

Campylobacteriosis

ORPHEUS

Confirmed
 Presumptive

Suspect
 No case

Name _____
LAST, First Initials AKA

County _____

Address _____
Street City State Zip

Phone number _____ / _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

E-mail _____

ALTERNATE CONTACT _____

Name _____ Phone(s) _____
LAST, First Initials AKA home (H), work (W), cell (C), message (M)

Special housing	
<input type="checkbox"/> Nursing home/Asst Living	<input type="checkbox"/> YES house
<input type="checkbox"/> Homeless	<input type="checkbox"/> Homeless shelter
<input type="checkbox"/> Prison/jail	<input type="checkbox"/> Job Corps
<input type="checkbox"/> Foster home	<input type="checkbox"/> Treatment center
<input type="checkbox"/> Hospital	<input type="checkbox"/> Chemawa Indian School
<input type="checkbox"/> Nursing home	<input type="checkbox"/> No address on file
<input type="checkbox"/> Drug treatment/shelter	<input type="checkbox"/> Women's shelter
<input type="checkbox"/> Other (specify) _____	

DEMOGRAPHICS

DOB ____/____/____ if DOB unknown, AGE ____ Sex Female Male Preg Y N UNK

Language _____ Country of birth _____ refugee

Past year housing (check one) Stably housed Homeless Unstably housed Declined Unknown

Worksites/school/day care center _____ Occupation/grade _____

RACE, ETHNICITY, LANGUAGE, AND DISABILITY (REALD)

RACE AND ETHNICITY

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

Which of the following best describes your racial or ethnic identity? *Check all that apply.*

Amer Indian/ Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis First Nation
- Indigenous Mexican Central American South American

HISPANIC or Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

ASIAN

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

If you selected more than one racial or ethnic identity, circle the one that best represents your racial or ethnic identity. If you have more than one, primary racial or ethnic identity, please check here.

Native Hawaiian/ Pacific Islander

- Guamanian
- Chamorro
- Micronesian/Marshalese/Palaun (COFA)
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other (Black)

Middle Eastern Northern African

- Northern African
- Middle Eastern

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other (please list) _____
- Don't know
- Don't want to answer

PROVIDERS, FACILITIES AND LABS

Reporter Type	Reporter Name/Phone
Clinical Office	_____
Hospital	_____
ER	_____
Laboratory	_____
Care Facility	_____

Reporter Type	Reporter Name/Phone
Assisted Living	_____
Group home	_____
Long-term acute care	_____
Nursing home	_____
Inpatient rehab	_____

Ok to contact patient (only list once)

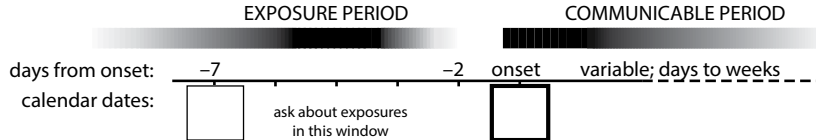
Local Epi _____

Date report received by LHD ____/____/____ LHD completion date ____/____/____ State completion date ____/____/____



INFECTION TIMELINE

Enter onset date in heavy box.
Count back to figure the probable exposure period.



Ask about exposures for the 7 days prior to onset date.

Interviewed yes no Interview date(s) _____ Interviewed by _____

Who patient provider parent other _____

Reason not interviewed (choose one)

- not indicated unable to reach out of jurisdiction deceased
- refused physician interview medical record review

BASIS OF DIAGNOSIS

CLINICAL DATA

- Onset indeterminate
- Symptomatic yes no ref unk
- first symptoms* ___/___/___
- first vomiting or diarrhea ___/___/___
- illness duration (days) _____

Check all that apply: (Provide details in Notes below.)

