

Shigellosis

ORPHEUS ID

Confirmed Suspect
 Presumptive No case
Subtype: _____

Name _____
LAST, first, initials (a.k.a.)

County _____

Address _____
Street City 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 home (H), work (W), cell (C), message (M)

Special housing

- Nursing home/ Asst Living
- Homeless
- Prison/jail
- Foster home
- Hospital
- Nursing home
- Drug treatment/shelter
- Other (specify) _____
- YES house
- Homeless shelter
- Job Corps
- Treatment center
- Chemawa Indian School
- No address on file
- Women's shelter

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/Marshallese/Palaun (COFA)
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Black or African American

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

Middle Eastern

- 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 (COMPLETE ALL THAT APPLY)

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 LPHA ____/____/____ LPHA completion date ____/____/____ State completion date ____/____/____



RISKS

Provide details as appropriate. Include names and locations about possible sources and risk factors in Notes.

yes no ref unk

- food at restaurants, fast food, vendors
- food at other gatherings (events, potlucks)
- work exposure to human or animal excreta
- recreational water exposure (swimming pools, hot tubs, water parks, lakes, rivers, streams, fountains, ocean, backyard splash pools, etc.)
If yes, please specify _____
- exposure to kids in day care settings
- other household members attend or work in day care
- contact with diapered or incontinent people (kids or adults)
- history of homelessness
- oral-anal sexual contact
- contact with other ill people with vomiting or diarrhea
If yes, please specify _____
- history of homelessness
- sex with men
- sex with women
- sex with both men and women
- other risks (specify in notes)

yes no ref unk

- travel outside home area
- travel outside Oregon
- travel outside U.S.

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

Destination(s) _____

Purpose(s) _____

Travel mode(s) _____

Companion(s) _____

NOTES: Provide details as needed.

Notes: Provide information about other risks as needed.

EPI-LINKAGE

At time of report case appears to be

- sporadic
- household with 2 or more cases
- multi-household or cluster

Outbreak ID _____

Case appears to be:

- primary secondary, (e.g. not first in household)

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

- household friend sexual day care
- coworker other _____

Has the above case been reported? yes no unk

Exposure date ___/___/___

If contact with other case(s) in same outbreak or cluster, specify name, age, county

Notes

CASE-CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

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

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

- case education provided date: ___/___/___ _____
- household member is a health care worker _____
- case knows someone with a similar illness _____
- during communicable period, case prepared food for public or private gathering _____
- case is a resident of a long-term care facility _____
- case in diapers _____
- case works at or attends day care _____
- work or school restriction for case _____
- work or daycare restriction for household members _____
- follow-up of household members _____
- day care inspection _____
- restaurant inspection _____
- testing of water supply done date: ___/___/___ _____

Notes