

# Salmonellosis

(non-typhoidal)

ALASKA

## FOR STATE USE ONLY

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ case report

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ interstate

- confirmed
- presumptive
- suspect
- no case

### CASE IDENTIFICATION

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
LAST, first, initials (a.k.a.) home (H), work (W), cell (C), message (M)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Street

email \_\_\_\_\_ Language \_\_\_\_\_

ALTERNATIVE CONTACT  Parent  Spouse  Friend  \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
LAST, first, initials home (H), work (W), cell (C), message (M)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Street

### SOURCES OF REPORT (check all that apply)

ELR  Lab (not ELR)  ICP

Physician  \_\_\_\_\_

Reporter \_\_\_\_\_

Date of first report \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Primary MD \_\_\_\_\_

Phone \_\_\_\_\_  OK to talk to patient?

### DEMOGRAPHICS

SEX  female  male

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d y

if DOB unknown, AGE \_\_\_\_\_

HISPANIC  Y  N  ?

RACE (check all that apply)

- white  AI/AN
- black  Pacific Islander
- Asian  refused to answer
- unknown  \_\_\_\_\_

Worksites/school/day care center \_\_\_\_\_

Occupation/grade \_\_\_\_\_

### BASIS OF DIAGNOSIS

#### CLINICAL DATA

Symptomatic  Y  N  ?

first symptoms \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d y

first vomit/diarrhea \_\_\_\_ / \_\_\_\_ / \_\_\_\_

first V/D time \_\_\_\_\_ am pm

diarrhea  Y  N  ?

bloody diarrhea  Y  N  ?

ER visit  Y  N  ?

Hospital Admission  Y  N  ?

Hospital 1 \_\_\_\_\_

date of admission \_\_\_\_ / \_\_\_\_ / \_\_\_\_

date of discharge \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Transferred  Y  N  ?

Hospital 2 \_\_\_\_\_

date of admission \_\_\_\_ / \_\_\_\_ / \_\_\_\_

date of discharge \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Outcome  survived  died  ?

date of death \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d y

#### PRIVATE LAB DATA

Culture confirmed  Y  N

Specimen collected \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
m d y

stool  urine  blood  \_\_\_\_\_

Lab \_\_\_\_\_

#### PUBLIC HEALTH LAB DATA

Isolate sent to PHL  Y  N  ?

PHL specimenID \_\_\_\_\_  
e.g., G10-1875

Serotype \_\_\_\_\_

Xbal PFGE \_\_\_\_\_

BlnI PFGE \_\_\_\_\_

#### EPILINKS

At the time of initial report, case appears to be:

- sporadic
- part of a household cluster
- part of a multi-household outbreak OutbreakID \_\_\_\_\_

Case appears to be...  primary  secondary (e.g., not first in household)

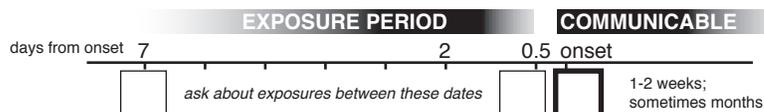
If a contact of a confirmed or presumptive case, nature of contact:

- household  sexual  child care  \_\_\_\_\_

Specify linked cases; other details as needed.

### INFECTION TIMELINE

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



**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

case (or family proxy) could not be interviewed     no risk factors identified     exempt (part of already recognized outbreak, shotgun interview, etc.)

Interviewees     case     parent     physician     other HCP     \_\_\_\_\_    Interview date(s) \_\_\_\_\_

*Provide ancillary details (names, locations, dates) about possible sources and risk factors checked below.*

**Y   N   HIGH-RISK FOODS**

- chicken or turkey consumption\*
- raw poultry handling by anyone at home\*
- ground beef\* consumption
- rare/raw meat
- raw or lightly cooked eggs
- raw milk
- queso fresco/raw milk cheese
- sprouts (alfalfa, clover, bean, ...)
- venison or other game\*
- dried meat (salami, jerky, etc.)\*
- unpasteurized juice/cider

**Y   N   OTHER POTENTIAL SOURCES**

- food at restaurants
- food at other gatherings (potlucks, events)
- contact with reptiles or amphibians
- contact with baby chicks
- other pets, including birds, pocket pets, fish,...
- handling pet treats (e.g., dog chews)
- livestock, poultry, or farm exposure
- animal exhibits (petting zoos, fairs, 4H, etc.)
- diaper changing
- work exposure to human or animal excreta
- exposure to kids in child care settings

**Y   N   TRAVEL**

- outside U.S. to \_\_\_\_\_
  - outside Alaska to \_\_\_\_\_
  - within Alaska to \_\_\_\_\_
- Provide details about all travel*
- departure    \_\_\_/\_\_\_/\_\_\_
- return           /   /     
                  m    d    y

*\*Ask about leftovers, including packaging or containers in trash.*

There are no leftovers or packaging that can be tested

**TREATMENT**    Was patient treated with antibiotics or antimotility drugs for this illness?     Y     N     ?    *If yes, specify type, dose, and dates given.*

**CONTACT MANAGEMENT AND FOLLOW-UP**

HOUSEHOLD ROSTER

name	age	sex	occupation	diarrhea			onset	education provided			comment
				Y	N	?	___/___/___	Y	N	?	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>   </u> / <u>   </u> / <u>   </u> m    d    y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Does the case know about anyone else with a similar illness?     Y     N    *If yes, get contact information, onsets, etc.*

If the case is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about worksite, job description, dates worked or attended during communicable period (as applicable), supervisor, etc.

Contact person/phone number \_\_\_\_\_

Is the patient in diapers?     Y     N

Are other children or staff ill?     Y     N

**SUMMARY OF FOLLOW-UP AND COMMENTS**    *Provide details as appropriate.*

- hygiene education provided     child care restriction     work or school restriction for case     child care inspection     food testing
- restaurant evaluation     \_\_\_\_\_

**ADMINISTRATION**

*Copy patient's name to the top of this page.*

Initial report faxed to Alaska Section of Epidemiology \_\_\_/\_\_\_/\_\_\_

Completed by \_\_\_\_\_ Phone \_\_\_\_\_

Completed case report \_\_\_/\_\_\_/\_\_\_