

CAMPYLOBACTERIOSIS CASE INVESTIGATION FORM

Use this form to interview confirmed, probable and selected suspect cases of infection with *Campylobacter*
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: _____
Person interviewed: Case Other (circle: Parent Spouse Household member Friend)

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: (____) _____
Pager: (____) _____
Mobile: (____) _____

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

Culture confirmed: Yes No Species: *C. jejuni* *C. coli* *C. fetus* Other Not known
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

Did case receive antibiotics for this illness? Y N U Antibiotic name: _____

*Outcome: Survived Died Unk (FoodNet counties: 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: ___/___/___
*Transferred to another hospital? Yes No Unk *Transfer hosp name: _____

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: -5 -2 Onset date

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

If not otherwise specified, please ask about exposures 2-5 days before symptom onset.

School/Work

Occupation: _____ Student? Yes No
 Place of Employment: _____ *If yes, Name of School:* _____

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?	Yes	No	Unk
Attend, work or volunteer at a residential facility? (e.g. nsg home)	Yes	No	Unk

If yes to any of the above,

Name and location of facility _____

Are other children/staff ill? Yes No Unk

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

If yes, name and location of facility _____

Work as a food handler? Yes No Unk

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: _____

Contact management

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	_____	_____

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 to another state in the 7 days prior to the onset of illness? Yes No Unk
 If yes, where/when: _____

Water

During the 2–5 days before illness, did patient drink any water from a 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:
 Hot tub/spa, whirlpool, Jacuzzi Y N U
 Lake, pond, river, or stream Y N U
 Recreational water park or any type of fountain Y N U
 Swimming or wading pool Y N U
 Drainage ditch/irrigation canal Y N U
 Other, specify: _____

Pet or animal exposure

Did the patient visit or live on a farm or ranch within 2–5 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 a pet or contact with other people's pets? Yes No Unk

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

Dog/puppy	Y N	Sheep	Y N	Reptile (e.g. snake, iguana, turtle)	Y N
Cat/kitten	Y N	Goat	Y N	Rodent (e.g. mouse, hamster, guinea pig)	Y N
Cow/calf	Y N	Pig	Y N	Exotic bird (e.g. parakeet, parrot)	Y N
Chicken	Y N	Frog	Y N	Other? specify: _____	Y N
Chick/duckling	Y N	Horse	Y N		

Were any of these animals recently acquired or recently ill? Y N
 If Yes, provide details: _____

Restaurant history/Group activities

Any restaurants, group gatherings, picnics, or sporting events during the 2–5 days before illness? Yes No Unk
 If yes, Name _____ Address _____ Date of Exposure _____ Foods Eaten _____

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)

Grocery / food store history: List food store(s) or grocery store(s) for foods consumed during 2–5 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

During 2-5 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 Y N U
(Queso fresco, ice cream, etc)
Any locally produced kiefer, cheese curds, yogurt, etc? Y N U

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

- Hygiene education provided
- Work or childcare restriction for case
- Follow up of other household members
- Child care center inspected
- Restaurant inspected
- _____

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).