplant (organ): ______________ | Other liver disease (type): ____________________
Other malignancy (type): __________ | Other prior illness (type): ______________ | Other renal disease (type): ____________________
Peptic ulcer | Renal failure/dialysis | Sickle cell anemia
Splenectomy/asplenia | Systemic lupus erythematosus (SLE) | Unknown

RELATED CASES

Does the patient know of any similarly ill persons? No Unknown Yes

If yes, did the health department collect contact information about other similarly ill persons and investigate further: No Unknown Yes

Are the other cases related to this one? No, sporadic Unknown Yes, household Yes, not household Yes, outbreak

Note: Please enter Case ID of epi-linked case(s) in the General Comments section of the ALNBS Investigation.

CASE CLASSIFICATION

1	Was *Shigella* isolated from any clinical specimen?	No Unknown Yes
2	Did the patient have diarrhea, fever, nausea, cramps, and/or tenesmus?	No Unknown Yes
3	Is the patient epidemiologically linked to a confirmed case?	No Unknown Yes
4	Was *Shigella* detected in a clinical specimen using a non-culture based method (e.g., antigen dectected)?	No Unknown Yes

Confirmed: 1 | **Probable: 2 & 3** | **Suspect: 4**