

## Yersiniosis Form for Case Interview

For State Use ID # \_\_\_\_\_ -YR- \_\_\_\_\_

### I. CASE IDENTIFICATION

(Fill out contact information for the patient)

**Name:** \_\_\_\_\_  
Last, First

**County:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

**Occupation/Grade:** \_\_\_\_\_

City Zip Code

**Work/School/Childcare:** \_\_\_\_\_

**Home Phone:**( ) \_\_\_\_\_ **Work Phone:** ( ) \_\_\_\_\_ **Other:** ( ) \_\_\_\_\_

### II. CASE DEMOGRAPHICS

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

**Sex:**  Female  Male **Race:**  White  Black  Multiracial  American Indian/Alaska Native  Asian  Other → Please specify \_\_\_\_\_  
**Ethnicity:**  Hispanic  Non-Hispanic  Hawaiian/Pacific Islander  Unknown

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Age:** \_\_\_\_ years / mos / days

### III. CLINICAL DATA (Check all appropriate boxes)

**Symptomatic:**  YES  NO  Unknown  
If yes, **Date of onset:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Diarrhea onset:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Symptoms

**Diarrhea:**  YES  NO  Unknown  
**Bloody Stool:**  YES  NO  Unknown  
**Fever:** (\_\_\_\_ °F)  YES  NO  Unknown  
**Vomiting:**  YES  NO  Unknown  
**Abdominal pain:**  YES  NO  Unknown  
**Joint pain:**  YES  NO  Unknown  
**Skin rash:**  YES  NO  Unknown  
**Other:**  YES  NO  Unknown

**Specify:** \_\_\_\_\_

**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:**  ALIVE  DIED  Unknown  
Date of death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### IV. LABORATORY INFORMATION

(List specimen collection date, test performed, specimen tested, laboratory name, and species. If available, please attach a copy of the lab report)

COLLECTION DATE	TEST NAME (culture, serology, etc.)	SPECIMEN (blood, stool, urine, etc.)	LABORATORY NAME	SPECIES

**V. POSSIBLE SOURCES OF INFECTION – 7 days prior to onset**

(Circle correct response and provide details to the right)

**V. 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 Eaten or handled **undercooked / raw** pork or pork products? Store: \_\_\_\_\_  
Date Eaten: \_\_\_ / \_\_\_ / \_\_\_ Date Purchased: \_\_\_ / \_\_\_ / \_\_\_ Item: \_\_\_\_\_
- 2. Y N DK Eaten or handled **other** pork or pork products? Store: \_\_\_\_\_  
Date Eaten: \_\_\_ / \_\_\_ / \_\_\_ Date Purchased: \_\_\_ / \_\_\_ / \_\_\_ Item: \_\_\_\_\_
- 3. Y N DK Prepared or been in the same household when pork **chitterlings** have been prepared?  
Store / location where chitterlings were purchased: \_\_\_\_\_  
Chitterling Brand Name: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Date purchased: \_\_\_ / \_\_\_ / \_\_\_ Date prepared: \_\_\_ / \_\_\_ / \_\_\_
- 4. Y N DK Eaten raw milk or unpasteurized dairy products? Store Location: \_\_\_\_\_  
Date Eaten: \_\_\_ / \_\_\_ / \_\_\_ Date Purchased: \_\_\_ / \_\_\_ / \_\_\_
- 5. Y N DK Eaten in a Restaurant? Date: \_\_\_ / \_\_\_ / \_\_\_ Name/Location \_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / \_\_\_ Name/Location \_\_\_\_\_  
Date: \_\_\_ / \_\_\_ / \_\_\_ Name/Location \_\_\_\_\_

**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 Well on property? Details: \_\_\_\_\_
- 2. Y N DK Is water filtered?  
Please specify what is normal drinking water for case / family: \_\_\_\_\_
- 3. Y N DK Contact with any animals (specifically cats or dogs)? List animals and type of contact: \_\_\_\_\_  
\_\_\_\_\_
- 4. Y N DK Visited a farm? When? \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Animals present? \_\_\_\_\_
- 5. Y N DK Travel outside community?; Location: \_\_\_\_\_  
Date Arrived Destination: \_\_\_/\_\_\_/\_\_\_ Date Left Destination: \_\_\_/\_\_\_/\_\_\_
- 6. Y N DK Attend Large Gatherings? Location: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_
- 7. Y N DK Came in contact with someone with a similar illness?; \_\_\_\_\_  
Names, dates, and contact info (household / day care, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 8. Y N DK Other; Specify \_\_\_\_\_

**VI. Additional Questions for the Case**

- 1. Does case work as food handler, healthcare worker, daycare attendee? Specify \_\_\_\_\_
- 2. Is the patient / family aware of the **Georgia Division of Public Health’s Chitterlings campaign** (Share the Traditions, Not the Germs)? **Y N DK** \*\*if not, please send them the Chitterlings pamphlet if applicable\*\*
- Please emphasize hand washing to case / family. Please discuss safe Chitterling preparation if applicable.
- Also emphasize that we might contact them for more information in the future.

**VII. REPORT COMPLETED** \*\*Please fax completed form to the Notifiable Disease Section: 404-657-7517\*\*

**Case Report Completed by:** \_\_\_\_\_ **Phone Number:** ( ) \_\_\_\_\_  
**Date Report Completed:** \_\_\_ / \_\_\_ / \_\_\_ **Date Sent to State:** \_\_\_ / \_\_\_ / \_\_\_

**For State Use:**

Date Received First Report: ___ / ___ / ___	Case associated with an outbreak?	Yes	No	Unk
Specimen to GPLH: Y N U MM# _____	Case associated with a known case?	Yes	No	Unk