Salmonellosis

ORPHEUS ID

☐ Confirmed ☐ Suspect
☐ Presumptive ☐ No case

Name _____ County _____
LAST, first, initials (a.k.a.)

Address _____
Street City Zip

Phone number _____ / _____
home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

E-mail _____

ALTERNATE CONTACT _____

Name _____ Phone(s) _____
LAST, first,initials home (H), work (W), cell (C), message (M)

Special housing
☐ Nursing home/ Asst Living
☐ Homeless
☐ Prison/jail
☐ Foster home
☐ Hospital
☐ Nursing home
☐ Drug treatment/ shelter
☐ Other (specify)
☐ YES house
☐ Homeless shelter
☐ Job Corps
☐ Treatment center
☐ Chemawa Indian School
☐ No address on file
☐ Women's shelter
_____

DEMOGRAPHICS

DOB ___/___/___ if DOB unknown, AGE _____ Sex ☐ Female ☐ Male Preg ☐ Y ☐ N ☐ UNK

Language _____ Country of birth _____ ☐ refugee

Past year housing (check one) ☐ Stably housed ☐ Homeless ☐ Unstably housed ☐ Incarcerated ☐ Declined ☐ Unknown

Worksite/school/day care center _____ Occupation/grade _____

RACE, ETHNICITY, LANGUAGE, AND DISABILITY (REALD)

RACE AND ETHNICITY

How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

_____

Which of the following best describes your racial or ethnic identity? *Check **all** that apply.*)

Amer Indian/ Alaska Native
☐ American Indian
☐ Alaska Native
☐ Canadian Inuit, Metis First Nation
☐ Indigenous Mexican Central American South American

Hispanic or Latino/a/x
☐ Central American
☐ Mexican
☐ South American
☐ Other Hispanic or Latino/a/x

Asian
☐ Asian Indian
☐ Chinese
☐ Filipino/a
☐ Hmong
☐ Japanese
☐ Korean
☐ Laotian
☐ South Asian
☐ Vietnamese
☐ Other Asian

If you selected more than one racial or ethnic identity, circle the one that **best** represents your racial or ethnic identity. If you have **more than one** primary racial or ethnic identity, please check here. ☐

Native Hawaiian/ Pacific Islander
☐ Guamanian
☐ Chamorro
☐ Micronesian/ Marshallese/Palaun (COFA)
☐ Native Hawaiian
☐ Samoan
☐ Tongan
☐ Other Pacific Islander

Other White
☐ Eastern European
☐ Slavic
☐ Western European
☐ Other White

Black or African American
☐ African American
☐ Africo-Caribbean
☐ Ethiopian
☐ Somali
☐ Other African (Black)
☐ Other Black

Middle Eastern Northern African
☐ Northern African
☐ Middle Eastern

Other Categories
☐ Other (please list)
_____
☐ Don't know
☐ Don't want to answer

PROVIDERS, FACILITIES AND LABS (COMPLETE A LL THAT APPLY)

Reporter Type	Reporter Name/Phone
Clinical Office	
Hospital	
ER	
Laboratory	
Care Facility	

Reporter Type	Reporter Name/Phone
Assisted Living	
Group home	
Long-term acute care	
Nursing home	
Inpatient rehab	

☐ Ok to contact patient (only list once)

Local Epi _____

Date report received by LPHA ___/___/___ LPHA completion date ___/___/___ State completion date ___/___/___

CASE'S NAME _____

BASIS OF DIAGNOSIS

CLINICAL DATA

☐ ONSET Indeterminate

Symptomatic ☐ yes ☐ no ☐ ref ☐ unk
if yes, ONSET of first symptoms ___/____/____
First onset of vomiting or diarrhea ____/____/____
Number of days sick ____

Check all that apply: **(Provide details in Notes below.)**

Diarrhea	☐ yes	☐ no	☐ ref	☐ unk
if yes, ONSET date ___/____/____				
Bloody diarrhea	☐ yes	☐ no	☐ ref	☐ unk
Self-reported fever	☐ yes	☐ no	☐ ref	☐ unk
Vomiting	☐ yes	☐ no	☐ ref	☐ unk
Cancer 6 mos before illness	☐ yes	☐ no	☐ ref	☐ unk
Diabetes 6 mos before illness	☐ yes	☐ no	☐ ref	☐ unk
Abdominal surgery 6 mos before illness	☐ yes	☐ no	☐ ref	☐ unk
Probiotic use 30 days before illness	☐ yes	☐ no	☐ ref	☐ unk
Antibiotic use for this illness	☐ yes	☐ no	☐ ref	☐ unk

