Gastroenteritis Case Report Form

Maryland Department of Health

INSTRUCTIONS: Complete Section I for all pathogens and also Section II for only *Campylobacter*, *Salmonella*, and STEC cases. See **Interviewer Instructions** for more information. Submit completed forms to MDH FoodNet at fax #410-225-7615 or mdh.FoodNet@maryland.gov (*must be encrypted*).

Use this form for:	Complete Sections
☐ *Campylobacter*	**I and II**
☐ *Cryptosporidium*	I only
☐ *Salmonella* (non-*Typhi*)	**I and II**
☐ Shiga-toxin producing *E. coli*	**I and II**
☐ *Shigella*	I only
☐ *Yersinia*	I only
☐ Other:	I only

SECTION I *(Complete for all pathogens)*

Investigation Data

INVESTIGATOR	INVESTIGATOR PHONE	NEDSS CASE ID#	INVESTIGATION ID# CAS
CASE REPORTED BY	LAB REPORT DATE	REPORT RECEIVED DATE	INTERVIEW DATE
CASE STATUS ☐ Confirmed ☐ Probable ☐ Suspect ☐ Unknown	CASE INVESTIGATED AS PART OF AN OUTBREAK? ☐ Yes ☐ No ☐ Unknown		OUTBREAK/CLUSTER ID
WORK OR SCHOOL RESTRICTIONS? ☐ Yes, *If yes, specify*: ☐ No		ADVISED OF PRECAUTIONS ☐ By phone ☐ In person ☐ Fact sheet ☐ In writing	

Patient Data

LAST	FIRST	DATE OF BIRTH	AGE	SEX ☐ Male ☐ Female
STREET ADDRESS		HOMELESS ☐ No ☐ Yes		COUNTY
CITY	STATE ZIP	TELEPHONE NUMBER(S)		
ETHNICITY ☐ Hispanic ☐ Not Hispanic ☐ Unknown	RACE (*Check all that apply*) ☐ Am. Indian/Alaskan Native ☐ White ☐ Other ☐ Black/African American ☐ Asian ☐ Unknown			
OCCUPATION, STUDENT, SITUATION	EMPLOYER, SCHOOL, DAYCARE	HIGH RISK ☐ Healthcare ☐ Food ☐ Daycare		

Clinical Data

SYMPTOMS ☐ Asymptomatic ☐ Diarrhea ☐ Bloody diarrhea ☐ Fever (°F) ☐ Abdominal cramps ☐ Vomiting ☐ Nausea ☐ Chills ☐ Muscle aches ☐ Other: ☐ Other:				
ONSET: DATE TIME		DURATION ☐ still ill	OUTCOME ☐ Died, date: ☐ Survived ☐ Unknown	
PHYSICIAN VISIT ☐ No ☐ Yes →	PHYSICIAN NAME		PHYSICIAN PHONE #	STEC ONLY: HAVE HUS? ☐ No ☐ Yes
HOSPITALIZED ☐ No ☐ Yes →	ADMIT DATE	DISCHARGE DATE	HOSPITAL	ICU? ☐ No ☐ Yes
TRANSFERRED ☐ No ☐ Yes →	TRANSFER DATE	DISCHARGE DATE	TRANSFER HOSPITAL	
TREATED WITH ANTIBIOTICS ☐ No ☐ Yes ☐ Unknown →		*Name(s) of all antibiotics*:		

Laboratory Data ☐ ELR ☐ Epi-linked, no testing done

COLLECTION DATE	STATUS AT COLLECTION ☐ Hospitalized ☐ Outpatient ☐ Unknown	SPECIMEN TESTED ☐ Stool ☐ Blood ☐ Other: ☐ None	
Test Type ☐ Culture ☐ Non-culture, *specify:* ☐ Unknown (☐ EIA ☐ PCR ☐ Other)	LABORATORY NAME		ACCESSION #
AGENT IDENTIFIED	SEROTYPE	ISOLATE SENT TO STATE ☐ No ☐ Yes →	STATE ACCESSION #

Medical History

In the 30 days before illness, from to , did [you/your child]:				
Medication Exposures	YES	NO	UNK	***If yes, specify name(s) or type(s):***
1. Take antacids or other medications to block acid?	☐	☐	☐	
2. Take any antibiotics?	☐	☐	☐	
3. Take any probiotics?	☐	☐	☐	
In the 6 months before illness, from to , were [you/your child]:				
Comorbidities	YES	NO	UNK	
1. Diagnosed or treated for cancer?	☐	☐	☐	
2. Diagnosed or treated for diabetes?	☐	☐	☐	
3. Have abdominal surgery (e.g., removal of appendix or gallbladder, any stomach or intestinal surgery)?	☐	☐	☐	

