Foodborne and Waterborne Diseases

West Virginia Electronic Disease Surveillance System

Division of Surveillance and Disease Control

Infectious Disease Epidemiology Program

Phone: 304-558-5358 or 800-423-1271 in West Virginia

Fax: 304-558-8736

Disease Under Investigation

* indicates required fields

- ○ *Amebiasis*
- ○ *Campylobacteriosis*
- ○ *Cholera*
- ○ *Cryptosporidiosis*
- ○ *Cyclosporiasis*
- ○ *Shiga toxin producing Escherichia Coli (STEC) Serogroup 0157:H7*
- ○ *Shiga toxin producing Escherichia Coli (STEC) Serogroup non 0157:H7*
- ○ *Giardiasis*
- ○ *Hemolytic Uremic Syndrome, Postdiarrheal*
- ○ *Listeriosis*
- ○ *Salmonellosis*
- ○ *Shigellosis*
- ○ *Trichinosis*
- ○ *Typhoid Fever*
- ○ *Yersiniosis*

Investigation Status*

○ *Closed* ○ *Open* ○ *Regional Review* ○ *State Review* ○ *Superceded* ○ *Unassigned*

Case Status*

○ *Confirmed* ○ *Not a Case* ○ *Probable* ○ *Suspect* ○ *Unknown*

Patient Information

* indicates required fields

Last Name*	**First Name***	**Middle Initial**

Street Address

City	**County**	**State**	**Zip**
		West Virginia	

Is the patient's residence a:

- ○ *Correctional Facility (Specify)*_____
- ○ *Long Term Care Facility (Specify)*_____
- ○ *Shelter or Group Home (Specify)*_____
- ○ *None of the above*

Home Phone ###-###-####	**Ext.**	**Other Phone** ###-###-####	**Ext.**	**Report Date** mm/dd/yyyy

Parent / Guardian Information

Last Name	**First Name**	**Middle Initial**	**Relationship to Patient**

○ *Check if address is same as above; otherwise complete guardian contact information below*

Guardian Street Address

City	**County**	**State**	**Zip**
		West Virginia	

Home Phone ###-###-####	**Ext.**	**Other Phone** ###-###-####	**Ext.**

Patient Demographic Information

* indicates required fields

Sex

○ *Male* ○ *Female* ○ *Transsexual* ○ *Unknown* ○ *Failure to report sex/missing sex* ○ *Other (Specify)* _____

Date of Birth* mm/dd/yyyy	**Age**	**Age Units** ○ *Days* ○ *Weeks* ○ *Months* ○ *Years*

Ethnicity

○ *Hispanic or Latino* ○ *Not Hispanic or Latino* ○ *Unknown* ○ *Failure to report ethnicity/missing ethnicity*

Race

(Check all that apply)

☐ *American Indian or Alaska Native*
☐ *Asian*
☐ *Black or African American*
☐ *Native Hawaiian or Other Pacific Islander* _____
☐ *White*
☐ *Unknown*
☐ *Failure to report race/missing race*
☐ *Some Other Race* _____

Outcome and Clinical Information

Date of onset of symptoms mm/dd/yyyy	**Date of diagnosis** mm/dd/yyyy

Was the patient hospitalized for the disease? ○ *Yes* ○ *No* ○ *Unknown*	**Name of Hospital**	**Date of Admission** mm/dd/yyyy

Patient outcome from this disease: ○ *Died* ○ *Survived* ○ *Unknown*	**Date of Death** mm/dd/yyyy

Laboratory Information

Collection Date	Report Date	Specimen Source	Type of test	Test result
mm/dd/yyyy	mm/dd/yyyy	(select one)		

