



ADHS

Shiga Toxin-Producing *E. coli* (STEC) Case Report Form

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

MEDSIS ID

If this form is being completed by a non-MEDSIS user, please **attach a lab report** and complete the following information:

Person completing this form:

Phone of person completing form:

Patient Name

Date of Birth

Gender

Race/Ethnicity

Address

Patient phone

Email

Mailing Address

City

County

Zip

Died?

☐ Yes, date:☐ No☐ Unknown

If died, was death due to STEC?

☐ Yes☐ No☐ Unknown

CLINICAL AND LABORATORY DATA

Date first felt sick

☐ Unknown

Diarrhea (3 loose stools in 24 hours)

☐ Yes

If yes, onset date:

☐ No☐ Unknown

Bloody diarrhea

☐ Yes☐ No☐ Unknown

Abdominal pain

☐ Yes☐ No☐ Unknown

Admitted overnight to a hospital for this illness

☐ Yes☐ No☐ Unknown

Received a diagnosis of hemolytic uremic syndrome (HUS)

☐ Yes☐ No☐ Unknown☐ Anemia, acute onset☐ Microangiopathic changes☐ Renal injury

MEDSIS ID for HUS case

Received a diagnosis of thrombotic thrombocytopenic purpura (TTP)

☐ Yes☐ No☐ Unknown

CLINICAL/HOSPITAL LABORATORY DATA

PUBLIC HEALTH LABORATORY DATA (to be completed by ADHS)

Clinical/hospital performing laboratory testing

Was a clinical sample submitted to a public health laboratory?

☐ Yes☐ No☐ Unknown

Specimen collection date

Public health lab ID

Shiga toxin PCR

☐ Detected☐ Not detected☐ Not performed

Specimen collection date

If detected: ☐ PCR stx1☐ PCR stx2☐ PCR stx1/stx2☐ PCR E. coli O157

Shiga toxin PCR

☐ Detected☐ Not detected☐ Not performed

Shiga toxin EIA

☐ Positive☐ Negative☐ Not performedIf detected: ☐ PCR stx1☐ PCR stx2If positive: ☐ EIA Stx1☐ EIA Stx2

Serotype

Molecular designation

Clinical and Laboratory Data Notes

PATIENT HISTORY: CONTACTS AND OCCUPATION

Know anyone else with similar symptoms/illness ☐ Yes ☐ No ☐ Unknown

CONTACTS

First and Last Name	DOB (or Age)	Gender	Phone	Onset date	Symptoms

OCCUPATION

In the 7 days before illness began, and while symptomatic, was the patient:

Employed as a food handler (work or volunteer) ☐ Yes ☐ No ☐ Unknown

Employed in or attended child care or preschool ☐ Employed ☐ Attended ☐ No ☐ Unknown

Visit, live, or work in a residential facility or institution ☐ Yes ☐ No ☐ Unknown

Employed as a healthcare worker ☐ Yes ☐ No ☐ Unknown

Occupation: School:

Contacts and Occupation Notes

PATIENT HISTORY: TRAVEL

Spend all or some of the 7 days before onset outside of city of residence ☐ Yes ☐ No ☐ Unknown

Destination (city, state country)	Date arrived	Date departed	Mode of transport	Lodging type, Address/Phone	Reason for travel*

*Reasons for travel: Adoption, business, new immigrant, tourism, visiting relative and/or friend, other (specify), unknown

Travel History Notes

PATIENT HISTORY: FOOD

FOOD ALLERGIES AND SPECIAL DIETS

Allergic to any food items ☐ Yes ☐ No ☐ Unknown

Special or restricted diets (i.e. kosher, low carb, vegetarian, paleo, gluten free)? ☐ Yes ☐ No ☐ Unknown

Food Allergies and Special Diet Notes. Please fill in notes regarding food allergies and special diets.

