Send or Fax to:
ADHS Infectious Disease Epidemiology
150 North 18th Ave, Suite 140
Phoenix, Arizona 85007-3237
(602) 364-3199 Fax

Outbreak Name: ____________________

NORS ID: ____________________

Epi-linked to confirmed case? ☐ Yes

ENTEROHEMORRHAGIC E. COLI (SHIGA TOXIN-PRODUCING) AND/OR HUS INVESTIGATION FORM

PATIENT INFORMATION

MEDSIS Case No: ____________________

County: ____________________

☐ Confirmed ☐ Probable
☐ Ruled Out ☐ Lost to follow up

REPORT SOURCE

Initial report date: ____________________

Reporter: ____________________

Reporter org.: ____________________

Reporter phone: ____________________

Provider name ____________________

Provider org.: ____________________

Provider phone: ____________________

Name (last, first) ____________________

Street address ____________________

City ____________________ State ______ Zip ____________

Mailing address ____________________

Phone ____________________ Alt. Phone ____________________

Occupation/school grade: ____________________

Employer/school/other: ____________________

Alt. contact ____________________ Phone ____________________

☐ Parent/guardian ☐ Spouse ☐ Other ____________________

Birthdate ____ / ____ / ____ or age ______ Sex: ☐ Male ☐ Female ☐ Unknown/Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Race: ☐ White ☐ African American ☐ Native Hawaiian/Pac Islander
☐ Asian ☐ Amer Indian / AK Native ☐ Other ____________________

CLINICAL INFORMATION

The next section asks about specific symptoms that you may or may not have experienced during your illness

Onset date: ___ / ___ / ____ ☐ Unknown **Diagnosis date**: ___ / ___ / ____ **Illness duration**: _____ days ☐ Ongoing

Signs and Symptoms

Y	N	DK	NA**	
☐	☐	☐	☐	Diarrhea (>3 loose stools)
				Onset: ___:___ am/pm on ___ / ___ / _____
		_____		Number of days with >3 loose stools
		_____		Average number of episodes in 24 hours
				☐ Bloody ☐ Watery ☐ Mucousy
☐	☐	☐	☐	Fever (highest: _____ºF on ___ / ___ / _____)
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting
☐	☐	☐	☐	Abdominal pain/cramps
☐	☐	☐	☐	Headache

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	**Hemolytic Uremic Syndrome (HUS)**
☐	☐	☐	☐	**Thrombotic thrombocytopenic pupura (TTP)**
☐	☐	☐	☐	Coagulopathy (platelets < 100,000)
☐	☐	☐	☐	Acute Anemia
☐	☐	☐	☐	Microangiopathic changes
☐	☐	☐	☐	Renal (kidney) injury or failure:
☐	☐	☐	☐	Hematuria
☐	☐	☐	☐	Proteinuria
☐	☐	☐	☐	Elevated creatinine (level:_______________)
☐	☐	☐	☐	Dialysis requried
☐	☐	☐	☐	Surgery requried

Y	N	DK	NA	
☐	☐	☐	☐	Treated with antibiotics for this illness? Type: ____________________

Other symptoms/chronic medical conditions: ____________________

____

Hospitalization

Y	N	DK	NA		
☐	☐	☐	☐	Hospitalized	☐ ED only

Hospital: ____________________

Admit date ___ / ___ / ____ Discharge date___ / ___ / ____

Y	N	DK	NA		
☐	☐	☐	☐	Died	Death date: ___/___/___

** Y=Yes N=No/Negative DK=Don't Know NA=Not Asked/ Not Answered P=Positive UF/UE=Usually Frequent/Eat O=Other/Unknown NT=Not Tested

LABORATORY INFORMATION

Laboratory—Clinical Specimen

Specimen Type:________________ Collected ___ / ___ / ____

Attach lab results if reporting to ADHS

State Lab ID: __________________________

Culture results/Isolate identification:

- ☐ *Escherichia coli (E. coli)*
- ☐ *E. coli* O157 (“H” unknown, or not H7)
- ☐ *E. coli* O157:H7
- ☐ *E. coli* not O157 If known, serotype: ___________________
- ☐ Other: ____
- ☐ Negative/no pathogens

Toxin test results:

- ☐ Shiga toxin demonstrated/ Shiga-like toxin positive
- ☐ EIA assay positive
- ☐ Negative/ no toxin
- ☐ Not done

PCR results (if known): ☐ eaeA ☐ hly ☐ Stx I ☐ Stx II ☐ uidA ☐ negative

PFGE Patterns (if known):