Antibiotic Susceptibility Testing

Antimicrobial Agent	Susceptibility Method	S/I/R/U Result	Sign**	MIC Value
	A=Agar dilution method B=Broth dilution D=Disk diffusion (Kirby Bauer) S=Strip: Antimicrobial gradient strip (E-test)	Result indicates microorganism's susceptibility to the antimicrobial being tested	Select Sign	(e.g., 0.06 ug/ml)
Ampicillin				
Cefotaxime				
Ceftriaxone				
Ceftizoxime				
Chloramphenicol				
Ciprofloxacin				
Levofloxacin				
Nalidixic Acid				
Trimethoprim/Sulfamethoxazole				
Other 1 (Specify Below)				
Other 2 (Specify Below)				

Record Other Antimicrobial Agent 1		**Record Other Antimicrobial Agent 2**	
Laboratory Name	**Phone** ###-###-####	**Ext.**	**Fax Number** ###-###-####
Address		**State:** West Virginia	**Zip:**

Reporting Source

Last Name	**First Name**	**Phone** ###-###-####	**Ext.**	**Fax** ###-###-####
Facility		**Address**		
City	**State** West Virginia	**Zip**	**E-mail**	

Provider with Further Patient Information

Last Name	**First Name**	
Phone ###-###-####	**Ext.**	**Fax** ###-###-####
Address		
City	**State** West Virginia	**Zip**

Public Health Investigation

Name of Person Interviewed	**Relationship to Patient**	**Date reported to public health** mm/dd/yyyy

Investigator	**Date public health investigation began** mm/dd/yyyy	**Health Department**	**Phone** ###-###-####

Ext.	

Investigation ID	**Part of an Outbreak?** ○ *Yes* ○ *No* ○ *Unknown*	**Outbreak Name**	**Lost to follow-up?** ○ *Yes* ○ *No*

Clinical Data

Date of onset mm/dd/yyyy	**Time**	○ *AM* ○ *PM*	**Date well** mm/dd/yyyy	**Time**	○ *AM* ○ *PM*

Symptoms: Check all that are present and elaborate in the space below:

Symptoms
(Check all that apply)

- ☐ *Bloody Stool*
- ☐ *Cramps*
- ☐ *Diarrhea (How Many Times)(Specify)*_____
- ☐ *Fever (How High-Specify F or C)(Specify)*_____
- ☐ *Headache*
- ☐ *Nausea*
- ☐ *Vomiting (How Many Times)(Specify)*_____

Elaborate

Exposures

Within (_) hours/days* prior to onset of illness, did you:

1. Handle raw meat?
○ *Yes* ○ *No* ○ *Unknown*

2. Have contact with a daycare or a daycare attendee?
○ *Yes* ○ *No* ○ *Unknown*

3. Have a household member or sexual partner with similar symptoms?
○ *Yes* ○ *No* ○ *Unknown*

4. Hike, camp, fish or swim?
○ *Yes* ○ *No* ○ *Unknown*

5. Drink from a spring or stream?
○ *Yes* ○ *No* ○ *Unknown*

6. Travel to another state or country?
○ *Yes* ○ *No* ○ *Unknown*

7. Have contact with birds or poultry, pets, farm animals, or reptiles?
○ *Yes* ○ *No* ○ *Unknown*

If you answered YES to any questions dealing with the above, please explain:

***Use the incubation period which applies to the agent / disease under investigation: e.g., Campylobacter (1-10 days, usually 2-5 days), Clostridium botulinum (Botulism)-(12-36 hours), Cyclospora cayetanensis (1-11 days), Cryptosporidium parvum (1-12 days, average 7 days), E. coli O157:H7 (2-8 days, median 3-4 days), Entaemoeba histolytica (Amebiasis)-(2-3 days to 1-4 Weeks), Giardiasis (1-4 Weeks), Listeriosis (9-48 hours), Non-typhoidal Salmonella gastroenteritis 6-72 hours, usually 12-36 hours), Norwalk-like virus (24-48 hours), Salmonella typhii (Typhoid fever)-(3 days-1 month, usually 8-14 days), Shigella (12-96 hours, usually 1-3 days), Vibrio cholerae (few hours-5 days, usually 2-3 days).**

Occupational Risk

Is this patient a:
(Check all that apply)

☐ *Food Handler* ☐ *Health Care Worker* ☐ *Day Care Worker* ☐ *Student* ☐ *None of Above*

Employer/School Name:

Address:

Elaborate:

Activity History

List all group activities, parties or gatherings (wedding receptions, baby shower, church events, clubs, school events, athletic events, office parties or banquets, festivals, or fairs)attended in the last (_) hours/days* prior to onset.

