Shigellosis Report Form

Kansas Department of Health and Environment

INTERVIEW

EpiTrax # _____ **Interviewer Name:** _____

Number of Call Attempts: _____ **Date of Interview:** _____

Follow-up Status:
- ☐ Interviewed
- ☐ Refused interview
- ☐ Lost to follow-up*

*At least 3 telephone attempts at different times of the day should be made before a case can be considered lost to follow-up.

Respondent was:
- ☐ Self
- ☐ Parent
- ☐ Spouse
- ☐ Other: _____

DEMOGRAPHICS

Date of Birth: _____

Age: _____

Birth Gender:
- ☐ Male
- ☐ Female

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

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

EPIDEMIOLOGICAL INFORMATION

***Check all that apply*. Patient is a:**
- ☐ Food handler
- ☐ Healthcare worker
- ☐ Group living resident
- ☐ Day care attendee
- ☐ Day care worker
- ☐ School attendee
- ☐ School employee
- ☐ Laboratory employee
- ☐ Student in a laboratory class

Facility Name: _____

Facility Address: _____

Facility Phone Number: _____

Occupation: _____

Check all that apply:

☐ Volunteer ☐ Retired ☐ Unemployed

Did patient work or attend school or daycare while ill? ☐ Yes ☐ No

If yes: **Dates worked/attended:** _____

Under state regulation*, is patient to be excluded from work or daycare?

☐ Yes ☐ No

*See K.A.R. 28-1-6 or Kansas Disease Investigation Guidelines for disease-specific information on exclusion criteria

If yes, **Date exclusion lifted:** _____

CLINICAL INFORMATION

When date did symptoms of illness begin?

Onset Date: _____

Onset Time: _____

Diagnosis Date: _____

Clinical Symptoms *(select all that apply)*:

- ☐ Diarrhea
  - *If yes,* Start date: _____
  - Max # of stools in 24 hours: _____
- ☐ Bloody stool
- ☐ Abdominal pain/cramps
- ☐ Nausea
- ☐ Vomiting
  - *If yes,* Start date: _____
- ☐ Muscle/joint pain
- ☐ Fatigue/excessive tiredness
- ☐ Headaches
- ☐ Chills
- ☐ Fever
  - *If yes,* Highest temp: _____
- ☐ Any other symptoms: _____

Was antimicrobial medication taken for this illness? ☐ Yes *(provide data below)* ☐ No

Medication Name:	*Date Started:*	*Date Ended:*
1.		
2.		
3.		

Were you hospitalized? ☐ Yes ☐ No

Hospital Name(s): _____

Medical Record Number(s): _____

Admission Date: _____ Discharge Date: _____

Have symptoms of illness completely stopped? ☐ Yes ☐ No*

Recovery Date: _____

Recovery Time: _____

Are you pregnant? ☐ Yes ☐ No *If yes,* Expected due date: _____

Do you have an underlying immunodeficiency? ☐ Yes ☐ No

If yes, Specify: _____

☐ **Mortality Event (check here if patient died)**

**If patient is still ill and antibiotic treatment has been completed, suggest patient discuss antibiotic susceptibility testing and further treatment with his or her healthcare provider.*

CLINICAL INFORMATION: PAST MEDICAL HISTORY & RECENT MEDICATIONS

These questions are about the patient's past medical history and recent medications.

Have you been told by a physician that you have any of the following conditions? *Select all that apply.*

☐ Kidney disease	☐ Stomach ulcer disease	☐ Organ or bone marrow transplant
☐ Stomach surgery	☐ Chronic diarrhea	☐ Liver disease, including Hepatitis C
☐ Lupus	☐ Diabetes	☐ Leukemia or cancer (not skin cancer)
☐ Rheumatoid Arthritis	☐ HIV/AIDS	☐ Sickle Cell disease (not sickle cell trait)

In the *month before* onset of illness, were any of the following medications taken? *Select all that apply.*

☐ Any type of insulin

☐ Any oral or intravenous (IV) steroid, such as prednisone

☐ Any form of radiation therapy

☐ Any immune-suppressing medication, such as cyclosporine, FK 506 (tacrolimus), or methotrexate, or other chemotherapy

In the *month before* onset of illness, were any antibiotics taken? This includes infrequent or prophylactic doses of antibiotics to prevent infection. ☐ Yes ☐ No

*IF YES, ANSWER THE QUESTIONS BELOW FOR **EACH** ANTIBIOTIC TAKEN. If the patient still has the container for the medication, ask them to retrieve it to help answer these questions.*

1. Antibiotic Name: _____ Started (☐ during/☐ before) this illness

For what illness or reason was this antibiotic taken? _____

Was this antibiotic prescribed by a doctor? ☐ Yes ☐ No

Date antibiotic started: _____ Date stopped: _____

Days antibiotic was taken: _____ Were any doses skipped/missed? ☐ Yes ☐ No

2. Antibiotic Name: _____ Started (☐ during/☐ before) this illness

For what illness or reason was this antibiotic taken? _____

Was this antibiotic prescribed by a doctor? ☐ Yes ☐ No

Date antibiotic started: _____ Date stopped: _____

Days antibiotic was taken: _____ Were any doses skipped/missed? ☐ Yes ☐ No

3. Antibiotic Name: _____ Started (☐ during/☐ before) this illness

For what illness or reason was this antibiotic taken? _____

Was this antibiotic prescribed by a doctor? ☐ Yes ☐ No

Date antibiotic started: _____ Date stopped: _____

Days antibiotic was taken: _____ Were any doses skipped/missed? ☐ Yes ☐ No

INVESTIGATION: GENERAL EXPOSURE – TRAVEL HISTORY

In the 7 days prior to onset of illness, did you travel outside of the United States?

