

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: _____
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

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

*Diarrhea Y N U *Bloody diarrhea Y N U *Abd. pain Y N U

*Date diarrhea onset ___/___/___ *Fever (max temp _____) Y N U Headache Y N U

*Duration of diarrhea _____ days *Vomiting Y N U Body aches Y N U

*Max # stools in 24 hrs _____ *Date vomit onset ___/___/___ Other _____ Y N U

How many days did the illness last? _____ days

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

*Did case take anti-diarrheal medications for this illness? Y N U Medication name: _____

*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: _____

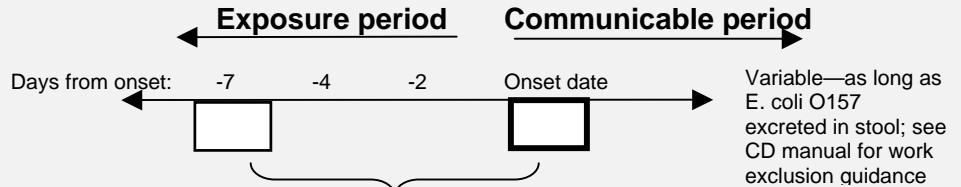
*Has the case been diagnosed with hemolytic uremic syndrome (HUS)? Yes No Unk
 (HUS is anemia, low platelet count, kidney impairment)

*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.

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, what was patient's primary source of drinking water?

Municipal Well water Bottled water Other _____

Did patient drink any untreated water from a pond, stream, spring, or lake? 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 in 7 days prior to illness

*Did the patient live on a farm with animals? 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 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	Frog	Y N
Cat/kitten	Y N	Pig	Y N	Reptile (e.g. snake, iguana, turtle)	Y N
Cow/calf	Y N	Horse	Y N	Rodent (e.g. mouse, hamster, guinea pig)	Y N
Chicken	Y N	Elk	Y N	Exotic bird (e.g. parakeet, parrot)	Y N
Chick/duckling	Y N	Deer	Y N	Other? specify: _____	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 7 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 the 7 days prior to illness:

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 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

Details:

Any food from a salad bar Y N U Where: _____
 *Sprouts (bean, alfalfa, clover...) Y N U
 Uncooked tomatoes Y N U Type of tomato: _____
 *Any lettuce Y N U
 Prepared at home Y N U
 Prepared elsewhere Y N U → Details: _____
 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

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

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

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	_____	_____

*Did case have contact with an ill person with similar symptoms (from table above, or someone else)? 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 known/suspected outbreak? Yes No Unk *If yes, specify: _____*

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.

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).