FOOD SOURCES AT HOME*In the 7 days before illness began, did the patient eat food from:*

Grocery stores or supermarkets	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Warehouse stores (Costco, Sam's Club, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Ethnic specialty markets (Mexican, Asian, Indian, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Home or meal delivery grocery services (Amazon Fresh, Schwann's, Hello Fresh, grocery delivery, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Gifted or donated food (food bank, church group, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Food from another country not purchased in a U.S. store (including Mexico)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Health food stores or co-ops	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Farmers' markets or roadside stands (incl. food purchased directly from a farm)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Fish or meat specialty shops (butcher shop, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Live animal market or custom slaughter facility	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Other sources of food at home	☐ Yes	☐ Maybe	☐ No	☐ Unknown

May we have permission to retrieve purchases based on your store loyalty or member card information? This information will be kept confidential. ☐ Yes ☐ No

Please use this table to track food sources AT HOME in the 7 days before illness onset. This includes food that may have been obtained at grocery stores, warehouse stores, discount stores, ethnic food stores, farmers' markets, food delivered to home (e.g., Schwann's, Blue Apron), and donated food/food banks.

Food source at home (name of grocery store, market, etc.)	Address or cross streets, City, State	Store Loyalty Card, if applicable	Summary of foods generally purchased at this location

FOOD SOURCES AWAY FROM HOME*In the 7 days before illness began, did the patient eat food from:*

Restaurant or fast food (Includes food delivered, such as Uber Eats and Postmates)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Cafeteria	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Sandwich shop or deli	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Food trucks or street vendor	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Concession stand at an event or snack bar	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Gas station/convenience store	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Other store/establishment (coffee house, bar, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Social gathering where food was served (wedding, potluck, party, barbeque, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown

Please use this table to enter information about food sources consumed AWAY FROM HOME in the 7 days before illness onset. This includes restaurants, fast food restaurants, events where food was served, potlucks, weddings, meetings, catered meals, street vendors, concessions, convenience store/gas stations, etc.

Food source away from home (name of the restaurant, event, etc.)	Address or cross streets, City, State	Date ate at the restaurant/event/other	Foods eaten, including drinks, appetizers, and sides. Also include any notes about the food source.

BEEF AND MEAT PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN						
	Yes	Maybe	No	Unknown	If yes or maybe...	Notes. Type, brand, and dates and locations of purchase and consumption.
Handle any ground beef, even if you did not eat it	☐	☐	☐	☐		Beef and Meat Notes. Please add additional details including cut of meat, percent lean, packaging information, how the meat was purchased (fresh or frozen), and how the meat was prepared.
Ground beef at home	☐	☐	☐	☐	☐ Purchased as patties	
Ground beef outside the home	☐	☐	☐	☐		
Steak, roasts or other cuts	☐	☐	☐	☐	☐ At home ☐ Outside the home	
Bison	☐	☐	☐	☐		
Venison, elk, boar, or other wild game	☐	☐	☐	☐		
Dried or fermented meat	☐	☐	☐	☐		
PORK PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN						
Pork	☐	☐	☐	☐	☐ Whole pig ☐ Parts (chops, roast, ribs, tenderloin etc.) ☐ Ground pork ☐ Processed meat (hot dogs, sausage, pepperoni, bacon) ☐ Other pork (jerky, pate, etc.)	Pork Notes. Please add additional details including cut of pork, packaging information, how the pork was purchased (fresh or frozen), and how the pork was prepared.
POULTRY PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN						
Chicken	☐	☐	☐	☐	☐ At home ☐ Outside the home	Poultry Notes. Please add additional details including fresh or frozen, skinless/skin on, boneless/bone in, etc.
Turkey	☐	☐	☐	☐	☐ At home ☐ Outside the home	
Other poultry	☐	☐	☐	☐	☐ At home ☐ Outside the home	
SEAFOOD AND SHELLFISH PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN						
	Yes	Maybe	No	Unknown	If yes or maybe...	Notes. Type, brand, and dates and locations of purchase and consumption.
Seafood or shellfish	☐	☐	☐	☐	☐ Fish, fresh or frozen (salmon, tilapia, etc.) ☐ Raw fish or fish products (sushi, poke, ceviche, etc.) ☐ Smoked or dried fish (smoked salmon, lox, etc.) ☐ Shrimp or prawns ☐ Crab, lobster, or crayfish ☐ Oysters ☐ Clams, mussels, scallops, or other shellfish ☐ Other seafood or shellfish	Seafood and Shellfish Notes. Please add additional details including how the seafood was purchased (fresh or frozen) and how the seafood was prepared.