☐ Yes ☐ No

If yes, City, Country traveled to: _____

Resort/Hotel Name(s): _____

Date left Kansas: _____ Date left United States: _____

Date returned to KS: _____ Date returned to US: _____

In the 7 days prior to onset of illness, did you travel outside of the Kansas, but inside the USA?

☐ Yes ☐ No

If yes, City, State traveled to: _____

Resort/Hotel Name(s): _____

Date left Kansas: _____

Date returned to KS: _____

In the 7 days prior to onset of illness, did you travel outside of your Kansas county of residence?

☐ Yes ☐ No

If yes, City, County traveled to: _____

Resort/Hotel Name(s): _____

Date left county of residence: _____

Date returned to county of residence: _____

In the 7 days prior to onset of illness, did you attend any large gatherings or group events? This might include parties, conferences, camps, sporting events, family reunions, weddings, or funerals.

☐ Yes ☐ No

If yes, Event date: _____

Event details: _____

_____

In the 7 days prior to onset of illness, did you eat any food that was brought by someone from another country (for example, souvenir food)?

☐ Yes ☐ No

If yes, Describe food, including country of origin: _____

_____

_____

INVESTIGATION: CONTACTS

In the 7 days prior to onset of illness, did you have contact with anybody with similar symptoms?

☐ Yes *(add contact data below)* ☐ No ☐ Unknown

Contact Name:	*Relationship:*	*Age:*	*Onset Date:*	*EpiTrax Case Number:*
1.				
2.				
3.				
4.				
5.				

In the 7 days prior to onset of illness, did you have contact with a friend or relative who lived or traveled outside of the United States in the month before contact?

☐ Yes ☐ No ☐ Unknown

If yes, list countries: _____

While you were experiencing symptoms, did you have any contact with others that could have resulted in *Shigella* transmission?

☐ Yes *(add contact data below)* ☐ No ☐ Unknown

Contact Name:	*Relationship:*	*Age:*	*Disposition:*
1.			
2.			
3.			
4.			
5.			

If there are additional symptomatic persons identified, whether contact was before or after this patient's onset of illness, fully investigate those persons as cases of shigellosis and complete a full case investigation form for each ill person. List EpiTrax #s of all symptomatic contacts here:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

INVESTIGATION: WATER EXPOSURES

In the 7 days prior to onset of illness, did you swim or wade in any recreational water *(select all that apply, and provide name and location of pool/facility)*?

☐ Public/city pool: _____

☐ Water park: _____

☐ Splash pad/splash park/interactive water feature: _____

☐ Hotel/motel pool or spa: _____

☐ Kiddie/inflatable pool: _____

☐ Sprinklers: _____

☐ Irrigation/canal water: _____

☐ Any natural water (lake, stream, reservoir, etc.): _____

☐ Any other recreational water: _____

In the 7 days prior to onset of illness, did you drink or may you have accidentally ingested any untreated/unfiltered water?

☐ Yes ☐ No ☐ Unknown

If yes, list source(s), location(s), and date(s) of exposure: _____

_____

_____

Provide the patient with educational and prevention materials as appropriate, and complete the administrative section below. If the patient is under 18 years of age, thank the responder for his or her time; this ends the interview. If the patient is 18 years of age or older, continue to the final section.

ADMINISTRATIVE

Public health interventions *(select all that apply)*:

☐ Hygiene education provided

☐ Follow-up of other household members

☐ Daycare inspection

☐ Work or daycare restriction for case

☐ Other: _____

Outbreak associated:

☐ Yes ☐ No ☐ Unknown

Outbreak Name: _____

LHD Case Status *(select one)*:

☐ Confirmed

☐ Probable

☐ Suspect

☐ Not a case

Date first reported to LHD: _____

Date LHD investigation started: _____

Date LHD investigation completed: _____

INVESTIGATION: SEXUAL EXPOSURE QUESTIONS

THESE QUESTIONS ARE ONLY FOR THOSE PATIENTS WHO ARE 18 YEARS OF AGE OR OLDER.

Read to patient: Now I am going to ask you some questions about having sex. I need to ask you these questions even if some may not seem to apply to you. The questions may be sensitive, but your answers will be kept private, and they will help us understand how to do a better job of preventing *Shigella* infections.

In the past 12 months, have you had sexual contact with a man?

☐ Yes ☐ No

If yes: How many male partners did you have in the **3 months** before becoming ill? _____

If <0: During the **7 days** before symptoms began, did you:

- Have any anonymous sexual contact with a man? ☐ Yes ☐ No
- Touch your partner's anus with your mouth, without using a barrier? ☐ Yes ☐ No
- Touch your partner's anus with your hand, without using a barrier? ☐ Yes ☐ No
- Have any anal-genital contact without a condom? ☐ Yes ☐ No

In the past 12 months, have you had sexual contact with a woman?

☐ Yes ☐ No

If yes: How many female partners did you have in the **3 months** before becoming ill? _____

If <0: During the **7 days** before symptoms began, did you:

- Have any anonymous sexual contact with a woman? ☐ Yes ☐ No
- Touch your partner's anus with your mouth, without using a barrier? ☐ Yes ☐ No
- Touch your partner's anus with your hand, without using a barrier? ☐ Yes ☐ No
- Have any anal-genital contact without a condom? ☐ Yes ☐ No

In the 7 days before symptoms began, did you visit any bathhouses?

☐ Yes ☐ No

This completes the interview. Thank you for your time.