If *yes*, List them here:_____
_____

Antibiotic use 30 days before this illness ☐ yes ☐ no ☐ ref ☐ unk

If *yes*, List them here:_____
_____

Consumed antacids ☐ yes ☐ no ☐ ref ☐ unk

If *yes*, List them here:_____
_____

LABORATORY DATA

☐ none

Testing Lab _____
Originating Lab _____

Specimen collection date ___/___/____

Specimen source
☐ blood ☐ stool ☐ urine
☐ other specify _____

PUBLIC HEALTH LAB DATA

Isolate or specimen sent to OSPHL ☐ yes ☐ no ☐ unk
OSPHL specimen ID# _____
serotype _____

OUTCOMES

Deceased ☐ no ☐ yes Date of death ____/____/____
If yes, cause of death:
☐ disease-related ☐ treatment-related
☐ not disease-related ☐ unknown
☐ other _____

Hospitalized: ☐ yes ☐ no ☐ unk
If hospitalized, please provide details below.
Hospital Name _____
Chart number_____ ☐ ICU
Admit date ___/___/___ Discharge date___/___/___
Status: Check one: ☐ alive ☐ dead ☐ unk ☐ transfer

Hospitalized: ☐ yes ☐ no ☐ unk
Hospital Name _____
Chart number_____ ☐ ICU
Admit date ___/____/___ Discharge date ____/____/___
Status: Check one: ☐ alive ☐ dead ☐ unk ☐ transfer

TREATMENT

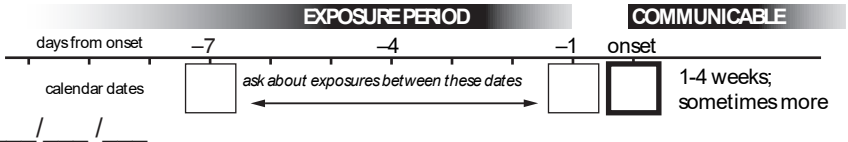
Was patient treated with antibiotics or anti-motility drugs for this illness? ☐ yes (*if yes*, list below) ☐ no ☐ unk
Drug name size/dose/frequency
_____
_____
_____

Notes

CASE'S NAME _____

INFECTION TIMELINE

Enter onset date in heavy box. Count back to figure the probable exposure period.



Ask about exposures for the 7 days prior to onset date.

Date of first attempted contact ___/___ /___

Interviewed ☐ yes ☐no Interview date(s) _____ Interviewed by _____

Who was interviewed? ☐ patient ☐ provider ☐ parent ☐ other_____

Reason if not interviewed (choose one)
☐ not indicated ☐ unable to reach ☐ out of jurisdiction ☐ deceased ☐ refused
☐ medical record review ☐ physician interview

RISKS

Provide details as appropriate. Include names and locations about possible sources and risk factors in Notes.

yes	no	ref	unk	
☐	☐	☐	☐	where do shop for groceries
				If yes, please specify_____
☐	☐	☐	☐	eat any chicken anywhere (at home or away)
☐	☐	☐	☐	*If yes,* was any of it raw or undercooked
☐	☐	☐	☐	*If yes,* eat any ground chicken
☐	☐	☐	☐	eat any turkey anywhere (at home or away)
☐	☐	☐	☐	*If yes,* was any of it raw or undercooked
☐	☐	☐	☐	*If yes,* eat any ground turkey
☐	☐	☐	☐	handle or prepare poultry meat, even if didn't eat
☐	☐	☐	☐	it eat beef anywhere (at home or away)
☐	☐	☐	☐	*If yes* eat <u>any</u> ground beef at home or away
☐	☐	☐	☐	*If yes,* are leftovers (wrappers) available for testing eat
☐	☐	☐	☐	any veal
☐	☐	☐	☐	eat any pink, undercooked or raw meat
☐	☐	☐	☐	eat eggs anywhere (or food/drinks with eggs)
☐	☐	☐	☐	*If yes,* was runny. raw or lightly cooked
☐	☐	☐	☐	eat or drink dairy products (pasteurized or unpasteurized)
☐	☐	☐	☐	drink raw (unpasteurized) milk
☐	☐	☐	☐	*If yes,* are leftovers (wrappers) available for testing
☐	☐	☐	☐	eat any soft cheese (queso fresco, Mexican-style cheese)
☐	☐	☐	☐	*If yes,* eat queso fresco, or fresh cheese made from <u>raw</u> milk)
☐	☐	☐	☐	*If yes*, are leftovers (wrappers) available for testing
☐	☐	☐	☐	consume other raw milk product (i.e. yogurt)
☐	☐	☐	☐	*If yes,* are leftovers (wrappers) available for testing
☐	☐	☐	☐	consume sprouts (alfalfa, mung etc)
☐	☐	☐	☐	*If yes,* are leftovers (wrappers) available for testing
☐	☐	☐	☐	eat raw tomatoes
☐	☐	☐	☐	eat onions
☐	☐	☐	☐	*If yes,* specify type (red, yellow, white, green, walla walla pearl, other) _____
☐	☐	☐	☐	eat fresh (not dried) herbs (e.g., basil, cilantro)
☐	☐	☐	☐	eat fresh (not frozen) berries
☐	☐	☐	☐	raw nuts
☐	☐	☐	☐	eaten or handled wild game or hunting
☐	☐	☐	☐	dried meat products (e.g., salami, Jerky, etc.)
☐	☐	☐	☐	fish or fish products

