



Shigellosis Case Report Form

Please fill this form out as completely as possible. This form includes all the necessary information from both the FoodNet Case Report Form and *Shigella* Disease-Specific Form.

Last Name: _____ First Name: _____ Middle: _____ DOB: _____
PSN1 _____ TN01 CAS1 _____ TN01 SPHL#: _____

FOR ADMINISTRATIVE USE

FoodNet Case? Yes No Unknown
Case found during audit? Yes No Unknown
Was case interviewed by public health? Yes No Unknown
If no, was an attempt made? Yes No Unknown
Exposure history obtained? Yes No Unknown

Date of first attempt: _____
Date of completion: _____
Interviewer: _____

DEMOGRAPHICS

Age at Onset: _____ Days Months Years Sex: Male Female Unknown
Ethnicity: Hispanic Not Hispanic Race: American Indian/ Alaskan Hawaiian/ Pacific Islander Asian White Black/African American Other: _____ Refused

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Main Phone: _____ Alternate Phone: _____ Work Phone: _____

Did patient immigrate to US within 7 days of specimen collection? Yes No Unknown

In the last 7 days have you lived/stayed overnight in any of the following locations? (check all that apply)

Dormitory Long-term Care Facility/Rehab Center Homeless Shelter Correctional Facility
 Outdoors/Other structure not intended for housing Unknown Other: _____ None of the above

Employer/School: _____ Occupation: _____

Is patient associated with a daycare facility? Yes No Unknown

If yes, specify the association: (check all that apply) Attend Daycare Work/volunteer at daycare Live with daycare attendee

If yes, daycare name and location: _____

Is the patient a food handler? Yes No Unknown

If yes, establishment name and location: _____

LAB REPORT

Reporting Facility: _____ Ordering Facility: _____

Ordering Provider: _____ Phone Number: _____

Jurisdiction: East Tennessee Mid-Cumberland Northeast South Central
 West Tennessee Upper Cumberland Nashville/Davidson Chattanooga/Hamilton
 Southeast Knoxville/Knox Jackson/Madison Memphis Shelby
 Sullivan Out of Tennessee Unassigned

Lab Report Date: _____

Date Received by Public Health: _____

Date Specimen Collected: _____

Specimen Source: _____

Blood Stool Urine Unknown Other: _____

Test Type: PCR EIA Culture Other: _____

INVESTIGATION

Investigation Start Date: _____
Investigator: _____
Date Assigned to Investigation: _____

Case Status: Confirmed Probable Suspect
Investigation Status: Open Closed

SYMPTOM HISTORY

Date of Illness Onset: _____ First Symptom: _____ Did not experience any symptoms.

Symptoms:

(Check all that apply)
 Diarrhea Bloody Diarrhea Constipation Vomiting Nausea Fever (Max) _____ °F
 Fatigue Chills Abdominal Cramps Muscle Aches Weight Loss Headache
 Other: _____

If yes to diarrhea, date of diarrhea onset: _____

If yes to vomiting, date of vomiting onset: _____

As of today, are you still experiencing symptoms? Yes No Unknown Duration of Illness: _____ Minutes Hours Days

If recovered, date of recovery: _____

CLINICAL INFORMATION/ HOSPITALIZATION

Was the patient hospitalized for this illness?

Yes No Unknown

If yes, Hospital Name: _____

Admission Date: _____

Discharge Date: _____

Was patient transferred from one hospital to another?

Yes No Unknown

If yes, specify the hospital to which the patient was transferred:

Was there a second hospitalization?

Yes No Unknown

If yes, Hospital Name: _____

Admission Date: _____

Discharge Date: _____

During any part of the hospitalization, did you stay in an Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?

Yes No Unknown

Is the patient pregnant? Yes No Unknown

Did the patient die from this illness? Yes No Unknown

MEDICATION/ HEALTH HISTORY

To better understand your illness and the factors that may affect illness, we ask a few general questions about medications and health history.

Did you take any antibiotics for this illness?

