

Salmonellosis Form for Case Follow-up

I. CASE IDENTIFICATION

(fill out contact information for the patient)

For State Use ID # _____ -SL- _____

Name: _____
Last, First

County: _____

Address: _____
Street

Occupation/Grade: _____

City Zip Code - _____

Work/Childcare/School: _____

Home Phone: () _____

Work Phone: () _____

II. CASE DEMOGRAPHICS

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

Sex: Female

Race: White Multiracial

Ethnicity: Hispanic

Male

Black American Indian/Alaskan Native

Non-Hispanic

Date of Birth: ____ / ____ / ____

Asian Hawaiian/Pacific Islander

Unknown

Age: ____ years/mo/days

Other please specify _____

III. CLINICAL DATA (check all appropriate boxes)

Symptomatic: YES NO Unknown

If yes, Date of onset: ____ / ____ / ____

Date of Diarrhea onset: ____ / ____ / ____

Symptoms

Fever (____ °F) YES NO Unknown

Diarrhea: YES NO Unknown

Vomiting: YES NO Unknown

Headache: YES NO Unknown

Nausea: YES NO Unknown

Abdominal Pain: YES NO Unknown

Other: YES NO Unknown

Specify: _____

Date Received First Report: ____ / ____ / ____

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: ____ / ____ / ____

Outcome: Survived Died Unknown

Date of death: ____ / ____ / ____

IV. LABORATORY INFORMATION (please attach copy of laboratory report if available; list specimen collection date, test performed, specimen tested, laboratory name, Serogroup and Serotype)

Collection Date	Test Name	Specimen source (stool, blood, urine, etc)	Laboratory Name	Serogroup/Serotype

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

A. Suspect Foods – refer to the 7 days prior to onset

(ask the case if he/she consumed the following in the 7 days prior to onset. Attach additional sheets if necessary.)

- 1. Y N DK Eating or contact with undercooked / raw meat or poultry;
Specify type of meat: _____ & Store Location: _____
Date Purchased: ___ / ___ / ___ Date Eaten/Contact: ___ / ___ / ___
- 2. Y N DK Eating or contact any pork or pork products;
Specify type of pork: _____ & Store Location: _____
Date Purchased: ___ / ___ / ___ Date Eaten/Contact: ___ / ___ / ___
- 3. Y N DK Raw fruit or vegetables; Specify types: _____
- 4. Y N DK Raw milk /other unpasteurized dairy products; specify _____
- 5. Y N DK Eating raw or undercooked eggs and egg products; Store Location: _____
- 6. Y N DK Eat any nuts / nuts products; please specify: _____
- 7. Y N DK Eat in a Restaurant Date: ___ / ___ / ___ Name/Location _____
Date: ___ / ___ / ___ Name/Location _____
- 8. Y N DK Well on property Details: _____
- 9. Y N DK Is normal drinking water filtered?
- 10. Please specify what is normal drinking water or case/family (i.e. well,city,bottled,etc): _____

For children less than 1 year of age.

- 11. Y N DK Drink Formula? Specify Formula Type: _____
If yes, what water type is used to mix formula? _____

V. B. Other Potential Sources – refer 7 days prior to onset

(ask the case if he/she had contact with the following in the 7 days prior to onset. Attach additional sheets if necessary.)

- 1. Y N DK Contact with diapered children or other human feces; details: _____
- 2. Y N DK Contact with animal feces; details: _____
- 3. Y N DK Contact with animals (especially reptiles but including birds, dogs, livestock); Specify animal and location (home, school, zoo) of contact: _____
- 4. Y N DK Swimming / Recreational water exposure (lake, pool, etc.);
Type: _____ Location: _____ Date: ___ / ___ / ___
- 5. Y N DK Travel outside community; Location: _____
Date departed home: ___ / ___ / ___ Date returned home ___ / ___ / ___
- 6. Y N DK Attend Large Gatherings; Describe Location _____ Date ___ / ___ / ___
- 7. Y N DK Came in contact with someone with a similar illness; Specify Dates _____
Names & details: _____
- 8. Y N DK Other; Specify _____

VI. Comments:

VII. Additional Case-Specific Information

- 1. Is the case a food handler, healthcare worker, daycare attendee? Y N DK Specify: _____

VIII. Education and Follow-up

- Emphasize hand washing and food preparation to case / family.
- Please ask if case can be contacted again in the future for additional questions
- Ensure environmental health follow-up if any daycare, restaurant or other facility implicated

IX. 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)-657-7517

For State Use Only:

Date received first report: ___ / ___ / ___
Is case associated with an outbreak? YES NO UNK
If Yes, EFORS # _____
Is case associated with a known case? YES NO UNK

Specimen to GPLH: Y N UNK
CX: ___ / ___ / ___ MM#1 _____
CX: ___ / ___ / ___ MM# 2 _____