Enzyme 1 (Xba1) pattern: _________________________

Enzyme 2 (Bln1) pattern: _________________________

Laboratory-Environmental Specimen(s)

Sample Type: ____ Collected ___ / ___ / ____

Results: P ☐ N ☐ DK ☐ NT ☐ Serotype: ______________________ PFGE Match? Y ☐ N ☐ DK ☐

Sample Type: ____ Collected ___/ ___/ _____

Results: P ☐ N ☐ DK ☐ NT ☐ Serotype: ______________________ PFGE Match? Y ☐ N ☐ DK ☐

EPIDEMIOLOGICAL INFORMATION

TRAVEL

*I am now going to ask you some questions about your travel history that may be important during the **seven** days prior to your illness*

Y	N	DK	NA	
☐	☐	☐	☐	In the week prior to your illness onset, did you travel outside the country? If yes, when?: ______________________

From Where	To Where	Dates of Travel	Hotel/Resort/Other
1. _______________	_______________	___/___/___ to ___/___/___	______________________
Airline: ________	Flight#: ______	Foods Eaten: ______________________	
2. _______________	_______________	___/___/___ to ___/___/___	______________________
Airline: ________	Flight#: ______	Foods Eaten: ______________________	

FOOD HISTORY

*I am now going to ask you some questions about your food history that may be important during the **seven** days prior to your illness. (If they can not recall where they ate/shopped then ask what establishments they usually frequent or what they usually eat)*

Y	N	DK	UF	**In the week prior, did you eat food from a:**	**Name, location, date & foods eaten:**
☐	☐	☐	☐	Restaurant (sit down)	______________________
☐	☐	☐	☐	Fast food establishment	______________________
☐	☐	☐	☐	Cafeteria	______________________
☐	☐	☐	☐	Deli	______________________
☐	☐	☐	☐	Street vendor	______________________
☐	☐	☐	☐	Concession stand at an event	______________________
☐	☐	☐	☐	Snack bar	______________________
☐	☐	☐	☐	Gas station/convenience store	______________________
☐	☐	☐	☐	Grocery store	______________________
☐	☐	☐	☐	Ready-to-eat food served in a grocery store	______________________
☐	☐	☐	☐	Other store/establishment *(coffee house, bar, etc)*	______________________
☐	☐	☐	☐	Social gathering where food was served	______________________

ESCHERICHIA COLI/HUS

Name (Last, First)

EPIDEMIOLOGICAL INFORMATION **continued**

FOOD HISTORY

I am now going to ask you some questions about your food history that may be important during the ***seven*** *days prior to your illness. (If they can not recall where they ate/shopped then ask what establishments they usually frequent or what they usually eat)*

Y	N	DK	UE	Did you consume any of the following:		Brand, purchase location, & date:
☐	☐	☐	☐	Beef	☐ Undercooked/Raw	______
☐	☐	☐	☐	Ground beef	☐ Undercooked/Raw	______
☐	☐	☐	☐	Handled raw Ground Beef?		______
☐	☐	☐	☐	Dried meats (salami, jerky, etc)		______
☐	☐	☐	☐	Sausage		______
☐	☐	☐	☐	Deli Meat (Type: ______)		______
☐	☐	☐	☐	Game meat (Type:______)		______
☐	☐	☐	☐	Poultry	☐ Undercooked/Raw	______
☐	☐	☐	☐	Other meats	☐ Undercooked/Raw	______
☐	☐	☐	☐	Eggs	☐ Undercooked/Raw	______
☐	☐	☐	☐	Unpasteurized milk/dairy products		______
☐	☐	☐	☐	Queso fresco		______
☐	☐	☐	☐	Cheese curds		______
☐	☐	☐	☐	Tomatoes (Type: ______)		______
☐	☐	☐	☐	Fresh salsa		______
☐	☐	☐	☐	Jalapeno peppers		______
☐	☐	☐	☐	Cilantro		______
☐	☐	☐	☐	Other fresh herbs (Type:______)		______
☐	☐	☐	☐	Sprouts		______
				☐ Alfalfa		______
				☐ Bean (Mung Bean)		______
				☐ Clover		______
☐	☐	☐	☐	Lettuce		______
				☐ Romaine		______
				☐ Spinach		______
				☐ Iceburg		______
				☐ Leafy green mix		______
				☐ Cabbage (fresh)		______
				☐ Pre-packaged/bagged		______
☐	☐	☐	☐	Cucumbers		______
☐	☐	☐	☐	Zucchini		______
☐	☐	☐	☐	Green beans (Fresh)		______
☐	☐	☐	☐	Squash (Fresh)		______
☐	☐	☐	☐	Peppers (red, green, yellow, orange)		______
☐	☐	☐	☐	Other raw vegetables (Type: ______)		______
☐	☐	☐	☐	Fresh berries		______
				☐ Strawberries		______
				☐ Raspberries		______
				☐ Blueberries		______
				☐ Blackberries		______
☐	☐	☐	☐	Melon (Type: ______)		______
☐	☐	☐	☐	Other raw fruit		______
☐	☐	☐	☐	Unpasteurized juice/cider		______
☐	☐	☐	☐	Raw nuts (Type: ______)		______
☐	☐	☐	☐	Frozen meals (Type:______)		______
☐	☐	☐	☐	Raw or untreated water		______
				Home water source: ☐ Municipal ☐ Well		