Yes No May Have Did not ask/answer

If yes, what antibiotics did you take? (i.e. Amoxicillin, Bactrim, Clindamycin, Z-Pak)

In the 30 days before your illness began...

Did you take any antibiotics?

Yes No May Have Did not ask/answer

If yes, what antibiotics did you take? (i.e. Amoxicillin, Bactrim, Clindamycin, Z-Pak)

Did you take any form of antacid?

Yes No May Have Did not ask/answer

Antacids are medications to block acid, often for heartburn, indigestion, or acid reflux.

If yes, what medications to block acids did you take? (i.e. Tums, Pepto, Prilosec)

Did you take any form of probiotic?

Yes No May Have Did not ask/answer

Probiotics are live microorganisms (such as certain types of bacteria) that may benefit your health. These can be pills, powders, yogurts, and other fermented dairy products, as well as anything labeled as containing "live and active cultures" or "probiotics."

In the 6 months before your illness began...

Did you have abdominal surgery? (i.e. removal of appendix or surgery of the stomach/large intestine, not including c-section)

Yes No May Have Did not ask/answer

Were you diagnosed or treated for cancer? (including leukemia/lymphoma)

Yes No May Have Did not ask/answer

Are you Diabetic? (not including gestational diabetes)

Yes No May Have Did not ask/answer

TRAVEL HISTORY

Did you travel in the 7 days prior to illness onset? Yes No May Have Did not ask/answer

Destination	Date of Arrival	Date of Departure	Notes

In the 6 months before illness, did you travel outside the United States? Yes No May Have Did not ask/answer

If yes, what countries did you visit? _____

In the 6 months before illness, did any members of your household travel outside the United States?

Yes No May Have Did not ask/answer

If yes, what countries did your household members visit? _____

RELATED CASES

Do you know of any similarly ill persons (with diarrhea)? Yes No Unknown

Are there any other cases related to this one? Yes, household Yes, outbreak No, sporadic Unknown

If yes, please provide names, onset dates, contact information and any other details for similarly ill persons or related cases:

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

These questions are about exposures you may have had in the 7 days before you got sick. There are questions about various items, including water, special diets, special events and ill persons you may have come into contact with. For each of the questions, please answer yes, no, or may have

Person-To- Person – In the 7 days before illness...	Yes	No	May Have	Did Not Ask/Answer
1. In the 7 days before illness onset, did you have contact with a diapered child? <i>If yes, who? _____ Where? _____</i>				
2. In the 7 days before illness onset, did you have exposure to human or animal feces/stool? <i>If yes, who? _____ Where? _____</i>				
3. In the 7 days before illness onset, did you have contact with a household member or close contact with diarrhea? <i>If yes, who? _____ Where? _____</i>				
Water				
1. Do you use water from a private well as your primary source of drinking water?				
2. Did you drink any water directly from a natural spring, lake, pond, stream, or river in the 7 days before illness? <i>If yes or may have, where? _____ When? _____</i>				
3. Did you swim or wade in water from a natural setting in the 7 days before illness? (lake, river, pond, ocean, etc) <i>If yes or may have, where? _____ When? _____</i>				
4. Did you swim or wade in treated or chlorinated water in the 7 days before illness? (Pool, hot tub, waterpark, etc.) <i>If yes or may have, where? _____ When? _____</i>				
5. Did you wade or play in a splash pad or interactive fountain in the 7 days before illness? <i>If yes or may have, where? _____ When? _____</i>				

