

Salmonellosis (non-typhoidal)

Alaska

Outbreak Cluster **AK STARS** # _____
 Date first received by SOE _____

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

Address: _____
Street City State Zip

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

Name: _____
last first MI Phone(s) _____ Home: _____
 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: _____
Duration of Illness _____ hours days	Admit date _____
-OR- Ongoing	Discharge date _____
	-OR- Still inpatient Unknown
Symptoms:	Outcome: Survived Died (Date: _____) Unk
Diarrhea Yes No Unk	
Bloody diarrhea Yes No Unk	
Fever Yes No Unk	
Vomiting Yes No Unk	
Abdominal pain Yes No Unk	
Other (please specify): _____	

OCCUPATION

Is the case a... Yes No Unk

daycare attendee/worker?
 food service/processor worker?
 healthcare facility resident/worker?

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:

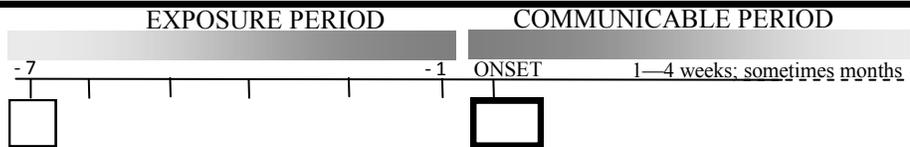
Attach a second sheet if needed

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 during the time they are experiencing diarrhea. Shedding may continue 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			Animal/Pet Exposure			Travel Exposure		
Yes	No	Unk	Yes	No	Unk	Yes	No	Unk
		Chicken			Cat/Dog/Rodent			Outside the U.S.
		Turkey			Reptiles/amphibians			Outside Alaska
		Handling of raw poultry			Chickens			Within Alaska
		Beef			Birds (other than chickens _____)			If yes to any of the above, Include dates and location of travel(s):
		Pork			Livestock (specify: _____)			
		Rare/raw meat			Animal Exhibit (petting zoo, fairs, etc)			
		Game meat			Other animal (specify: _____)			
		Dried meat (salami, jerky, etc.)			Handling of pet treats			
		Shellfish			Exposure to animal excreta			
		Unpasteurized juice/cider			If yes to any of the above, were any animals/pets ill?			
		Unpasteurized/Raw milk			Yes No Unk			
		Queso fresco/raw milk cheese			Other Exposures			
		Sprouts (alfalfa, bean, etc.)			Yes No Unk			
		Eggs			Exposure to human excreta			
		If yes, lightly cooked/raw eggs						

If yes to any of the above questions, provide details here:
 (e.g. "Chicken Yes No Unk," relevant details: Raw frozen Costco)

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, foods 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