Escherichia coli O157 or Shiga Toxin positive
Form for Case Follow-up

I. CASE IDENTIFICATION
(fill out contact information for the patient)

For State Use **ID #** __ __ __ __ - __ __ __

Name: _____ (Last, First)

County: _____

Address: _____ (Street)

Occupation/Grade: _____

_____ (City) _____-_____ (Zip Code)

WorkSite/School: _____

Home Phone: ( ) _____ **Work Phone**: ( ) _____

I. A: Linking Identifiers (*complete all that apply*)

PersonID _____

Results ID _____

HUS Surveillance ID _____

Patient ID _____

Specimen ID _____

E. coli O157 Cohort Study ID _____

Aliquot ID _____

II. CASE DEMOGRAPHICS
(check the appropriate boxes; fill out date of birth and age in years)

Sex: ☐ Female ☐ Male

Date of Birth: ____ / ____ / _____

Age: _____ years / mos / days

Race: ☐ White ☐ Black ☐ Asian ☐ Multi-racial ☐ Hawaiian/Pacific Islander ☐ Native American ☐ Unknown ☐ Refused ☐ Other → Please specify _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown ☐ Refused

III. SOURCES OF REPORTS
(check all that apply, list name and phone number)

Date Received First Report: ____ / ____ / _____

☐ Laboratory _____ ( ) _____

☐ Infection Control Practitioner _____ ( ) _____

☐ Physician _____ ( ) _____

☐ Other _____ ( ) _____

IV. LABORATORY INFORMATION
(check all that apply, list laboratory name, and date specimen collected)

O antigen _____

H antigen _____

☐ Shiga toxin +

Laboratory: _____

Specimen collected: ____ /____ / _____

Specimen Source: ☐ stool ☐ other _____

*If available, please attach a copy of the laboratory report

For State Use:

Specimen to GPHL: ☐ YES ☐ NO ☐ UNK

State Lab ID# _____

Shiga toxin ☐ ST1 ☐ ST2 ☐ UNK ☐ ND

☐ NM ☐ Other _____

PFGE Pattern #: _____

Is this case part of a recognized PFGE cluster?

☐ YES ☐ NO ☐ UNK

PFGE Match ID#s _____

V. CLINICAL DATA (check all appropriate boxes)

Symptomatic: ☐ YES ☐ NO ☐ Unknown

If yes, **Date of onset**: _____/ _____/_____
☐DOO unknown

Symptoms

Diarrhea: ☐ YES ☐ NO ☐ Unknown

If yes: Max no. stools in 24 hr. period: _____

Diarrhea onset date: ___/___/___

Duration of diarrhea _____ days

Bloody Diarrhea: ☐ YES ☐ NO ☐ Unknown

Vomiting: ☐ YES ☐ NO ☐ Unknown

If yes: Vomiting onset date: ___/___/___ ☐ Unknown

Fever: ☐ YES ☐ NO ☐ Unknown

If yes: Max. recorded temp: _____˚ ☐ Not recorded

Abdominal pain: ☐ YES ☐ NO ☐ Unknown

Other: ☐ YES ☐ NO ☐ Unknown

If yes: Specify other: _____

HUS/TTP: ☐ YES ☐ NO ☐ Unknown

Outcome: ☐ Survived ☐ Died ☐ Unknown

Date of death: ____ / ____ / _____

(fill in physician and hospital information)

Physician Name: _____

Physician Phone: ( ) _____

Hospitalized: ☐ YES ☐ NO ☐ Unknown

(list all hospitals, admit and discharge dates; attach extra page)

Hospital 1: _____

Date of admission: ____ / _____ / _____

Date of discharge: ____ / ____ / _____

Hospital 2: _____

Date of admission: ____ / ____ / _____

Date of discharge: ____ / ____ / _____

Did the patient take an antibiotic for this illness?
☐ YES ☐ NO ☐ UNK
(List antibiotic and date treatment started.)

_____ ____ / ____ / _____
name(s) of antibiotics (date treatment started)

Did the patient take any anti-diarrheal medications?
☐ YES ☐ NO ☐ UNK

_____
name(s) of medication(s)

VI. POSSIBLE SOURCES OF INFECTION – 7 days prior to onset
(circle correct response and provide details to the right)

Exposure Notes

VI. A-F: Suspect Foods – refer to the 7 days prior to onset

VI. A. Meat Products– refer to the 7 days prior to onset
(ask the case if he/she consumed the following in the 7 days prior to onset)

1. Y N DK Any poultry (e.g., chicken or turkey)
2. Y N DK Steak or roast beef
3. Y N DK Undercooked / raw meat
4. Y N DK **Ground beef or hamburger**

