

Shiga Toxin-Producing *E. coli* Case Report Form

Version 2.2, Oct 2013

This form is designed to be used during case investigation and interview and can be filled in electronically.
Please complete the Extended Data screen in Merlin using the information collected here.

***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

*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?

This would not include educational materials mailed to the patient.

- Yes
- No

VII. CASE SYMPTOMS

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

- Abdominal pain
- Diarrhea
- Other, specify: _____
- Blood in stool
- Fever/chills
- Asymptomatic

2. Did patient require the following:

- a. Dialysis Yes No Unk
- b. Surgery Yes No Unk

3. Did patient have the following:

- a. Thrombotic thrombocytopenic purpura Yes No Unk
- b. Hemolytic uremic syndrome (HUS)* Yes No Unk

***REMEMBER that HUS cases should be reported in Merlin as BOTH an E. coli case and an HUS case.**

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 7 days from onset date to calculate the probable exposure period and enter dates in boxes.



IX. CONTACTS (Optional: contact information on page 4)

4. Were any of the patient's contacts symptomatic in the 7 days before or after this patient's onset?

- Yes No Unk

- 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.

5. Did the patient travel during the 7 day exposure period? Yes No Unk
- a. If yes, was that travel overnight? Yes No Unk
- b. If yes, specify type of travel (check all that apply): 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.

XI. RESTAURANT HISTORY

6. Did the patient consume food from any restaurant during the 7 day exposure period? Yes No Unk
- a. If yes, specify setting (check all that apply): Fast-food (order at counter) Sit-down (waiter takes order at table) Self-serve buffet Delivery (food delivered to location) Other: _____
- b. If yes, provide details (restaurant names, foods, locations, etc.):

Please note: if a restaurant is suspected as the source of infection, please fill out the **Environmental Health Foodborne Illness Survey/ Complaint Form** (http://www.myfloridaeh.com/medicine/foodsurveillance/investigation_information.htm).

XII. GENERAL FOOD HISTORY

7. Did the patient prepare or handle any raw meat during the 7 day exposure period? Yes No Unk
- If yes, specify (check all that apply): Ground beef Other beef Poultry (chicken, turkey, etc.) Dried meat Steak or roast beef Pork Wild game meat Other meat, specify: _____
8. Did the patient consume any of the following during the 7 day exposure period? [If yes, provide details \(foods, settings, etc.\).](#)
- | Yes | No | Unk | | Yes | No | Unk |
|-----------------------|-----------------------|-----------------------|--|---|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | a. Ground beef _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | b. Steak or roast beef _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | c. Other beef _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | d. Pork _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | e. Poultry (chicken, turkey, etc.) _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | f. Wild game meat _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | g. Dried meat _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | h. Other meat _____ | If yes, was any of it raw or undercooked? | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | i. <u>Raw or unpasteurized</u> milk or milk products _____ | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | j. Other <u>raw or unpasteurized</u> dairy product (queso fresco, raw milk cheese, etc.) _____ | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | k. <u>Raw or unpasteurized</u> juice or cider _____ | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | l. Raw produce _____ | | | |
| | | | If yes, specify (check all that apply): <input type="checkbox"/> Fresh herbs <input type="checkbox"/> Lettuce <input type="checkbox"/> Melons <input type="checkbox"/> Sprouts (bean, alfalfa, etc.) <input type="checkbox"/> Spinach <input type="checkbox"/> Other, specify: _____ | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | m. Food at a group meal (party, wedding, business meeting, potluck, etc.) _____ | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | n. Food at an outdoor setting (picnic, barbecue, etc.) _____ | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | o. Drink untreated/unfiltered water _____ | | | |
| | | | If yes, specify (check all that apply): <input type="checkbox"/> Private well <input type="checkbox"/> Shared well <input type="checkbox"/> Other (stream, surface water, swimming, etc), specify: _____ | | | |
9. Did the patient prepare or handle food for any public/private gathering while symptomatic? Yes No Unk
- If yes, provide detail: _____

