

# Shigellosis Case Report Form

Version 1.2, March 2012

This form is designed to aid in completing the Extended Data screen in Merlin for shigellosis cases.

**\*Blue fields are REQUIRED**

**Merlin case #:** \_\_\_\_\_

**Date CHD reported to BOE:** \_\_\_\_\_

**Date CRF submitted:** \_\_\_\_\_

## I. PROFILE DETAIL

**SSN:** \_\_\_\_\_

**\*Last name:** \_\_\_\_\_

**First name:** \_\_\_\_\_

**Middle:** \_\_\_\_\_

**Parent name:** \_\_\_\_\_

**\*Gender:**  Male  
 Female  
 Unk

**\*Birth date:** \_\_\_\_\_ **Death date:** \_\_\_\_\_

**\*Race:**  American Indian/Alaska Native  
 Asian/Pacific Islander  
 Black  
 White  
 Other  
 Unk

**\*Ethnicity:**  Hispanic  
 Non-Hispanic  
 Unk

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

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

**City:** \_\_\_\_\_ **\*State:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Other phone:** \_\_\_\_\_

**Emer. phone:** \_\_\_\_\_

Profile specific notes: \_\_\_\_\_

## II. CASE INFORMATION

**Investigator:** \_\_\_\_\_

**CHD ref #:** \_\_\_\_\_

**Animal exposure:**

**\*Imported:**  Acquired in FL  
 Acquired In US, not in FL  
 Acquired outside US  
 Unk

**Origin:** \_\_\_\_\_

**\*Outbreak:**  Outbreak-associated  
 Sporadic  
 Unk

**Outbreak ID:** \_\_\_\_\_

**\*Case classification:**  Primary  
 Secondary  
 Unk

**\*1st notified by ELR:**  Yes  
 No  
 Unk

**Reporter type:** \_\_\_\_\_

**Military base:** \_\_\_\_\_

**Reporter's name:** \_\_\_\_\_

## III. CLINICAL

**\*DX status:**  Confirmed  
 Probable  
 Suspect  
 Unk

**Case definitions:** [http://www.doh.state.fl.us/Disease\\_ctrl/epi/surv/CaseDefinitions.html](http://www.doh.state.fl.us/Disease_ctrl/epi/surv/CaseDefinitions.html)

**\*Investigated:**  Yes  
 No

Date investigated: \_\_\_\_\_

**Interviewed:**  Yes  
 No

Date interviewed: \_\_\_\_\_

**Symptomatic at interview:**  Yes  
 No  
 Unk

**Final known outcome:**  Died  
 Ill at time of reporting  
 Recovered  
 Unk

**ED visit:**  Yes  
 No  
 Unk

**\*Inpatient hospitalization:**  Yes  
 No  
 Unk

Date admitted: \_\_\_\_\_

Date discharged: \_\_\_\_\_

**Prophylaxed:**  Yes  
 No  
 Unk  
 N/A

**Date onset:** \_\_\_\_\_

**Date diagnosis:** \_\_\_\_\_

**Lab report date:** \_\_\_\_\_

**\*CHD notified date:** \_\_\_\_\_

Clinical notes (treatment, etc.)  
\_\_\_\_\_

## IV. SENSITIVE EMPLOYMENT/ATTENDANCE INFORMATION

**\*Day care:**  No  
 Attendee  
 Staff  
 Unk

**\*Occupation:**  No or non-sensitive occupation  
 Healthcare worker  
 Food handler  
 Unk

**Company:** \_\_\_\_\_

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

**Zip:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Last date attended:** \_\_\_\_\_

## V. PROVIDER INFORMATION

**Physician:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Case-Finding**

**Did you ask the patient (or patient's proxy, e.g., guardian/caregiver) to identify contacts who were exposed to the patient or a common point-source?**

This would include asymptomatic contacts and household contacts, and would typically be completed during the initial case interview. This does not include information gathered in a mailed questionnaire.

Yes, and contacts were identified

Date 1st contact was identified: \_\_\_\_\_

Yes, but there were no contacts

Yes, but the patient refused to answer

No

**Isolation**

**Did you recommend that the patient be excluded from a sensitive situation (e.g., day care attendee or staff, food handler, or health care worker)?**

Exclusion can be based on follow-up testing until patient is negative or excluding until asymptomatic. Exclusion would include re-assigning employees in sensitive situations to job duties that are not sensitive.

Yes

Date patient notified of exclusion recommendation: \_\_\_\_\_

No, the patient was in a sensitive situation, but was no longer infectious at the time of interview

No, the patient was not in a sensitive situation

No

**Education**

**If the patient was symptomatic at the time of interview, did you provide the patient (or patient's proxy, e.g., guardian/caregiver) with information on preventing disease transmission in order to prevent the patient from infecting others?**

Yes

No

This would not include educational materials mailed to the patient.