Environmental Exposures

In the 7 days before illness, from to , did [you/your child]:				
WATER-RELATED EXPOSURES	YES	NO	UNK	***If yes, details:***
1. Live in a home with a septic system?	☐	☐	☐	
2. Primarily use water from a well for drinking water?	☐	☐	☐	*Treatment:*
3. Drink any untreated water (pond, lake, river, etc.)?	☐	☐	☐	
4. Swim or wade in untreated water?	☐	☐	☐	*Where?*
5. Swim or wade in treated water (pool, hot tub, etc.)?	☐	☐	☐	*Where?*
ANIMAL CONTACT	YES	NO	UNK	
1. Have contact with an animal?	☐	☐	☐	
If yes, did [you/your child] have contact with a:				***If yes, details:***
a. Dog?	☐	☐	☐	
b. Cat?	☐	☐	☐	
c. Reptile or amphibian (frog, snake, turtle, etc.)?	☐	☐	☐	*Specify:*
d. Live poultry (chicken, turkey, hen, etc.)?	☐	☐	☐	
e. Pet bird (not live poultry)?	☐	☐	☐	
f. Cattle, goat, or sheep?	☐	☐	☐	*Specify:*
g. Pig?	☐	☐	☐	
h. Other animal?	☐	☐	☐	*Specify:*
i. Pet with diarrhea?	☐	☐	☐	
2. Visit, work, or live on a farm, ranch, or petting zoo?	☐	☐	☐	*Specify:*

Travel

In the 7 days before illness, from to , did [you/your child]:	YES	NO	UNK
1. Travel to another state or country outside of your normal routine?	☐	☐	☐
In the 6 months before illness, from to , did [you/your child]:	YES	NO	UNK
2. Travel to another country?	☐	☐	☐
3. Receive medical care in another country?	☐	☐	☐

List locations and travel dates:

a. Location:	From:	To:
b. Location:	From:	To:
c. Location:	From:	To:

Contacts

In the 7 days before illness, did [you/your child]:	YES	NO	UNK	*If yes, details:*
1. Have exposure to a daycare or nursery?	☐	☐	☐	*Name:*
2. Have a household or close contact with diarrhea?	☐	☐	☐	
In the 6 months before illness, did:	YES	NO	UNK	***If yes, what countries:***
1. Any member(s) of your household travel outside the U.S.?	☐	☐	☐	

[List all household contacts (ill or not ill), and any ill close contacts regardless of where they live (i.e., caregivers, boy/girlfriends, relatives, etc.). For all indicate if high risk; if symptomatic give onset and testing information.]

Name	Age	Relationship to Case	Symptoms		Onset Date	Lab Testing: Y/N, coll. date, result	High Risk		
			Yes	No			Day care	Health care	Food Svc.
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐
			☐	☐			☐	☐	☐

Food Sources

In the 7 days before illness, from to , did [you/your child]:	YES	NO	UNK
1. Attend any events where food was served? ***(If yes, list below)***	☐	☐	☐

Event	Date	Location	Foods Eaten
a.			
b.			
c.			

2. Eat at any restaurants? ***(If yes, list below)***	☐	☐	☐

Name	Date	Location	Foods Eaten
a.			
b.			
c.			
d.			

3. List all stores where food eaten prior to illness were purchased (e.g. grocery stores, ethnic markets, farm stands)

Name	Location	Shoppers Card Number
a.		
b.		
c.		
d.		

Complete Food History (next page) for ALL cases and Food Exposures (Section II) for ALL *Campylobacter*, non-*Typhi Salmonella*, and STEC cases.

Notes and Summary of Investigation

Food History *(For <u>all cases</u>, complete for the **7 days** before illness. If case was asymptomatic or the onset is unknown, complete for the **7 days** before collection. If the case is an infant or young child that is predominately breast-fed, formula-fed, or has limited food exposures, the following sections should also include responses from the individual who spends the MOST time with the case.)*

Date							
Morning / Breakfast							
Afternoon / Lunch							
Evening / Dinner							
Snacks / Other							

SECTION II

Food Exposures

[Instructions: Complete for all *Campylobacter*, non-*Typhi Salmonella*, and STEC cases. For all questions, ask for the 7 day period prior to onset of illness or, if unknown or asymptomatic, the 7 days prior to collection date. For questions answered YES, use the space on the right to provide additional details, such as the specific type of food and where food was purchased or eaten. If the case is an infant or young child that is predominately breast-fed, formula-fed, or has limited food exposures, the following sections should also include responses from the individual who spends the MOST time with the case.]

