# Salmonellosis
*(non-typhoidal)*

ORPHEUS ID

☐ confirmed
☐ presumptive
☐ suspect
☐ no case

Name ______________________________________________ County____________

Address ____________________________________________________ Special housing ________________

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

ALTERNATIVE CONTACT

Name ___________________________ Phone(s) ______________________________

## DEMOGRAPHICS

DOB ____/____/____

if DOB unknown, AGE _____

Sex ☐ female ☐ male

Language
____________________________

Country of birth
________________________

Worksites/school/day care center
_____________________________

Occupation/grade ___________________

RACE (*check all that apply*)

☐ White
☐ Black
☐ Asian
☐ Pacific Islander
☐ American Indian/ Alaska Native
☐ unknown
☐ other_________

HISPANIC
☐ Yes ☐ No
☐ unknown ☐ declined

## PROVIDERS, FACILITIES AND LABS

Reporter Type (circle one)

☐___________________
name and phone number

PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

Reporter Type (circle one)

☐___________________
name and phone number

PMD Lab-fax
MDx Lab-phone
ER Lab-other
ICP HCP
Lab-ELR

☐ Ok to contact patient

Local epi_name______________________
Date report received by LHD ____/____/____
LHD completion date ____/____/____

## BASIS OF DIAGNOSIS

**CLINICAL DATA**

Symptomatic ☐ yes ☐ no ☐ unk

*first symptoms* ____/____/____
first vomit/diarrhea ____/____/____
Time: _____________ am/pm

Check all that apply:

vomiting ☐ yes ☐ no ☐ unk

diarrhea ☐ yes ☐ no ☐ unk

bloody diarrhea ☐ yes ☐ no ☐ unk

fever ☐ yes ☐ no ☐ unk

Deceased ☐ yes ☐ no date ____/____/____
Cause: ______________________________

Hospitalized: ☐ yes: ☐ no ☐ unk ☐ ICU

Name _________________________
Chart number_________________________

admit ___/___/___ discharge ___/___/___
Status: Check one:
☐ alive ☐ dead ☐ unk ☐ transfer

Hospitalized: ☐ yes: ☐ no ☐ unk ☐ ICU

Name _________________________
Chart number_________________________

admit ___/___/___ discharge ___/___/___
Status: Check one:
☐ alive ☐ dead ☐ unk ☐ transfer

LABORATORY DATA

*Testing* Lab __________________

*Originating* Lab ________________

Collection date ____/____/____

Specimen tyoe:
☐ stool
☐ blood
☐ urine
☐ other ________

Isolate sent to OSPHL
☐ yes ☐ no ☐ unk

OSPHL Specimen number ______

Serotype ______________________

**Treatment**

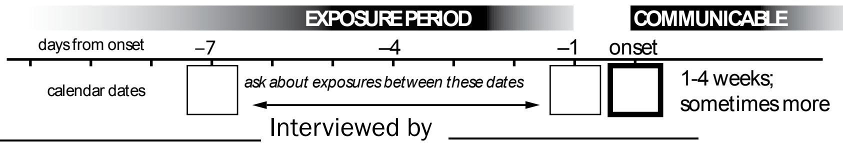
Was patient treated with antibiotics or anti-motility drugs for this illness? ☐ yes (specify) ☐ no ☐ unk

| Drug name | size/dose/frequency | start date | end date |
|---|---|---|---|
| ______________ | ______________ | ____/____/____ | ____/____/____ |

CASE'S NAME

## INFECTION TIMELINE

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




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 jursdiction ☐ deceased

☐ refused ☐ physician interview ☐ medical record review

## POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

*Risks* Provide ancillary details (names, locations, details) about possible sources and risk factors..

