

Shiga-toxigenic E. coli ^{Alaska} (*Escherichia coli* O157, others)

OUTREACH/CONTACT LOG (For contact with and/or outreach to the client)

	Method (phone call, letter, homevisit, clinic visit)	Date (mm/dd/yyyy)	Outcome (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact			
2nd Outreach/Contact			
3rd Outreach/Contact			

CASE IDENTIFICATION

Name: _____ Phone(s) _____ Home: _____
last first MI Cell: _____

Address: _____
Street City State Zip

Alternate Contact: Parent/Guardian Spouse/Partner Household Member Other _____

Name: _____ Phone(s) _____ Home: _____
last first MI Cell: _____

Address: _____
Street City State Zip

DEMOGRAPHICS

Sex: Male Female _____ Hispanic: Yes No Unknown

DOB: _____ Race: White
Or, if unknown, Age _____ AI/AN Unknown
 Asian/Pacific Islander Refused to answer
 Black Other _____

CLINICAL DATA

Symptomatic? Yes No Unk	ER Visit? Yes No Unk
If yes, onset date _____	Hospitalized? Yes No Unk
onset time _____ am pm	If yes, Hospital name: _____
First vomit/diarrhea, onset date _____	Admit date _____
onset time _____ am pm	Discharge date _____
Duration of Illness _____ Hours Days	-OR- Still inpatient Unknown
- OR- Ongoing	Outcome: Survived Died (Date: _____) Unk

OCCUPATION

Symptoms:	Yes	No	Unk	Is the case a ...	Yes	No	Unk
Diarrhea	Yes	No	Unk	daycare attendee/worker?			
Bloody diarrhea	Yes	No	Unk	food service/processor worker?			
Vomiting	Yes	No	Unk	healthcare facility resident/worker?			
HUS	Yes	No	Unk				
TTP	Yes	No	Unk				

If yes, specify location/business: _____

Does the case know others with similar illness? Yes No Unk

If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms:

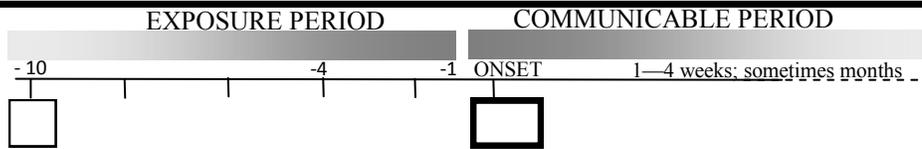
Attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE

Enter symptom onset date into the onset box. Count back to figure the probable exposure period.



Most individuals shed infectious material in their stool while they are experiencing diarrhea. Shedding may continue in some individuals after this period.

INTERVIEW

Interview questions are asked for the exposure time calculated above. **All yes answers require additional details.** If you have a yes answer to any exposure/consumption question, please provide relevant details in the comments section.

High Risk Foods			Other Potential Exposures			Travel Exposure		
Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
		Consumption of...			Exposure to/participation in....			In Alaska
		Ground beef			Uncooked ground beef handling			Outside Alaska
		Rare/raw meat			Diaper changing			Outside U.S.
		Raw/unpasteurized milk			Kids in child care settings			If yes to any travel, specify location(s) and dates of travel:
		Raw milk cheese/queso fresco			Human excreta/waste			
		Venison/Game Meat			Livestock (specify: _____)			
		Dried Meat (salami, jerky, etc.)			Animal exhibits (petting zoo, fair, etc.)			
		Sprouts (alfalfa, bean, etc.)			Other animals (specify: _____)			
		Fresh spinach/leafy greens			Animal excreta/waste			
		Unpasteurized juice/cider			Handling of pet treats			
					Recreational water (lake, pool, etc.)			

Home Water Source

Source of home water (select all that apply): Private well Private surface water Community/Public Other: _____

If yes to any of the above questions, provide details here:

(e.g. "Ground beef Yes No Unk," relevant details: Raw frozen Costco cooked at home to medium well)

Attach a second sheet if needed

Restaurants/takeout during exposure period?			Social events (parties, weddings, etc.) during exposure period?		
Yes	No	Unk	Yes	No	Unk

If yes to either restaurants or social events, indicate the following: name of restaurant/event, when, where, the food items eaten, if others in attendance became ill.

Attach a second sheet if needed

Did case prepare food for public/private gathering during communicability period?		
Yes	No	Unk

If yes, provide details:

Attach a second sheet if needed

Where were the groceries eaten during the exposure period bought? If unknown, where does client normally buy groceries?

Store name(s) and location(s):

Attach a second sheet if needed

SUMMARY			
Intervention(s):	Hygiene education provided	Health education provided	Child care restriction
	Work or school restriction	Other:	
Completed by _____	Phone _____	Completed Case Report	