EGGS, DAIRY, AND CHEESE PRODUCTS IN THE 7 DAYS BEFORE ILLNESS BEGAN														
	Yes	Maybe	No	Unknown	Notes. Type, brand, and dates and locations of purchase and consumption.									
Eggs	☐	☐	☐	☐	Eggs Notes. Please add additional details including brand of eggs and how the eggs were prepared. 									
Anything made with raw eggs (e.g. cookie dough, cake batter, sauces, mayo, etc.)	☐	☐	☐	☐										
Raw or unpasteurized milk	☐	☐	☐	☐	Unpasteurized Dairy Notes 									
Cheese made from raw or unpasteurized milk	☐	☐	☐	☐										
Artisanal or gourmet cheese	☐	☐	☐	☐	Cheese Notes 									
Mexican-style cheese	☐	☐	☐	☐						(queso fresco, queso blanco, cotija, etc.)				
Other soft cheeses	☐	☐	☐	☐						☐ Blue-veined (bleu or gorgonzola)				
										☐ Feta				
										☐ Brie or camembert				
Other types of cheese	☐	☐	☐	☐	☐ Goat cheese									
TOMATOES, AVOCADOS, AND LEAFY GREENS IN THE 7 DAYS BEFORE ILLNESS BEGAN														
Fresh tomatoes including on a sandwich, burger, salad, or in pasta (red round, Roma, bite sized tomato like grape or cherry)	☐	☐	☐	☐	☐ At home		Tomato and Avocado Notes. 							
					☐ Outside the home									
Fresh salsa (not from a jar or can)	☐	☐	☐	☐	☐ At home									
					☐ Outside the home									
Avocado or guacamole	☐	☐	☐	☐	☐ At home									
					☐ Outside the home									
Iceberg lettuce	At home	☐	☐	☐	☐	Leafy Greens Notes 								
										Outside the home	☐	☐	☐	☐
Outside the home	☐	☐	☐	☐										
					Romaine lettuce					At home	☐	☐	☐	☐
☐ Whole head/loose														
☐ Unknown														
Fresh spinach	At home	☐	☐	☐	☐	☐ Pre-packaged								
						☐ Whole head/loose								
						☐ Unknown								
Other leafy greens	☐	☐	☐	☐	☐	(e.g. cabbage, kale, arugula, etc.)								

FRESH VEGETABLES IN THE 7 DAYS BEFORE ILLNESS BEGAN						
Cucumbers	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Zucchini or other "soft" or summer squash	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Sweet or bell peppers (green, red, orange, or yellow)	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Fresh hot, spicy peppers (jalapeno or serrano)	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Celery	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Carrots	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Broccoli or cauliflower	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Raw onions (white, yellow, or red/purple)	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Raw green onions/scallion	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Fresh mushrooms	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Fresh Vegetable Notes. Type, brand, and dates and locations of purchase and consumption.						
FRESH FRUIT IN THE 7 DAYS BEFORE ILLNESS BEGAN						
	Yes	Maybe	No	Unknown	If yes or maybe...	Notes. Type, brand, and dates and locations of purchase and consumption.
Fruit that was already cut when purchased	☐	☐	☐	☐	☐ Pre-cut melon	Pre-Cut Fruit Notes
					☐ Pre-cut fresh fruit salad	
					☐ Pre-cut apples	
					☐ Other	
Fresh berries	☐	☐	☐	☐	☐ Strawberries	Fresh Berries Notes
					☐ Raspberries	
					☐ Blueberries	
					☐ Blackberries	
					☐ Other	
Citrus fruit	☐	☐	☐	☐	☐ Oranges	Citrus Fruit Notes
					☐ Tangerines	
					☐ Grapefruit	
					☐ Mandarins	
					☐ Clementines	
					☐ Other	
Melon	☐	☐	☐	☐	☐ Cantaloupe	Melon Notes
					☐ Honeydew	
					☐ Watermelon	
					☐ Other	
Tropical fruit	☐	☐	☐	☐	☐ Pineapple	Tropical Fruit Notes
					☐ Mango	
					☐ Papaya	
					☐ Kiwi	
					☐ Other	
Unpasteurized or raw juice or cider	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Smoothies made with fresh or frozen fruit or vegetables	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Bottled, pre-made smoothie	☐ Yes	☐ Maybe	☐ No	☐ Unknown		
Other fresh fruit	☐ Yes	☐ Maybe	☐ No	☐ Unknown		

Fresh Fruit Notes. Type, brand, and dates and locations of purchase and consumption.