Food Handler	Yes	No	May Have	Did Not Ask/Answer
1. Did you work as a food handler <u>after</u> you became ill? <i>If yes or may have, where? _____ When? _____</i>				
Daycare				
1. Did you attend daycare in the 7 days before illness onset?				
2. Did you work at a daycare in the 7 days before illness onset?				
3. Did you live with a daycare attendee in the 7 days before illness onset?				
4. <i>If yes or my have</i> to any of the above, what type of daycare? (check all that apply) <input type="checkbox"/> Adult day health care <input type="checkbox"/> Child Care Center <input type="checkbox"/> Alzheimer's specific day care <input type="checkbox"/> Adult day social care <input type="checkbox"/> In-home caregiver <input type="checkbox"/> Childcare provided by relative, neighbor, etc. <input type="checkbox"/> Other: _____ Name of Daycare Facility? _____				
4A. Is food prepared at this facility?				
4B. Does this facility care for diapered persons?				
Events/Restaurants – In the 7 days before illness...				
1. In the 7 days before illness onset, did you attend any group meals? (<i>Potluck, receptions, etc.</i>) <i>If yes or may have, where? _____ When? _____</i>				
2. In the 7 days before illness onset, did you attend any special events or large gatherings? 2A. <i>If yes or may have</i>, what type of event? (check all that apply) <input type="checkbox"/> Birthday Party <input type="checkbox"/> Religious Gathering <input type="checkbox"/> Sporting Event <input type="checkbox"/> Concert <input type="checkbox"/> Festival/Trade Show <input type="checkbox"/> Camp <input type="checkbox"/> Field Trip <input type="checkbox"/> Conference/ Seminar <input type="checkbox"/> Other: _____ Where? _____ When? _____				
3. In the 7 days before illness onset, did you eat food prepared outside the home? (<i>Restaurants, catered events, etc.</i>)				
3A. <i>If yes or may have</i>, which setting? (check all that apply) <input type="checkbox"/> Fast-food (order at counter) <input type="checkbox"/> Catered event <input type="checkbox"/> Coffee or tea shop <input type="checkbox"/> Sit-down restaurant (order taken at table) <input type="checkbox"/> School or other institutional setting <input type="checkbox"/> Other: _____ <input type="checkbox"/> Self-serve buffet <input type="checkbox"/> Bakery <input type="checkbox"/> Take-out or delivery food <input type="checkbox"/> Ice cream or desert shop				

3B. Name(s) and Address(es):	Food(s) Eaten:	When?

Sexual History - In the 7 days before illness...
Note to interviewer: Ask the following questions for all cases age ≥18 years.
Shigella can be spread through sexual contact. I'm going to ask you some questions about sexual history that I ask all adults with *Shigella*. Your participation is optional, though your answers are important and will be kept confidential. For reference, sexual contact includes genital sex, anal sex, oral sex, or any contact with a penis, vagina, or anus.

Yes	No	May Have	Did Not Ask/Answer
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1. In the 7 days before illness onset, did you have sexual contact with anyone?

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1A. If yes or may have, what was the gender of your sexual partner or partners? (check all that apply)

Male Trans/Nonbinary Did not ask/answer
 Female Other: _____

1B. Were any of these partners new? (Have you had sexual contact with this person(s) before?)

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1C. Did any recent partners report having diarrhea before or after the patient's illness onset?

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1D. If yes or may have, please provide names, onset dates, contact information and any other details for partners reporting diarrhea symptoms:

Optional case education messages:

Shigella infection is spread when people put something in their mouths or their mouths on something that has come into contact with the stool of someone sick with shigellosis. Because *Shigella* germs can be found in the infected person’s stool for up to two weeks after the diarrhea has gone away, you should wait to have vaginal, anal or oral sex for at least 2 weeks after you and your partner no longer have diarrhea.

- If you are going to have sex, use barriers like condoms or dental dams during oral sex and oral-anal sex, and wash your hands, genitals, and anus with soap and water before and after sexual activity.
- Wash your hands, especially after touching sex toys, used condoms or barriers, and douching materials.
- Also, wash sex toys with soap and water after each use and wash hands after touching used sex toys.

Other Comments

Is there anything else you feel may be relevant that has not already been asked?

FOR INTERVIEWER USE

At the conclusion of the interview please...

- Answer any questions
- Thank the patient for their time
- Provide hygiene and prevention education
- Notify the appropriate staff of potential outbreaks, events, or unusual information
- Exclude persons from sensitive populations until 48 hours symptom free (health/day care, food handler)
- **FoodCORE staff:** contact regional/ local health department for exclusions

INTERVIEWER COMMENTS