

Shigellosis

COUNTY

FOR STATE USE ONLY

Orpheus ID

case report

interstate

- confirmed
- presumptive
- suspect
- no case

CASE IDENTIFICATION

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) home (H), work (W), cell (C), message (M)

Address _____
Street City Zip

email _____ Language Spanish Russian

ALTERNATIVE CONTACT Parent Spouse Friend

Name _____ Phone(s) _____
LAST, first, initials home (H), work (W), cell (C), message (M)

Address _____
Street City Zip

SOURCES OF REPORT (check all that apply)

ELR Lab (not ELR) ICP

Physician

Reporter _____

Date of first report ____/____/____

Primary MD _____

Phone _____ OK to talk to patient?

DEMOGRAPHICS

SEX female male

DOB ____/____/____
m d y

if DOB unknown, AGE _____

HISPANIC Y N ?

RACE (check all that apply)

white American Indian/Alaska Na-
 tive

black Pacific Islander

Asian refused to answer

Worksites/school/day care center _____

Occupation/grade _____

BASIS OF DIAGNOSIS

CLINICAL DATA

Symptomatic Y N ?

first symptoms ____/____/____
m d y

first vomit/diarrhea ____/____/____

first V/D time _____ am pm

diarrhea Y N ?

bloody diarrhea Y N ?

fever Y N ?

Hospitalized Y N ?

Hospital 1 _____

date of admission ____/____/____

date of discharge ____/____/____

Transferred Y N ?

Hospital 2 _____

date of admission ____/____/____

date of discharge ____/____/____

Outcome survived died ?

date of death ____/____/____

PRIVATE LAB DATA

Culture confirmed Y N

Specimen collected ____/____/____
m d y

stool urine blood

Lab _____

Test type culture
 other _____

PUBLIC HEALTH LAB DATA

Isolate sent to PHL Y N 11-18 ?

PHL specimenID _____

Species sonnei flexneri

boydii dysenteriae

Subtype _____

Xbal PFGE _____

EPILINKS

At the time of initial report, case appears to be:

sporadic

part of a household cluster

part of a multi-household outbreak OutbreakID _____

Case appears to be... primary secondary (e.g., not first in household)

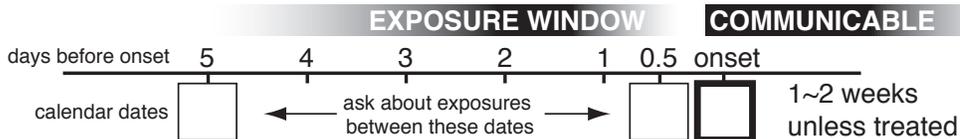
If a contact of a confirmed or presumptive case, nature of contact:

household sexual child care

Specify linked cases; other details as needed.

INFECTION TIMELINE

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



POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

case (or family proxy) could not be interviewed no risk factors identified exempt (part of already recognized outbreak, shotgun interview, etc.)

Interviewees case parent physician other HCP _____ Interview date(s) _____

Provide ancillary details (names, locations, dates) about possible sources and risk factors checked below.

Y N POTENTIAL SOURCES

- food at restaurants
- food at other gatherings (potlucks, events)
- work exposure to human or animal excreta
- recreational water exposure (pools, lakes, rivers, water parks, backyard splash pools, ...)

What kind of water? Check all that apply.

- swimming pool
- wading pool
- interactive fountain
- water park
- backyard splash pool
- ocean
- lake or pond
- river or stream
- hot tub
- _____

Y N POTENTIAL SOURCES

- exposure to kids in child care settings
- other household members in child care
- diaper changing (children or adults)
- oral-anal sexual contact
- contact with other ill person(s)

What kind of contact? Check all that apply.

- other kids at child care
- other kids at school
- child in other settings
- household member
- male sex partner
- female sex partner
- _____

Y N TRAVEL

- outside U.S. to _____
- outside Oregon to _____
- within Oregon to _____

Provide details about all travel; see Orpheus.

departure ___/___/___

return / /
 m d y

CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

name	age	sex	occupation	diarrhea			onset	education provided			comment
				Y	N	?		Y	N	?	
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u> / <u> </u> / <u> </u> m d y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the case know about anyone else with a similar illness? Y N *If yes, get contact information, onsets, etc.*

Does case prepare food for any public or private gathering? Y N *If yes, get details.*

If the case is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about worksite, job description, dates worked or attended during communicable period (as applicable), supervisor, etc. If the patient attends daycare or nursery school, institute active surveillance.

Contact person/phone number _____

Is the patient in diapers? Y N

Are other children or staff ill? Y N

SUMMARY OF FOLLOW-UP AND COMMENTS *Provide details as appropriate.*

- hygiene education provided child care restriction work or school restriction for case child care inspection
- restaurant evaluation _____

ADMINISTRATION

Copy patient's name to the top of this page.

Initial report sent to OPHD or entered into ORPHEUS ___/___/___

Completed by _____ Phone _____

Completed case report ___/___/___