| yes | no | ref | unk | HIGH RISK FOODS |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | Eat any chicken anywhere |
| ☐ | ☐ | ☐ | ☐ | *IF YES,* eat any ground chicken |
| ☐ | ☐ | ☐ | ☐ | Eat any turkey anywhere |
| ☐ | ☐ | ☐ | ☐ | *IF YES,* eat any ground turkey |
| ☐ | ☐ | ☐ | ☐ | Handled raw poultry |
| ☐ | ☐ | ☐ | ☐ | Eat any beef anywhere |
| ☐ | ☐ | ☐ | ☐ | *IF YES,* eat any ground beef |
| ☐ | ☐ | ☐ | ☐ | Rare or raw meat |
| ☐ | ☐ | ☐ | ☐ | Veal |
| ☐ | ☐ | ☐ | ☐ | Eat any eggs anywhere |
| ☐ | ☐ | ☐ | ☐ | Eat raw, runny or lightly cooked eggs or uncooked foods made with raw eggs |
| ☐ | ☐ | ☐ | ☐ | Drink raw or unpasteurized milk* |
| ☐ | ☐ | ☐ | ☐ | Eat any soft cheese* |
| ☐ | ☐ | ☐ | ☐ | Eat any raw milk (unpasteurized) soft cheese |
| ☐ | ☐ | ☐ | ☐ | Consumer other raw dairy products* |

| yes | no | ref | unk | HIGH RISK FOODS |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | Eat any sprouts (alfalfa, bean, clover)* |
| ☐ | ☐ | ☐ | ☐ | Eat any tomatoes |
| ☐ | ☐ | ☐ | ☐ | Eat any fresh herbs (basil, cilantro, parsley) |
| ☐ | ☐ | ☐ | ☐ | Eat any fresh berries |
| ☐ | ☐ | ☐ | ☐ | Eat any raw nuts |
| ☐ | ☐ | ☐ | ☐ | Eat any venison or other game meat* |
| ☐ | ☐ | ☐ | ☐ | Eat any dried meat (salami, jerky) |
| ☐ | ☐ | ☐ | ☐ | Eat any fish or fish product |
| ☐ | ☐ | ☐ | ☐ | Eat seafood other than fish (e.g., crab, shrimp, oyster) |
| ☐ | ☐ | ☐ | ☐ | Drink raw or unpasteurized juice or cider* |
| ☐ | ☐ | ☐ | ☐ | Eat any food at restauants |
| ☐ | ☐ | ☐ | ☐ | Food at other gatherings (e.g., potlucks, events) |

* Ask about leftovers, including packaging or containers in trash.

** Collect these leftovers for testing. Contact ACDP epi for details.

☐ There are no leftovers or packaging that can be tested.

### EPI-LINKAGE

Associated with a known outbreak? ☐ yes ☐ no ☐ unk

Close contact of another case ☐ yes ☐ no ☐ unk

Specify nature of contact

☐ co-worker ☐ daycare ☐ friend
☐ household ☐ sexual

Has the above case been reported? ☐ yes ☐ no ☐ unk

*If yes to any question, specfiy names, dates, places.*

Outbreak ID ________________________________

| *Y* | *N* | TRAVEL |
|---|---|---|
| ☐ | ☐ | outside the US to _____ |
| ☐ | ☐ | outside Oregon to _____ |
| ☐ | ☐ | within Oregon to _____ |

Provide details about all travel, see Orpheus

departure ___/___/___ return ___/___/___

| yes | no | ref | unk | OTHER POTENTIAL SOURCES |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | Contact with reptiles or amphibians |
| ☐ | ☐ | ☐ | ☐ | Contact with any live poultry |
| ☐ | ☐ | ☐ | ☐ | Contact with baby chicks |
| ☐ | ☐ | ☐ | ☐ | Contact with other pet animals |
| ☐ | ☐ | ☐ | ☐ | Handle any pet treats (e.g., dog chews) |
| ☐ | ☐ | ☐ | ☐ | Contact w/ livestock (cattle, pigs, sheep, goats) |
| ☐ | ☐ | ☐ | ☐ | Animal exhibits (petting zoos, fairs, 4H, etc) |
| ☐ | ☐ | ☐ | ☐ | Contact with diapered adults or children |
| ☐ | ☐ | ☐ | ☐ | Work exposure to human or animal excreta |
| ☐ | ☐ | ☐ | ☐ | Exposure to kids in child care settings |
| ☐ | ☐ | ☐ | ☐ | Contact with sick people |