If yes,
- Y N DK Rare, raw, or undercooked (pink)?
- Y N DK In or from a sit-down or table service restaurant
- Y N DK In or from a fast food restaurant
- Y N DK Eaten in a home or private setting

(list all **ground beef eaten at home**: where purchased, purchase date, date eaten, product description with fat content, and if there is any leftover / remaining meat. Refer to 7 days prior to illness)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	PRODUCT DESCRIPTION (Specify Extra lean / lean / regular / other)	LEFT-OVERS?
_____	___ / ___ / ___	___ / ___ / ___	_____	Y N DK
_____	___ / ___ / ___	___ / ___ / ___	_____	Y N DK
_____	___ / ___ / ___	___ / ___ / ___	_____	Y N DK
_____	___ / ___ / ___	___ / ___ / ___	_____	Y N DK

VI. A. Meat Products, cont.
Was any other ground beef prepared / eaten in the home that was NOT eaten by the case?
YES NO (skip to VI. B.) UNK (skip to VI. B.)

(List any ground beef eaten or prepared in the home that was NOT eaten by the case, include where purchased, purchase date, date eaten, product description, and fat content. Refer to 7 days prior to illness)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	PRODUCT DESCRIPTION (Specify Extra lean / lean / regular / other)
_____	____ / ____ / ____	____ / ____ / ____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____

VI. B. Dried Meat Products – refer to the 7 days prior to onset
Did the case eat any:

1. Y N DK Pepperoni, salami, or summer sausage
2. Y N DK Jerky
3. Y N DK Other dried meat

(List any dried meat [salami, jerky, etc.] eaten by the case, include where purchased, purchase date, date eaten, and product description. Refer to 7 days prior to illness)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	PRODUCT DESCRIPTION
_____	____ / ____ / ____	____ / ____ / ____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____

VI. C. Game Meats – refer to the 7 days prior to onset
Did the case eat venison, elk, or other game? ☐ YES ☐ NO (skip to VI. D.) ☐ UNK (skip to VI. D.)

(List any venison, elk, or game eaten by the case, include where purchased/obtained, purchase date, date eaten, and product description. Refer to 7 days prior to illness)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	PRODUCT DESCRIPTION
_____	____ / ____ / ____	____ / ____ / ____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____

VI. D. Uncooked Produce – refer to the 7 days prior to onset
Did the case eat any:

1. Y N DK **Lettuce or spinach**

   If yes, was product bagged or pre-packaged? ☐ YES ☐ NO ☐ UNK

(List any lettuce or spinach eaten by the case)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	BRAND/TYPE
_____	____ / ____ / ____	____ / ____ / ____	_____

2. Y N DK **Alfalfa sprouts**
3. Y N DK **Other sprouts**
4. Y N DK **Other uncooked produce (vegetables or fruit) *at home*?**

(List **any uncooked produce** [vegetable or fruit] eaten by the case **at home**, include where purchased/obtained, purchase date, date eaten, and product description. Refer to 7 days prior to illness. Attach extra pages if necessary.)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	UNCOOKED PRODUCE (vegetables and fruits)
_____	____ / ____ / ____	____ / ____ / ____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____

VI. E. Restaurant Exposures – refer to the 7 days prior to onset

Ask the case if he/she ate **ground beef, other beef, or salad (self-serve vs. prepared) at a restaurant** in the 7 days prior to illness. Record the name of the restaurant and when he/she ate; check the appropriate boxes. Please attach additional sheets if necessary.

Did the case eat at a restaurant in the 7 days prior to onset? ☐ YES ☐ NO (skip to VI. F.) ☐ UNK (skip to VI. F.)

DATE	TIME	NAME/LOCATION	Ground Beef	Other Beef	Self-Serve Salad	Prepared Salad
____ /____	___:___am/pm	_____	☐	☐	☐	☐
____ / ____	___:___am/pm	_____	☐	☐	☐	☐
____ / ____	___:___am/pm	_____	☐	☐	☐	☐
____ / ____	___:___am/pm	_____	☐	☐	☐	☐
____ / ____	___:___am/pm	_____	☐	☐	☐	☐

Comments:

VI. F. Milk and Unpasteurized Products – refer to the 7 days prior to onset

i) Did the case drink any milk? ☐ YES ☐ NO ☐ UNK

If yes, **was the milk pasteurized?** ☐ YES ☐ NO ☐ UNK

(List **any milk** that the case drank, include where purchased, purchase date, date drank, and brand. Refer to 7 days prior to illness.)