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ESCHERICHIA COLI/HUS

Name (Last, First) ____

*I am now going to ask you some questions about animal exposures as well as some miscellaneous questions about additional exposures that may be important during the **seven** days prior to your illness onset.*

ANIMAL EXPOSURE INFORMATION

Y	N	DK	NA	Question	Specify:
☐	☐	☐	☐	Work/Live on Farm/Dairy/Ranch?	____________
☐	☐	☐	☐	Any contact w/animals or animal products?	____________
☐	☐	☐	☐	Contact with cows or cattle?	____________
☐	☐	☐	☐	Touch any cow manure?	____________
☐	☐	☐	☐	Do you own a pet?	____________
☐	☐	☐	☐	Was your pet sick?	____________
☐	☐	☐	☐	What type of pet food do you use?	____________
☐	☐	☐	☐	Any pet treats/chews?	____________
☐	☐	☐	☐	Visit a Zoo/Farm/Fair/Pet shop?	____________
☐	☐	☐	☐	Bird/Duck/Baby Chick exposure?	____________
☐	☐	☐	☐	Reptile/Amphibian exposure? (i.e. turtles, iguanas, snakes, frogs, etc)	____________
☐	☐	☐	☐	Exotic Animals?	____________
☐	☐	☐	☐	Other animal exposure?	____________

ADDITIONAL EXPOSURE INFORMATION

Sensitive Occupations:

Y	N	DK	NA	Question
☐	☐	☐	☐	Employed as food handler (work or volunteer)
☐	☐	☐	☐	Did you prepare food for others? (i.e. friends, family, etc)
☐	☐	☐	☐	Employed in or attends child care or preschool
☐	☐	☐	☐	Employed as a healthcare worker
☐	☐	☐	☐	Do any household contacts work in above occupations?
☐	☐	☐	☐	Contact with diapered/incontinent child/adult
☐	☐	☐	☐	Do you know anyone else with similar symptoms/illness?

If yes, please describe in detail in "Notes" section below

Miscellaneous Exposure:

Did you visit, swim or have contact with water at: ☐River ☐Lake ☐Pond ☐Community Pool ☐Spa ☐Water/Splash Park ☐No water exposure ☐Other: ____________

Y	N	DK	NA	Question
☐	☐	☐	☐	On antibiotics at any time in the month prior to illness?
				Date and Type: ____________
☐	☐	☐	☐	Take any antacids in month prior to illness?

Any Other Exposures of Interest? ____________

____

FOR PUBLIC HEALTH DEPARTMENT USE ONLY

How was person likely exposed? ☐Food ☐Water ☐Person ☐Animal ☐Environmental ☐Unknown

Case is part of: ☐International outbreak ☐National outbreak ☐ Local outbreak ☐N/A

Where did the exposure likely occur? ____________

- ☐ No risk factors/exposures could be identified
- ☐ Patient could not be interviewed/LTF
- ☐ Case is part of known outbreak
  Outbreak Name: ____________
  NORS ID: ____________
- ☐ Epi-linked to confirmed case?

ACTIONS TAKEN:

MEDISIS ID of confirmed case: ____________

- ☐ Education provided to case/contacts/facilities
- ☐ Initiate trace-back investigation
- ☐ Case excluded from sensitive occupation/establishment
- ☐ Follow-up on contacts who may have been exposed
- ☐ Symptomatic contacts excluded from sensitive occupation/establishment
- ☐ Environmental health notified
- ☐ Establishment/Childcare inspected (Date: ____/____/_____)
- ☐ Other: ____________

NOTES

INVESTIGATOR(S): ____________ **DATE:** ___/___/___ **DATE CLOSED:** ___/___/___

Y=Yes N=No/Negative DK=Don't Know NA=Not Asked/Not Answered P=Positive UF/UE=Usually Frequent/Eat O=Other/Unknown NT=Not Tested