yes	no	ref	unk	
☐	☐	☐	☐	eat seafood other than fish, raw and cooked) (shrimp, etc)
☐	☐	☐	☐	drink unpasteurized fruit juice or cider
☐	☐	☐	☐	eat or drink food, snack or beverage that
☐	☐	☐	☐	contained marijuana or marijuna infusion
☐	☐	☐	☐	kratom (powdered or supplements) case put in capsules
☐	☐	☐	☐	eat at restaurants
☐	☐	☐	☐	eat at public gathering/events
☐	☐	☐	☐	reside in home with septic system
☐	☐	☐	☐	use water from a private well
☐	☐	☐	☐	drink water directly from spring, lake, pond etc
☐	☐	☐	☐	swim, wade or enter water in natural setting
☐	☐	☐	☐	swim, wade or enter swimming pool, hot tub, etc.
☐	☐	☐	☐	contact with reptiles
☐	☐	☐	☐	contact with live poultry
☐	☐	☐	☐	*If yes,* contact with baby chicks
☐	☐	☐	☐	contact with any kind of pet animals
☐	☐	☐	☐	handle pet treats
☐	☐	☐	☐	contact with livestock
☐	☐	☐	☐	contact with animals at zoos, petting zoos, etc
☐	☐	☐	☐	contact with diapered or incontinent people
☐	☐	☐	☐	work exposure to human or animal excreta

Other risks, discuss in notes

CASE'S NAME

TRAVEL

yes no ref unk

☐ ☐ ☐ ☐ travel outside home area 7 days before onset

If yes, provide dates: ____/____/____ to ____/____/____

If yes, specify location(s) *(in-state, other states, and/or other countries)*_____

_____

_____

Purpose(s) _____

Travel mode(s) _____

Companion(s) _____

☐ ☐ ☐ ☐travel outside U.S. 6 months before illness

If yes, specify countries_____

☐ ☐ ☐ ☐household members travel outside U.S. 6 months before illness

If yes, specify countries _____

FOLLOW-UP Provide details as appropriate.

☐ case knows someone with a similar illness (provide name, onset dates contact information and other details in Notes)

☐ household member is a health care worker _____

☐ case is a resident of a long-term care facility _____

☐ during communicable period, case prepared food for public or private gathering (Provide details)_____

☐ case works at or attends day care Provide details _____

☐ case education provided ☐ yes ☐no _____

Notes

if

CASE-CONTACT MANAGEMENT AND FOLLOW-UP

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Phone number	Interview date	Sick
		☐ M ☐ F	☐ day care ☐ friend ☐ household ☐ sexual ☐ coworker		☐Y ☐N		____/____/____	☐Y ☐N
		☐ M ☐ F	☐ day care ☐ friend ☐ household ☐ sexual ☐ coworker		☐Y ☐N		____/____/____	☐Y ☐N
		☐ M ☐ F	☐ day care ☐ friend ☐ household ☐ sexual ☐ coworker		☐Y ☐N		____/____/____	☐Y ☐N

ADMINISTRATION

ORPHEUS NOVEMBER 2022

Case report sent to OHA on ____/____/____

Completed by _____ Date _____ Phone _____ Investigation sent to OHA on ____/____/____