

Gastroenteritis Case Report Form

Maryland Department of Health

Interviewer Instructions

GENERAL INSTRUCTIONS

Starting January 1, 2019 this form should be used for all pathogens listed below. *Salmonella Typhi* and *Paratyphi*, *Listeria*, *Vibrio*, and *Cyclospora* should be reported using condition-specific CRFs, which can be found on the MDH website.

This form has 2 sections:

SECTION I ONLY

Should be used for all cases of:

- Cryptosporidiosis
- Shigellosis
- Yersiniosis

SECTIONS I and II

Should be used for all cases of:

- Campylobacteriosis
- Salmonellosis (non-*Typhi*)
- Shiga-toxin producing *E. coli* (STEC)

Note on the Order of Completion: All sections should be completed for each case, but the order can be determined by the interviewer. For instance, the food history, source, and exposure questions (if applicable) can be asked in any order.

Exposure window:

- The exposure period of interest for a particular set of questions is indicated at the beginning of each section.
- If the case is asymptomatic, has chronic symptoms, or for another reason cannot pinpoint an exact date of onset, use the specimen collection date as a proxy for onset date. All questions should still be asked of these cases.
- Spaces are provided for the investigator to record the timeframe of interest (ex. **from** / / **to** / /). It may be helpful to ask the case to look at a calendar as a reference for the specific days in question.

SPECIFIC INSTRUCTIONS

Section I

Investigation Data

- NEDSS CASE ID# is a unique 5-7 digit number assigned to the entire patient record, while the Investigation ID# is the unique number (15 characters, CAS#####MD01) that is assigned to the disease investigation itself.
- CASE STATUS and OUTBREAK information can be left blank if not known when the rest of the investigation is completed.
NOTE FoodNet staff will determine final case status based on lab results and make sure it is correct in NEDSS.

Patient Data

- NEW: There is a checkbox to indicate if a case-patient is homeless
- Most of these fields can be completed prior to the interview using the laboratory report that initiated the investigation. Additional information can come from the morbidity report, ER notes, hospital discharge summary, or physician's office.
- In the HIGH RISK box, indicate if the case works in healthcare or food service ("Food"), or attends or works in a daycare.
- **REQUIRED FIELDS:** SEX, ETHNICITY, RACE

Clinical Data

- For a response of YES in a box with an arrow (→), complete all of the boxes to the right.
- For all STEC cases, make sure to complete the HAVE HUS question to the right of the Physician Visit question.
- **REQUIRED FIELDS:** OUTCOME, DEATH DATE (IF DECEASED), HOSPITALIZED, ADMIT & DISCHARGE DATES and ICU (IF HOSPITALIZED=YES), HAVE HUS (STEC ONLY), TREATED WITH ANTIBIOTICS

Laboratory Data

- Indicate if clinical lab result is in NEDSS as an electronic lab report (ELR) or if no testing was done (Epi-linked cases).
- Verify the clinical lab has sent the isolate to the State Lab. If State Lab has released results, record STATE ACCESSION #.
- LHD staff should not create laboratory reports in NEDSS; MDH FoodNet staff will manually enter all non-ELR results.
- Other types of SPECIMEN TESTED include urine, wound/abscess, CSF, etc.
- If TEST TYPE is unclear, mark Unknown. MDH FoodNet staff review all test results to make case status determinations.
- **Cases should be investigated the same regardless of specimen source, test type, or case status.**
- If an ELR is associated with the case in NEDSS, no paper copy is required but the following fields need to be completed:
 - **REQUIRED FIELDS (with ELR or copy of lab):** COLLECTION DATE, STATUS AT COLLECTION, LABORATORY NAME, ISOLATE SENT TO THE STATE
- If no ELR exists, either submit a copy of the lab report (and only complete fields above), OR complete **all** of the following:
 - **REQUIRED FIELDS (no ELR or copy of lab):** COLLECTION DATE, STATUS AT COLLECTION, SPECIMEN TESTED, TEST TYPE, LABORATORY NAME, AGENT IDENTIFIED, ISOLATE SENT TO THE STATE

Medical History

- This section aims to collect information about medical risk factors for enteric infections.
- Use the specific timeframe indicated (30 days or 6 months).
- Prompts for antacids/medications to block acid and antibiotics can be found on page 4. Please include all medications mentioned by the case, even if not listed.
- DIAGNOSTED OR TREATED FOR DIABETES is intended to capture if the person is diabetic. This would include an uncontrolled case of DM that has not necessarily been diagnosed or treated in the prior 6 months.

Exposures Instructions

- Complete each question by marking YES, NO, or UNKNOWN – don't leave blank unless the question was not asked.
- If the case answers YES, use space to the right to answer either the follow up question (ex. *Specify*) or provide any details. We are trying to limit having to call cases back, so the more detail provided on this form, the better.
- Some questions have a skip pattern, with follow up questions below, these are preceded by "*If yes*".