- Diarrhea yes no ref unk
- if yes, ONSET on ___/___/___
- Bloody diarrhea yes no ref unk
- Self-reported fever yes no ref unk
- Vomiting yes no ref unk
- How long felt sick _____ minutes _____ hours _____ days
- Still sick
- Cancer 6 mos before illness yes no ref unk
- Diabetes 6 mos before illness yes no ref unk
- Abdominal surgery 6 mos before illness yes no ref unk
- Probiotic use yes no ref unk
- Antibiotic use, current illness yes no ref unk

LABORATORY DATA

- none
- Testing Lab _____
- Originating Lab _____
- Specimen collection date ___/___/___
- Specimen source
- blood stool
- rectal other specify in Notes _____
- TEST TYPE
- culture pos neg date of result ___/___/___
- PCR pos neg date of result ___/___/___

PUBLIC HEALTH LAB DATA

- Isolate sent to OSPHL yes no unk
- OSPHL Specimen # _____
- Species:
- C. jejuni* *coli*
- upsaliensis* *fetus*
- other _____
- unk

NOTES

OUTCOMES

- Deceased yes no Date of death ___/___/___
- Cause: disease-related treatment-related
- not disease-related unk
- Hospitalized: yes no unk ICU
- Hospital Name _____
- Chart number _____
- Admit date ___/___/___ Discharge date ___/___/___
- Status: Check one: alive dead unk transfer
- Hospitalized: yes no unk ICU
- Hospital Name _____
- Chart number _____
- Admit date ___/___/___ Discharge date ___/___/___
- Status: Check one: alive dead unk transfer

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Risks Provide ancillary details (names, locations, details) about possible sources and risk factors checked below as appropriate. Ask about any leftovers including packaging or containers in the trash, collect some for testing. Contact ACDP for details at 971-673-1111..

- | yes | no | ref | unk | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HIGH RISK FOODS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | chicken prepared at home |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>if yes</i> was it prepared from fresh chicken |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>if yes</i> was it prepared from frozen chicken) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | chicken outside of home |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | rare/undercooked poultry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | turkey |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat ground turkey |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any liver pate or mousse |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any undercooked or raw liver |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pork or food containing pork |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat food containing beef |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | veal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat fish or fish products |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>if yes</i> , was the fish raw |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat seafood other than fish (crab, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>if yes</i> , was the seafood raw |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | any eggs anywhere |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | any dairy (milk, cheese, butter, etc,) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | soft cheese (specifically not raw) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | queso fresco or soft raw milk cheese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | raw (unpasteurized) milk |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any fresh lettuce |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any snow peas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | food at restaurants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | food at gatherings (pot lucks, events) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | drink well water |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | drink directly from wild water (lake, river, pond, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | swim, wade, or enter "wild" water (lake, river, ocean) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | work or visit a dairy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | visit, work live on farm, ranch petting zoo etc. |

- | yes | no | ref | unk | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | OTHER POTENTIAL SOURCES |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with persons with acute gastroenteritis (vomiting, diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | diapered or incontinent people (kids, adults, anyone) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with a dog or puppy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with a cat or kittens |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with mammalian pets (rats, mice, rabbits, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with poultry (visit farm, county fair, etc) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with reptiles and amphibians |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with cattle, goats or sheep |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with pigs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | exposure to animal feces |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | exposed to pets with loose stools (diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | occupational exposure to excreta |
| Other risks | | | | |

TRAVEL

- | yes | no | ref | unk | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | travel outside home area |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | travel outside Oregon |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | travel outside U.S. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | travel 6 months before illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household members travel 6 months before illness. |

If yes, provide dates: ___/___/___ to ___/___/___

Destination(s) _____

Purpose(s) _____

Travel mode(s) _____

Companion(s) _____

Notes

CASE'S NAME

yes no ref unk **FOLLOW-UP**

- case know anyone with similar illness
- case prepare food for private or public gathering
- case work or attend day care
- other children or staff at day care ill
- case educated on disease transmission
- work or day care restrictions for case
- work or day care restrictions for HH member
- restaurant inspection
- inspection of raw milk dairy

EPI-LINKAGE

- Associated with a known outbreak? yes no unk
- Close contact of another case yes no unk
- Specify nature of contact
- co-worker day care friend
 household sexual
- Has the above case been reported? yes no unk
- If yes to any question, specify names, dates, places.*
- Outbreak ID _____

HOUSEHOLD ROSTER

CASE-CONTACT MANAGEMENT AND FOLLOW-UP

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> day care <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> day care <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> day care <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> day care <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> day care <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	___/___/___	<input type="checkbox"/> Y <input type="checkbox"/> N

If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends day care, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.

Please remember to fill out last page with more REALD data when performing in-person interviews.

ADMINISTRATION

SEPTEMBER 2022

Remember to copy patient's name to the top of this

Completed by _____ Date _____ Phone _____ Case report sent to OHA on ___/___/___
 Investigation sent to OHA on _____