Shigellosis

ORPHEUS ID

☐ Confirmed ☐ Suspect
☐ Presumptive ☐ No case
Subtype:____________________

Name ______________________________ County____________
LAST, first, initials (a.k.a.)

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	☐ YES house
☐ Homeless	☐ Homeless shelter
☐ Prison/jail	☐ Job Corps
☐ Foster home	☐ Treatment center
☐ Hospital	☐ Chemawa Indian School
☐ Nursing home	☐ No address on file
☐ Drug treatment/ shelter	☐ Women's shelter
☐ 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 idenity? *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/Marshal lese/Palaun (COFA)
☐ Native Hawaiian
☐ Samoan
☐ Tongan
☐ Other Pacific Islander

Black or African American
☐ African American
☐ African (Black)
☐ Caribbean (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 (COMPLETE A LL THAT APPLY)

Reporter Type	Reporter Name/Phone	Reporter Type	Reporter Name/Phone
Clinical Office	____________	Assisted Living	____________
Hospital	____________	Group home	____________
ER	____________	Long-term acute care	____________
Laboratory	____________	Nursing home	____________
Care Facility	____________	Inpatient rehab	____________

☐ Ok to contact patient (only list once)

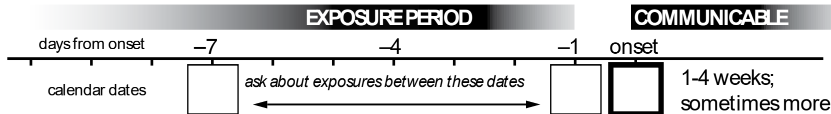
Local Epi ______________________________

Date report received by LPHA ___/___/___ LPHA completion date ___/___/___ State completion date ___/___

CASE'S NAME

INFECTION TIMELINE

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



Most persons shed infectious oocysts in stool during the period of diarrhea. Shedding may continue in some patients for several days—possibly longer.

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
☐ medical record review ☐ physician interview

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 section.)**

Diarrhea	☐ yes	☐ no	☐ ref	☐ unk
Bloody diarrhea	☐ yes	☐ no	☐ ref	☐ unk
Fever	☐ yes	☐ no	☐ ref	☐ unk

LABORATORY DATA

☐ none

Testing Lab ____
Originating Lab ______________________________________

Specimen collection date ___/___/____ Specimen ID _________
Result date ___/___/____

Specimen source
☐ blood ☐ stool ☐ urine
☐ other specify in Notes___________________

Test type and result

☐ culture	☐ pos	☐ neg	☐ unk
☐ PCR	☐ pos	☐ neg	☐ unk
☐ Shigatoxin PCR	☐ pos	☐ neg	☐ unk
☐ other ______________	☐ pos	☐ neg	☐ unk

PUBLIC HEALTH LAB DATA

Isolate sent to OSPHL ☐ yes ☐ no ☐ unk
PHL specimen ID ______________

Species
☐ *sonnei* ☐ *flexnari* ☐ *boydii* ☐ *dysenteriae*

subtype _______________

OUTCOMES

Deceased ☐ no ☐ yes Date of death ____/____/____
Cause: ☐ disease-related ☐ treatment-related
☐ not disease-related ☐ unk
☐ other ___________

Hospitalized: ☐ yes ☐ no ☐ unk
Hospital Name ______________________________
Chart number_______________________ ☐ ICU
Admit date ____/____/____ Discharge date ____/____/____
Status: Check one: ☐ alive ☐ dead ☐ unk ☐ transfer

Hospitalized: ☐ yes ☐ no ☐ unk
Hospital Name ______________________________
Chart number_______________________ ☐ ICU
Admit date ____/____/____ Discharge date ____/____/____
Status: Check one: ☐ alive ☐ dead ☐ unk ☐ transfer

Notes

TREATMENT

Was patient treated with antibiotics or anti-motility drugs for this illness? ☐ yes (*if yes*, list below) ☐ no ☐ unk

Drug name	size/dose/frequency	start date	end date
		____/____/____	____/____/____
		____/____/____	____/____/____
		____/____/____	____/____/____

Comments:

CASE'S NAME

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)

Notes: Provide information about other risks as needed.

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.

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 preumptive 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'S NAME

CASE-CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Phone number	Interview date	Sick
______________		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual ☐ coworker	______________	☐Y ☐N	______________	___/___/___	☐Y ☐N
______________		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual ☐ coworker	______________	☐Y	______________	___/___/___	☐Y ☐N
______________		☐ M ☐ F	☐ daycare ☐ friend ☐ household ☐ sexual ☐ coworker	______________	☐Y ☐N	______________	___/___/___	☐Y ☐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

ADMINISTRATION

Case report sent to OHA on ____/____/____

Completed by ______________________ Date __________ Phone ______________ Investigation sent to OHA on ____/____/____