FRESH HERBS AND SPROUTS IN THE 7 DAYS BEFORE ILLNESS BEGAN

	Yes	Maybe	No	Unknown	If yes or maybe...	Notes. Type, brand, and dates and locations of purchase and consumption.
Fresh cilantro	☐	☐	☐	☐		Fresh Herb Notes
Other fresh herbs	☐	☐	☐	☐	☐ Basil	
					☐ Parsley	
					☐ Chives	
					☐ Dill	
					☐ Sage	
Sprouts	☐	☐	☐	☐	☐ Bean ☐ Daikon radish	Sprouts Notes
					☐ Alfalfa ☐ Microgreens	
					☐ Clover ☐ Other	

NUTS AND SEEDS THE 7 DAYS BEFORE ILLNESS BEGAN

Peanut butter or other nut or seed butters	☐	☐	☐	☐	☐ Peanut	Nut Butter Notes
					☐ Almond	
					☐ Hazelnut (including Nutella)	
					☐ Sunflower	
					☐ Cashew	
					☐ Other	
Nuts or seeds	☐	☐	☐	☐	☐ Peanuts ☐ Sunflower seeds	Nuts or Seeds Notes
					☐ Almonds ☐ Sesame seeds	
					☐ Walnuts ☐ Chia	
					☐ Cashews ☐ Hemp	
					☐ Hazelnuts ☐ Mixed nuts	
					☐ Pecans ☐ Other	
					☐ Pine nuts	
					Sauces or dips that could contain nuts or seeds (pesto, hummus, tahini, etc.)	

FROZEN FOODS IN THE 7 DAYS BEFORE ILLNESS BEGAN

Frozen pot pies	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen breaded chicken products (chicken tenders or nuggets)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen stuffed chicken products (Chicken Kiev or Chicken Cordon Bleu)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen fish sticks or fillets	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen vegetables	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen Mexican-style food (burritos, taquitos, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen berries or other fruit (including those used in smoothies)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen snacks or entrees (hot pockets, bagel bites, pizza rolls, appetizers, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Frozen dessert (ice cream, popsicle, cream puffs, pies, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown

Frozen Foods Notes. Type, brand, and dates and locations of purchase and consumption.

OTHER FOODS IN THE 7 DAYS BEFORE ILLNESS BEGAN

Hot or cold breakfast cereals	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Granola bars, breakfast bars, power bars, or protein bars	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Chips, pretzels, or crackers	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Cookies or snack cakes	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Chocolate or chocolate-containing candy	☐ Yes	☐ Maybe	☐ No	☐ Unknown
Powdered drink mixes (including protein, meal replacement, green, chocolate, etc.)	☐ Yes	☐ Maybe	☐ No	☐ Unknown

Other Foods Notes. Type, brand, and dates and locations of purchase and consumption.

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PATIENT HISTORY: ANIMAL EXPOSURE

	Yes	Maybe	No	Unknown	If yes or maybe, please provide specific details:
Own a pet	☐	☐	☐	☐	
<i>In the 7 days before illness began, did the patient have contact with:</i>					
Animal products (food, treats, etc.)	☐	☐	☐	☐	
Livestock (cattle, sheep, goats, pigs, etc.)	☐	☐	☐	☐	
Small pets (hamster, rat, mouse, hedgehog, etc.)	☐	☐	☐	☐	
Live poultry, including chickens, turkeys, ducks, geese, and baby poultry (ducklings, chicks, etc.)	☐	☐	☐	☐	
Other birds	☐	☐	☐	☐	
Reptiles/amphibians (turtles, iguanas, snakes, frogs, etc.)	☐	☐	☐	☐	
Animals at an event (petting zoo, carnival, visit the zoo, etc.)	☐	☐	☐	☐	
Other animal contact	☐	☐	☐	☐	

PATIENT HISTORY: RECREATIONAL WATER EXPOSURE

In the 7 days before illness began, did the patient visit:

	Yes	Maybe	No	Unknown	Location	Date
Pool, hot tub, or splash pad (private, public, inflatable, etc.)	☐	☐	☐	☐		
Natural water (lake, river, stream, pond, hot springs, ocean, etc.)	☐	☐	☐	☐		
Irrigation/secondary water source (canal, drainage ditch, etc.)	☐	☐	☐	☐		

PATIENT HISTORY: OTHER EXPOSURES OF INTEREST

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