Date	Activity	Location
mm/dd/yyyy		

Restaurant History

List all restaurants patronized in the last (_) hours/days* prior to onset.

Date	Restaurant Name	Street Address	City, State
mm/dd/yyyy			

Contact Information

If any household member is symptomatic, the member is epi-linked, and therefore is a probable case and should be investigated further. A stool culture, yellow card and disease case report follow-up form should be completed.

Name	Age	Relationship to Case	Symptoms (Y/N)	Date of Onset	Lab Testing	Occupation
			N=No Y=Yes	mm/dd/yyyy		

Food History

Did the patient eat any of the following within (_) hours/days* prior to the onset of symptoms?

1. Fresh shell eggs:
○ *Yes* ○ *No* ○ *Unknown*

If yes, were the eggs cooked well?
○ *Yes* ○ *No* ○ *Unknown*

2. Raw eggs in egg nog, Caesar salad, hollandaise sauce, meringue, bearnaise sauce, raw cookie dough, homemade mayonnaise , tiramisu, homemade ice-cream, or other
○ *Yes* ○ *No* ○ *Unknown* ○ *Other*_____

3. Raw or undercooked chicken, turkey, or other fowl
○ *Yes* ○ *No* ○ *Unknown*

4. Raw or undercooked wild game
○ *Yes* ○ *No* ○ *Unknown*

5. Raw or undercooked hamburger, red meat, pork or pork products
○ *Yes* ○ *No* ○ *Unknown*

6. Luncheon meats or wieners
○ *Yes* ○ *No* ○ *Unknown*

7. Raw or unpasteurized milk or cheese
○ *Yes* ○ *No* ○ *Unknown*

8. Raw or undercooked fish or shellfish, including raw oysters
○ *Yes* ○ *No* ○ *Unknown*

9. Unpasteurized juice or cider
○ *Yes* ○ *No* ○ *Unknown*

10. Raw fruits or vegetables (includes slaw, salad, sprouts, cantaloupes, tomatoes, etc.)
○ *Yes* ○ *No* ○ *Unknown*

Source of Home Water Supply
○ *Municipal* ○ *Well* ○ *Cistern* ○ *Spring* ○ *Other*_____

Elaborate

Food Purchased

Date	Name	Location	Food Purchased
mm/dd/yyyy			

Open-ended Food History

Within (_)* hours/days prior to onset

Date
mm/dd/yyyy

Day 1

Meal	Food/Beverage Consumed	Location
Breakfast		
Dinner		
Lunch		
Other/Snacks		

Date
mm/dd/yyyy

Day 2

Meal	Food/Beverage Consumed	Location
Breakfast		
Dinner		
Lunch		
Other/Snacks		

Date
mm/dd/yyyy

Day 3

Meal	Food/Beverage Consumed	Location
Breakfast		
Dinner		
Lunch		
Other/Snacks		

Open-ended Food History cont.

Date
mm/dd/yyyy

Day 4

Meal	Food/Beverage Consumed	Location
Breakfast		
Dinner		
Lunch		
Other/Snacks		

Date
mm/dd/yyyy

Day 5

Meal	Food/Beverage Consumed	Location
Breakfast		
Dinner		
Lunch		
Other/Snacks		

Public Health Laboratory Investigation (OLS)

Date Collected	Date Reported	Specimen Source	Serotype	PFGE State Code
mm/dd/yyyy	mm/dd/yyyy	(select one)		

Public Health Action Taken

Describe public health action taken