

Shigellosis

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 _____ Onset time _____ am pm	Hospitalized? Yes No Unk Hospital name: _____ Admit date _____
Duration of Illness _____ hours days -OR- Ongoing	Discharge date _____ -OR- Still inpatient Unknown
Symptoms: Diarrhea Yes No Unk Bloody diarrhea Yes No Unk Fever Yes No Unk Other (please specify: _____)	Outcome: Survived Died (Date: _____) Unk

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:

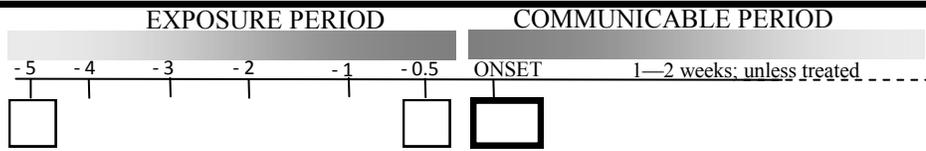
Attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE

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



Infectious material is shed during the acute illness phase and up to 4 weeks. 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.

Possible Sources			Travel Exposure		
Yes	No	Unk	Yes	No	Unk
		Work exposure to human or animal excreta			Outside the U.S.
		Exposure to recreational water			Outside Alaska
		If yes, select type. <i>Check all that apply.</i>			Within Alaska
		Swimming pool			If yes to any of the above, Include dates and location of travel(s):
		Water park			
		Backyard splash pool			
		Wading pool			
		Hot Tub			
		Fountain			
		Lake or pond			
		River or stream			
		Exposure to kids in child care setting			
		Household members in child care			
		Diaper changing (children or adults)			
		Oral-anal and/or anal sexual contact			
		Contact with other ill person(s)			
		If yes, specify type of contact. <i>Check all that apply.</i>			
		Kids at child care			Kids in other settings
		Kids at school			Household member
		Kids in other settings			
		Household member			
		Other (please specify): _____			

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

(e.g. "Diaper changing Yes No Unk; relevant details: babysitting 1 y.o. on weekends, child attends daycare 3x/wk, in diapers, no illness)

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, all 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	