

Shigellosis Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily always in order, when investigating reports of shigellosis. For more detailed information refer to the Shigellosis Disease Chapter. Shigellosis is a Priority Level 4 disease and critical details should be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) within 14 days.

- Review laboratory details to confirm the test result. If the case has not been submitted via CDRSS, create a case.
- Follow up with the laboratory to ensure a specimen has been submitted to the state laboratory (NJ PHEL) for further testing as per the [NJ Administrative Code](#).
- Assess the case-patient for high-risk activities (e.g., daycare attendee, food handler) and exclude from school or work in accordance with [NJDOH Exclusion Criteria](#).
- Interview the case-patient (parent/guardian if case-patient is a minor) via phone using the “Shigellosis Case Report Form”. Do not fax the form to the physician or mail to the home of the case-patient for completion.
- Provide education to the case-patient; additional information can be found on the NJDOH and CDC disease pages.
- Enter critical details (demographics, signs/symptoms, clinical status, additional laboratory information, and industry/occupation) into the CDRSS case.
- Enter relevant exposures (travel, food history, grocery stores, restaurants, contact with recreational water, etc.) into the *Sources of Infection and Risk Factors* section within the CDRSS case.
- Notify the appropriate local health department and document in CDRSS if a food establishment, restaurant, etc. from another jurisdiction is identified as a possible source of exposure.
- Inform the Foodborne and Waterborne Disease Unit at cds.fwd.epi@doh.nj.gov if an outbreak is suspected.
- Enter any additional symptomatic contacts identified through the interview into the *Contact Tracing* section within CDRSS and follow case investigation as appropriate.
- Document dates/times of at least three attempts made to reach the case-patient in CDRSS if they remain unreachable.
- Determine *Case Status* based on [NNDSS case definitions](#) and mark *Report Status* as “LHD CLOSED” in CDRSS.

Shigellosis Case Report Worksheet

Name: _____ CDRSS number: _____

Interviewer: _____ Date Completed: _____

Information provided by _____ Relation to Case: _____

DEMOGRAPHICS

Gender: Male Female

Date of Birth ____/____/____

Hispanic: Yes No Unk

Race:

White Native Amer.

Black Asian/Pac. Islander

Other Unknown

High Risk Occupation/Setting:

Foodhandler: Yes No

Daycare worker/attendee: Yes No

Healthcare provider: Yes No

Group Living: Yes No

Attend or work in a school: Yes No

If yes to any above, did patient work/attend while ill? Yes No

If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters and/or Daycare Outbreak guidance document):

CLINICAL INFORMATION

Symptomatic: Yes No

If yes: Onset date/time: ____/____/____

Resolution date/time: ____/____/____

First/predominant symptom _____

Fever:

Yes No

If Yes, Temperature: _____ ° F

Not measured: _____

Diarrhea:

Yes No onset date/time: _____

Bloody diarrhea:

Yes No onset date/time: _____

Vomiting:

Yes No onset date/time: _____

Other symptoms: _____

Hospitalized: Yes No

Name of Hospital _____

Date of Admission: ____/____/____

Date of Discharge: ____/____/____

ED visit only-date: ____/____/____

Antibiotic treatment: Yes No

If yes, dates taken:

____/____/____ to ____/____/____

Outcome: Died: Yes No

If yes, date of death: ____/____/____

Use incubation period of 7 days to determine exposure period, counting back from illness onset date.

Exposure period: ____/____/____ to ____/____/____

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

OTHER EXPOSURE SOURCES:

Y N

- Household contact of day care attendee
- Contact with a Confirmed case
- Swimming/recreational water exposure
- MSM

Y N

Travel outside the U.S. in 7 days prior to symptom onset
Where: _____
Dates: ___/___/___ to ___/___/___

Travel within the United States 7 days prior to symptom onset
Where: _____
Dates: ___/___/___ to ___/___/___

List food establishments (restaurants, fast-food, cafeteria, deli, etc.) frequented during incubation period. Include date, location and items eaten:

List any gatherings (parties, weddings, conventions, etc.) attended during incubation period:

Does the case know anyone with a similar illness, including those he/she lives with? YES NO

If yes, fill out table below for each ill household member and contact.

ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	___/___/___	_____
_____	_____	_____	_____	___/___/___	_____
_____	_____	_____	_____	___/___/___	_____

If the case or contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH Shigellosis disease chapter and/or Daycare Outbreak guidance document):

ACTIONS TAKEN

- Patient could not be interviewed (reason: _____)
- Entered into CDRSS
- Exclude until 2 negative stools
- Daycare inspection/education
- Work or daycare restriction for case
- Follow-up of ill contacts
- Refer for restaurant inspection