STORE / LOCATION	PURCHASE DATE	DATE EATEN	BRAND
_____	____ / ____ / ____	____ / ____ / ____	_____
_____	____ / ____ / ____	____ / ____ / ____	_____

Did the case consume any:

ii) Other unpasteurized dairy products? ☐ YES ☐ NO ☐ UNK

iii) Unpasteurized juice or cider? ☐ YES ☐ NO ☐ UNK

VI. G. Other Potential Sources – refer 7 days prior to onset

(Ask the case if he/she had contact with the following)

1. Y N DK Exposure to human or animal feces
2. Y N DK Recreational water exposure (lake, pool, etc.)
   - **If yes,** Y N DK Swim or play in a pool, kiddie pool, or splash pad
   - Y N DK Swim or play in a lake, pond, or other naturally occurring body of water
3. Y N DK Visit a farm, petting zoo, fair, or other event where there were animals
4. Y N DK Live on a farm with animals
5. Y N DK Contact with livestock (esp. bovine)
6. Y N DK Hunting / Butchering (Rendering) animals
7. Y N DK Other; specify _____

VI. H. Travel – refer to the 7 days prior to onset

Did the case travel (outside usual circles)? ☐ YES ☐ NO (skip to VI. I.) ☐ UNK (skip to VI. I.)
☐ Immigrant

(List places and dates traveled. Refer to the 7 days prior to illness.)

LOCATION	DATE ARRIVED	DATE LEFT
_____	____ / ____ / ____	____ / ____ / ____
_____	____ / ____ / ____	____ / ____ / ____

VI. I. Contact with Similar Illness – refer to the 7 days prior to onset

Did the case come in contact with anyone with a similar illness? ☐ YES ☐ NO (skip to VII.) ☐ UNK (skip to VII.)

(List name, nature of contact, date of contact, and if known the contact's date of onset. Refer to the 7 days prior to illness.)

CONTACT'S NAME	TYPE OF CONTACT (e.g. household, daycare, etc.)	DATE OF CONTACT	DATE OF ONSET
_____	_____	____ / ____ / ____	____ / ____ / ____
_____	_____	____ / ____ / ____	____ / ____ / ____
_____	_____	____ / ____ / ____	____ / ____ / ____

VII. HOUSEHOLD ROSTER

(List the names of everyone living in the case's household, their ages, occupations, if they had diarrhea [circle the correct response], and the onset date.)

NAME	AGE	OCCUPATION	DIARRHEA			ONSET
_____	_____	_____	Y	N	DK	____ / ____ / ____
_____	_____	_____	Y	N	DK	____ / ____ / ____
_____	_____	_____	Y	N	DK	____ / ____ / ____
_____	_____	_____	Y	N	DK	____ / ____ / ____
_____	_____	_____	Y	N	DK	____ / ____ / ____
_____	_____	_____	Y	N	DK	____ / ____ / ____

VIII. FOOD HANDLER, HEALTHCARE WORKER, DAYCARE ATTENDEE

1. Y N DK Attend or work in childcare
2. Y N DK Have direct contact with a child who attends a childcare setting
3. Y N DK Attend or work in a residential facility or institution (e.g. jail, nursing home)

(Give details about the job / daycare location, job description (if applicable), dates worked / attended after onset of illness.)

LOCATION	JOB DESCRIPTION	DATES WORKED / ATTENDED
_____	_____	____ / ____ / ____ through ____ / ____ / ____
_____	_____	____ / ____ / ____ through ____ / ____ / ____
_____	_____	____ / ____ / ____ through ____ / ____ / ____

IX. SUMMARY OF FOLLOW-UP

(Check the boxes of the measures you implemented and provide any details.) **DETAILS:**

☐ Hygiene and food preparation education provided

☐ Work or Daycare restriction for case*

☐ Additional stool specimens obtained

☐ Daycare inspection

☐ Testing of home / other water supply

☐ Testing of food products

☐ Restaurant inspection

☐ Other _____

*Food handlers and children in daycare should be restricted from handling food or returning to their daycare until they have 2 consecutive negative stool specimens (at least 24 hours apart).

X. EPIDEMIOLOGY INFO

Is this case associated with an outbreak? ☐ YES ☐ NO ☐ UNK

If yes, is this case associated with a **foodborne** outbreak? ☐ YES ☐ NO ☐ UNK

Is this case associated with a known case? ☐ YES ☐ NO ☐ UNK

If yes, has the above case been reported? ☐ YES ☐ NO ☐ UNK

Please give detailed information about the case:
(Include name, nature of contact, dates, places, etc.)

XI. REPORT COMPLETED

Case Report Completed by: _____ **Phone Number:** ( ) _____

Date Report Completed: ____ /____ / _____ **Date Sent to State:** ____ /____ / _____

* Fax the completed report to the Notifiable Disease Section at 404-657-9700