Environmental Exposures: Water

- Additional information about the water sources in these questions:
 - "Well" refers to a private well. Treatment types include filtration, chemical treatment or physical disinfection, distillation, or a combination of these methods.
 - "Untreated water" also includes natural spring, stream, ocean, or reservoir.
 - "Treated water" includes pool, hot tub/spa, fountain, or waterpark with treated water (chlorinated, etc.)

Environmental Exposures: Animal Contact

- Question 2 should be asked of all cases, regardless of the answer to question 1. Specify the setting the case was exposed to (farm, ranch, or petting zoo) and the level of exposure (visited, worked or lived). Get the name of the facility if known.

Travel

- If unsure if something should be considered "travel," include the information and MDH FoodNet staff will review it.
- Include specific dates for all countries visited, if possible. If an exact date is unknown, try to get an estimated date.
- Cases who immigrated are recorded here. Put the country in the LOCATION field and the date of arrival in the TO field. Write "Immigrated" in the FROM field.
- Receive medical care in another country: This would include a hospitalization, treatment for another illness, outpatient visits, and receiving medication.

Contacts

- Collect information on each of the case's household contacts (ill or not ill) and any other close contacts with symptoms.
- Other close contacts include: someone who stayed overnight and shared a living space with the case during the 7 days prior to onset (e.g., boy/girlfriend, sleepovers, etc.), a classmate with whom the case had close contact ("played"), a caregiver who provides high contact care (e.g., bathing, toileting, etc.) to the case, anyone who was sexually intimate with the case during the exposure window.
- Mark if the contact is in a high risk situation: daycare (attendee or employee), food service worker or healthcare worker.
- Attempt to get the names of any contact in a high risk situation or that is symptomatic so that they can be investigated and, if necessary, excluded and/or cleared.
- Collect international travel information for household contacts in the 6 months prior to onset. This does not include domestic travel.

Food Sources

- Make clear to case you are interested in the sources of food that were *consumed* during the 7 day window, not what was *purchased* during the 7 day window, though there may be some overlap.

Food History

- Should attempt to complete for all cases, including those without GI symptoms and those with domestic travel.
- To prompt recall, ask the case to look at a calendar and ask if there was anything special or if it was a routine week. Start with general questions ("Was this a normal work day?" "Do you normally eat breakfast before you go to work?" etc.)
- Record usual foods if exact meals cannot be recalled. Note if item was specifically recalled or is just usually eaten.
- If the case is a baby, in addition to food/formula consumed by the child, get food history for the primary caregiver.
- Give the case time to think and don't accept an immediate "I don't know." Patience and prompting will get better results.

Section II

- Food Exposures Complete only for Campylobacter, Salmonella, and STEC cases
- NEW: Collect information about special diets, food allergies, and supplements.
- Use food history to double check and prompt case (or vice-versa).
- Questions that ask about foods “prepared outside of the home” are referring to businesses such as restaurants including fast-food, delis, take-out, or a catered event. It does not include food that was prepared or eaten in another private home.
- NEW: Collect information about foods purchased online, meal kits, and food trucks.

SUBMISSION

- Enter all data for all investigations into NEDSS (discharge date and outbreak number can be updated prior to closeout). All unknown fields should be indicated as such.
- Submit ALL case report forms to MDH FoodNet.
 - **Fax:** Attention FoodNet, (410) 225-7615
 - **Email:** mdh.foodnet@maryland.gov
 - All files must be **encrypted** and saved using the Investigation ID [CAS...MD01] as the file name
 - **Interoffice Mail:** Must include the address on the envelope (MDH, FoodNet, 201 W Preston St, 3rd Floor)

Antacids

Aluminium hydroxide	Maalox/Maox	Pepto Children's
Ami-Lac	Magaldrate	Prevacid
Amphojel	Magnesium Hydroxide	Prilosec
Axid	Masanti	Protonix
Calcium carbonate	Mi-Acid	Ri-Mag
Cal-Gest	Milantex	Riopan
Caltrate	Milk of Magnesia	Roloids
calcium-based supplements	Mintox	Ron-Acid
Dexilant	Mylanta	Rulox
Dialume	Nexium	Tagamet
Di-Gel	Nizatidine	Tempo
Gas-X with Maalox	Os-Cal	Titralac
Gaviscon	Oysco	Tums
Gelusil	Oyster (shell) calcium	Zantac
Genaton	Pepcid	Zegerid
Isopan		

Antibiotics

Amoxicillin	Cefprozil	Keftab
Amoxicillin / Clavulanate	Cephalexin	Levofloxacin
Ampicillin	Cephradine	Levoquin
Augmentin	Chloramphenicol	Metronidazole
Azithromycin	Ciprofloxacin / Cipro	Norfloxacin / Norflox
Bactrim	Clarithromycin	Ofloxacin / Oflox
Biaxin	Dapsone	Pediazole
Ceclor	Doxycycline	Penicillin / Pen VK
Cefaclor	Duricef	Septra
Ceftin	Erythromycin	Suprax
Cefixime	Erythromycin / sulfisoxazole	Tetracycline
Ceftriaxone	Flagyl	Trimox
Cefuorixime	Floxin	Trimethoprim / Sulfa
Cefzil	Keflex	Zithromax / Z-Pak