DEPARTMENT OF **HEALTH & HUMAN SERVICES** AND PREVENTION ATLANTA, GA 30333

CDC NO.:

HEALIH & HUMAN SERVICES CENTROL TYPHOID AND PARATYPHOID FEVER SURVEILLANCE REPORT

STATE LAB ISOLATE ID NO.

Instru									

- Please complete this form only for new symptomatic culture-proven cases of typhoid or paratyphoid fever -

CONTROL AND PREVENTIO
Form Approved:
OMB No. 0920-000

		RAPHIC DATA							
1. Reporting 2. First three letters patient's last n	ers of	3. Date Of birth: Mo. Day Yr.	or Age: (in years)						
4. Sex:	nt work as a foodhandler?	6. Citizenship: ☐ U.S. ☐ Other:							
	CLIN	CAL DATA							
7. Was the patient ill with typhoid or paratyphoid fever? (fever, abdominal pain, headache, etc)	Yes, give date of nset of symptoms: Day Mo. Day Mr.	8. Was the patient hospitalized? If Yes, how many days we the patient hospitalized? Yes No Unk.	9. Outcome of case: Recovered Died Unk.						
	LABUR	ATORY DATA	,						
Mo. Day Yr.	(s) of isolation: (check all that apply) □ Blood □ Stool □ otype: □ Typhi □ Paratyphi A	Gall Bladder □ Other (specify):							
11. Was antibiotic sensitivity testing pe on this (these) isolate(s) at the labor (Please contact the clinical laborator this information) □ Yes □ No □ Unk.	rformed atory? y for If Yes, was the organism resistant to:	Ampicillin: Chloramphenicol: Trimethoprim-sulfamethoxazole: Fluoroquinolones (e.g., Ciprofloxacin):	Yes No Not tested Yes No Not tested						
		OLOGIC DATA							
12. Did this case occur as part of an outbreak? (two or more cases of typhoid or paratyphoid fever associated by time and place) Yes No Unk.									
13. Did the patient receive typhoid vacci (primary series or booster) within five years before onset of illness? ☐ Yes ☐ No ☐ Unk.	If Yes, indicate type	Oral Ty21a or Vivotif (Berna) four pill series:							
14. Did the patient travel or live outside the United States during the 30 days before the illness began? ☐ Yes ☐ No ☐ Unk.	If Yes, please list in order to before the illness began: (1.	entr	of most recent return or to the United States:						
15. Was the purpose of the internationa	l travel·								
a. Business?b. Tourism?	Yes No Unk.	d. Immigration to U.S.?e. Other?							
16. Was the case traced to a typhoid or paratyphoid carrier?□Yes □No □Unk. known to the health department?□Yes □No □Unk.									
17. Comments:									
18. Name of Person Completing Form:									
Address:									
Telephone:		Date:	Yr.						

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS FORM.

Please send a copy to your STATE EPIDEMIOLOGY OFFICE and the Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention Mailstop C-09, Atlanta, Georgia 30333 • Fax: (404) 639-2205

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed and the data needed and the data needed are not applicable to the data needed and the data needed and the data needed and the data needed and the data needed are not applicable to the data needed and the data nereviewing the collection of information. An agency may not conductor sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are considered in the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are considered in the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are considered in the collection of information unless it displays a currently valid OMB control number. Send control number is a control number of the collection of information unless it displays a currently valid OMB control number of the collection of information unless it displays a currently valid on the collection of tor any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0009).