

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