| yes | no | ref | unk | WATER |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | Reside in area with home septic system |
| ☐ | ☐ | ☐ | ☐ | Drink water from private well |
| ☐ | ☐ | ☐ | ☐ | Drink any water directly from a natural spring, lake, pond, stream, or river |
| ☐ | ☐ | ☐ | ☐ | Swim or wade in water from a natural setting (e.g., lake, river, pond, ocean) |
| ☐ | ☐ | ☐ | ☐ | Swim or wade in chlorinated water (e.g., pool, hot tub, water park, fountain) |

**CASE'S NAME** ______

| yes | no | ref | unk | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | in the past 6 months betore your illness began, did you travel outside the United States?<br>**in the 6 months before your symptoms began, what countries did you visit?**<br>______ |
| ☐ | ☐ | ☐ | ☐ | in the past 6 months betore your illness began, did any members of your household travel outside the United States?<br>**in the 6 months before your symptoms began, what countries did the member of your household visit?**<br>______ |
| ☐ | ☐ | ☐ | ☐ | in the past 6 months betore your illness began, did you have abdominal surgery (e.g. removal of appendix or gall bladder or any surgery of the stomach or large intestine? |
| ☐ | ☐ | ☐ | ☐ | in the past 6 months betore your illness began, were you diagnosed or treated for cancer (including leukemia/lympoma)? |
| ☐ | ☐ | ☐ | ☐ | in the past 6 months before your illness began were you diagnosed or treated for diabetes? |
| ☐ | ☐ | ☐ | ☐ | in the 30 days before your illness began, did yo take a probiotic? Probiotics are live microogranisms (such as certain types of bacteria that may affect your health. These can take the form of pills, powders, yogurts, other fermented dairy products containing "live and living cultures" or "probiotics" |
| ☐ | ☐ | ☐ | ☐ | in the 30 days before your illness began did you have any form of antacid?<br>**what medications to block acid did you take in the 30 days before your illness began?**<br>______ |
| ☐ | ☐ | ☐ | ☐ | did you take antibiotics for this illness?<br>______ |

***OTHER FOLLOW-UP.*** Provide details as appropriate.

| yes | no | ref | unk | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | does the case know anyone with a similar illneses |
| ☐ | ☐ | ☐ | ☐ | household member is healthcare worker |
| ☐ | ☐ | ☐ | ☐ | prepared food for public/private gatherings |
| ☐ | ☐ | ☐ | ☐ | does case work or attend daycare |

| yes | no | ref | unk | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | does case work or attend daycare |
| ☐ | ☐ | ☐ | ☐ | work or daycare restriction |
| ☐ | ☐ | ☐ | ☐ | restaurant inspections |
| ☐ | ☐ | ☐ | ☐ | case educated about disease tranmission |

## CASE-CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER (attach additional sheets as needed)

| Name | DOB/Age | Sex | Relation to case | Occupation | Education provided | Last exposure | Onset date | Interview date | Sick |
|---|---|---|---|---|---|---|---|---|---|
| ______ | | ☐ M ☐ F | ☐ daycare ☐ friend ☐ household ☐ sexual ☐ coworker | ______ | | ___/___/___ | ___/___/___ | ___/___/___ | ☐Y ☐N |
| ______ | | ☐ M ☐ F | ☐ daycare ☐ friend ☐ household ☐ sexual ☐ coworker | ______ | | ___/___/___ | ___/___/___ | ___/___/___ | ☐Y ☐N |
| ______ | | ☐ M ☐ F | ☐ daycare ☐ friend ☐ household ☐ sexual ☐ coworker | ______ | | ___/___/___ | ___/___/___ | ___/___/___ | ☐Y ☐N |

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

## ADMINISTRATION

MARCH 2018

*Remember to copy patient's name to the top of this page.*

Case report sent to OHA on ___/___/___

Completed by ______ Date ______ Phone ______ Investigation sent to OHA on ___/___/___