Gastroenteritis Case Report Form

Maryland Department of Health

INSTRUCTIONS: Complete Section I for all pathogens; complete Section II for *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
INVESTIGATOR EMAIL	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

Patient Data

LAST	FIRST	DATE OF BIRTH	AGE	SEX ☐ Male ☐ Female ☐ Intersex ☐ Other
STREET ADDRESS	CITY	GENDER IDENTITY ☐ Man ☐ Woman ☐ Transman ☐ Transwoman ☐ Non-binary ☐ Genderqueer ☐ Two-Spirit ☐Declined ☐Something else:		
STATE / ZIP CODE / COUNTY	HOMELESS ☐ Yes ☐ NO			
TELEPHONE	MOBILE	EMAIL		

ETHNICITY (Hispanic, Latino, or Spanish Origin?)
☐ Yes → ☐Mexican, Mexican American, Chicano; ☐Puerto Rican; ☐Cuban; ☐Salvadoran; ☐Other:
☐ No
☐ Unknown
☐ Declined

RACE (*Check all that apply*)
☐ American Indian/Alaskan Native; ☐Black/African American; ☐Native Hawaiian; ☐Guamanian or Chamorro; ☐Samoan; ☐Other Pacific Islander; ☐Asian; ☐Asian Indian; ☐Chinese; ☐Filipino; ☐Japanese; ☐Korean; ☐Vietnamese; ☐White; ☐Middle Eastern/ North African; ☐Declined; ☐Other:

OCCUPATION, STUDENT (Include Employer, school, etc.)	HIGH RISK ☐ Food ☐ Healthcare ☐Daycare	RESTRICTION ☐ Yes ☐ No

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	
HOSPITALIZED ☐ No ☐ Yes → / ADMIT DATE	DISCHARGE DATE	HOSPITAL	ICU? ☐ No ☐ Yes
TRANSFERRED ☐ No ☐ Yes → / TRANSFER DATE	DISCHARGE DATE	TRANSFER HOSPITAL	STEC ONLY: HAVE HUS? ☐ No ☐ Yes
TREATED WITH ANTIBIOTICS ☐ No ☐ Yes ☐ Unknown →	*Name(s) of all antibiotics*:		

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

COLLECTION DATE	LABORATORY NAME	SPECIMEN TESTED ☐ Stool ☐ Blood ☐ Other: ☐ Urine	
Test Type ☐ Culture ☐ Non-culture, *specify:* ☐ Unknown (☐ EIA ☐ PCR ☐ Other)	AGENT IDENTIFIED		SPECIMEN SENT TO MDH ☐ Yes ☐ No

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 any antibiotics?	☐	☐	☐	
2. Take any immunosuppressive medications?	☐	☐	☐	
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?	☐	☐	☐	*Food/Treat Brand:*
b. Cat?	☐	☐	☐	*Food/Treat Brand:*
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? (*Specify below*)	☐	☐	☐
In the 6 months before illness, from to , did [you/your child]:	YES	NO	UNK
2. Travel to another country? (*Specify below*)	☐	☐	☐

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

List Hotels/Resorts stayed at:

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

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

Was this interview conducted in a language other than English? ☐ No ☐ Yes (specify language):

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. Ask for the 7 day period prior to onset of illness. If unknown or asymptomatic, the 7 days prior to collection date. Use the space on the right to provide additional details, such as the specific type of food and where food was purchased or eaten.

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

[Infants Only]: ☐ Breastfed ☐ Formula-fed (Brand):

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.

		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, protein powders, 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?	☐	☐	☐	
2	Turkey or foods containing turkey?	☐	☐	☐	
3	Beef or foods containing beef?	☐	☐	☐	
	a. Ground beef?	☐	☐	☐	
4	Pork or foods containing pork?	☐	☐	☐	
5	Lamb or mutton?	☐	☐	☐	
6	Goat?	☐	☐	☐	
7	Liver (including pate)?	☐	☐	☐	
8	Fish or fish products (including sushi)?	☐	☐	☐	
9	Seafood (e.g., crab, shrimp, oysters, clams)?	☐	☐	☐	*Specify:*
	a. Undercooked or raw seafood?	☐	☐	☐	*Which?*
10	Any other meat, poultry, or deli meats?	☐	☐	☐	*Specify:*
11	Frozen meals (e.g., pizza, soup, entrée)?	☐	☐	☐	*Specify:*
12	Dairy products (e.g., milk, yogurt, cheese, ice cream)?	☐	☐	☐	
	a. Unpasteurized (raw) milk or other dairy?	☐	☐	☐	*From where?*
13	Non-dairy milk (e.g., oat, almond, soy)?	☐	☐	☐	
14	Eggs?	☐	☐	☐	
15	Fresh cantaloupe?	☐	☐	☐	
16	Fresh watermelon?	☐	☐	☐	
17	Fresh (unfrozen) berries?	☐	☐	☐	*Specify:*
18	Unpasteurized or raw juice (e.g., apple cider, cold-pressed juices)?	☐	☐	☐	*From where?*

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:***
19 Fresh (uncooked) onions (e.g., red, white, yellow)	☐	☐	☐	*Specify:*
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:*
25 Fresh (unfrozen), raw spinach?	☐	☐	☐	*Specify:*
26 Sprouts (e.g., mung bean, alfalfa)?	☐	☐	☐	*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 Peanut Butter?	☐	☐	☐	
31 Other nut butter or alternative (e.g. sunflower)?	☐	☐	☐	*Specify:*
32 Hummus?	☐	☐	☐	
33 Other dips or spreads?	☐	☐	☐	*Specify:*
34 Foods purchased online?	☐	☐	☐	
If yes, a. Grocery Delivery (Amazon Fresh, Peapod)?	☐	☐	☐	*Where?*
b. Meal Kit Delivery (Blue Apron, Meals on Wheels)?	☐	☐	☐	*Specify:*
35 Foods purchased from someone's home?	☐	☐	☐	
36 Food from a food truck	☐	☐	☐	
37 Food from a farmers' market?	☐	☐	☐	*Where?*

[Click in box to type any additional notes.]