**VII. CASE SYMPTOMS**

**What symptoms did the patient experience? Check all that apply.**

Abdominal pain

Nausea

Diarrhea

Vomiting

Blood in stool

Other, specify: \_\_\_\_\_

Fever/chills

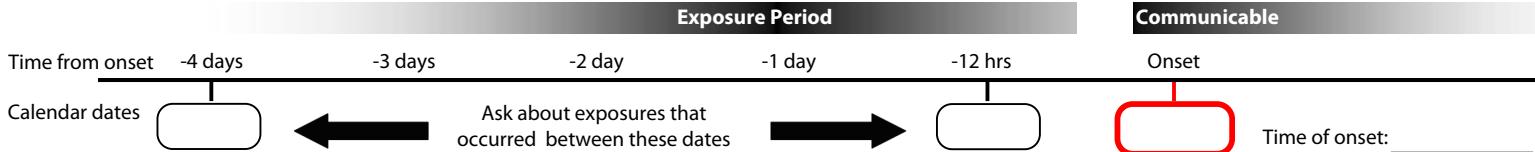
Asymptomatic

If the patient was asymptomatic or the onset date is unknown, this form is complete.

If the patient was symptomatic with a known onset date, please complete the remainder of this form.

**VIII. EXPOSURE PERIOD CALCULATION**

Enter onset date in red box. Count backwards 4 days from onset date to calculate the probable exposure period and enter dates in boxes.

**VIX. CONTACTS (Optional: contact information on page 3)**

**1. Were any of the patient's contacts symptomatic in the 4 days before or after this patient's onset?**

a. If yes, were any contacts household members?  Yes  No  Unk

b. If yes, specify (check all that apply):

- One or more contacts had onset >24 hours **after** patient's onset (**primary case = patient; secondary case = contact**)
- One or more contacts had onset **within** 24 hours of patient's onset (**primary case = patient and contact**)
- One or more contacts had onset >24 hours **before** patient's onset (**primary case = contact; secondary case = patient**)
- Unknown

If the patient is known to be a secondary case, this form is complete.

If the patient is not known to be a secondary case, please complete the remainder of this form.

**X. TRAVEL HISTORY**

**2. Did the patient travel during the 4 day exposure period?**  Yes  No  Unk

Yes  No  Unk

In-state  Out-of-state  Out-of-country

c. If yes, specify travel dates and locations:

If the patient's illness was acquired outside of the U.S., this form is complete.

If the patient's illness may have been acquired in the U.S., please complete the remainder of form.

**3. Did the patient have contact with children who attended any of the following during the the 4 day exposure period? If yes, \_\_\_\_\_**

**provide details (facility name, dates, etc.). Optional: contact information on page 3 can be used to capture symptomatic contacts.**

Yes No Unk

- a. Daycare \_\_\_\_\_

b. Preschool \_\_\_\_\_

c. Elementary school \_\_\_\_\_

d. Camp \_\_\_\_\_

e. Other facility with children \_\_\_\_\_

**4. Was the patient exposed to any of the following during the 4 day exposure period? If yes, provide details (foods, settings, etc.).**

Yes No Unk

- a. Food from restaurants \_\_\_\_\_
  - b. Raw produce \_\_\_\_\_
  - c. Group meal or event (party, wedding, business meeting, potluck, etc.) \_\_\_\_\_
  - d. Recreational water (swimming, splashing, wading, etc.) \_\_\_\_\_

i. If yes, specify \_\_\_\_\_  
**(check all that apply):**  Pool  Spa/hot tub/jacuzzi  River/lake/canal/pond  Other:  
 Kiddie pool  Interactive fountain  Boating/kayaking/canoeing/fishing  
 Wading pool  Water park  Ocean/Gulf

ii. If yes, specify name of park, recreational facility, etc. where exposure occurred:

- e. Drink untreated/unfiltered water

If yes, specify  
**(check all that apply):**  Private well  Other (stream, surface water, swimming, etc), specify: \_\_\_\_\_  
 Shared well

f. Close contact with a healthcare worker, daycare worker, or food handler

g. Contact with a diapered child or adult

h. Live in an institution (nursing home, jail, group home, etc.)

i. Occupational exposure to excreta (sewer plant worker, plumbers, septic tank workers, etc.) \_\_\_\_\_

j. Any type of sexual contact \_\_\_\_\_

**5. Did the patient prepare or handle food for any public/private gathering while symptomatic?**

Yes     No     Unk

If yes, provide detail:

## **XVII. CONTACT INFORMATION (OPTIONAL)**

**Obtain the following for all contacts with diarrhea in the 3 days before or after this patient's onset of illness** (use contact comments for additional space):

Contact  
comment