Respondent was: ☐ Self ☐ Parent ☐ Spouse ☐ Other (Specify):

		YES	NO	UNK	*If yes, details:*
1	Do you follow any special diet (e.g. vegan, kosher, gluten-free)?	☐	☐	☐	
2	Do you have any food allergies?	☐	☐	☐	
3	Do you take any dietary supplements, herbal supplements, or vitamins?	☐	☐	☐	

In the 7 days before illness, from to , did [you/your child] <u>eat</u> or <u>drink</u> any:

		YES	NO	UNK	*If yes, food details:*
1	Chicken or foods containing chicken?	☐	☐	☐	
If yes, a.	Chicken prepared outside the home?	☐	☐	☐	*Where?*
b.	Chicken at home?	☐	☐	☐	*Which part(s):*
c.	Ground chicken?	☐	☐	☐	
2	Turkey or foods containing turkey?	☐	☐	☐	
a.	Ground turkey?	☐	☐	☐	
3	Beef or foods containing beef?	☐	☐	☐	
If yes, a.	Beef prepared outside the home?	☐	☐	☐	*Where?*
b.	Ground beef?	☐	☐	☐	
If yes, i.	Undercooked or raw ground beef?	☐	☐	☐	
4	Any veal?	☐	☐	☐	
5	Pork or foods containing pork?	☐	☐	☐	
6	Lamb or mutton?	☐	☐	☐	
7	Liver (including pate)?	☐	☐	☐	
If yes, a.	Undercooked or raw liver?	☐	☐	☐	
10	Fish or fish products?	☐	☐	☐	
a.	Undercooked or raw fish (e.g., sushi)?	☐	☐	☐	
11	Seafood (e.g., crab, shrimp, oysters, clams)?	☐	☐	☐	*Specify:*
a.	Undercooked or raw seafood?	☐	☐	☐	*Which?*
12	Any other meat, poultry, or deli meats?	☐	☐	☐	*Specify:*
13	Frozen meals (e.g., pizza, soup, entrée)?	☐	☐	☐	*Specify:*
14	Dairy products (e.g., milk, yogurt, cheese, ice cream)?	☐	☐	☐	
If yes, a.	Pasteurized cow's or goat's milk?	☐	☐	☐	
b.	Unpasteurized milk or other dairy?	☐	☐	☐	*From where?*
c.	Soft cheese (e.g., queso fresco)?	☐	☐	☐	

Food Exposures (continued)

In the 7 days before illness, from to , did [you/your child] <u>eat</u> or <u>drink</u> any:

	YES	NO	UNK	***If yes, food details:***
15 Eggs?	☐	☐	☐	
If yes, a. Eggs prepared outside the home?	☐	☐	☐	*Where?*
b. Eggs that were runny, raw, or uncooked foods made with raw eggs?	☐	☐	☐	*From where?*
16 Fresh cantaloupe?	☐	☐	☐	
17 Fresh watermelon?	☐	☐	☐	
18 Fresh (unfrozen) berries?	☐	☐	☐	*Specify:*
19 Unpasteurized, not from concentrate juice (sold at an orchard or farm, or commercially with label)?	☐	☐	☐	*From where?*
20 Fresh green onion or scallions?	☐	☐	☐	
21 Fresh cucumber?	☐	☐	☐	
22 Fresh, raw tomatoes?	☐	☐	☐	*Type(s):*
23 Fresh peppers (e.g., bell, hot, sweet)?	☐	☐	☐	*Specify:*
24 Fresh, raw lettuce?	☐	☐	☐	*Specify* loose (☐) *or* pre-packaged (☐)
25 Fresh (unfrozen), raw spinach?	☐	☐	☐	*Specify* loose (☐) *or* pre-packaged (☐)
26 Sprouts?	☐	☐	☐	*Specify:*
27 Other fresh fruits or vegetables eaten raw?	☐	☐	☐	*Specify:*
28 Fresh (not dried) herbs (e.g., basil, cilantro)?	☐	☐	☐	*Specify:*
29 Nuts or seeds?	☐	☐	☐	*Specify:*
30 Foods purchased online?	☐	☐	☐	
If yes, a. Grocery Delivery (Amazon Fresh, Peapod)?	☐	☐	☐	*Where?*
b. Meal Kit Delivery (Blue Apron, Meals on Wheels)?	☐	☐	☐	*Specify:*
31 Foods/baked goods sold out of someone's home?	☐	☐	☐	
32 Food from a food truck	☐	☐	☐	

[Click in box to type any additional notes.]