Yersiniosis

COUNTY

FOR STATE USE ONLY #

___/___/___ case report ☐ confirmed ☐ presumptive

___/___/___ interstate ☐ suspect

Date investigation initiated: ____/____/____

CASE IDENTIFICATION

Name _____ Phone(s) _____
AST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City Zip

_____e-mail address_____

ALTERNATIVE CONTACT: ☐ Parent ☐ Spouse ☐ Household Member ☐ Friend ☐ _____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT *(check all that apply)*

☐ Lab ☐ Infection Control Practitioner

☐ Physician ☐ _____

Name _____

Phone _____ Date ___/___/___
(first report)

Primary M.D. _____
(if different)

Phone _____ OK to talk to patient? ☐

DEMOGRAPHICS

SEX
☐ female ☐ male

DATE OF BIRTH ____/____/____
m d y

or, if unknown, AGE _____

HISPANIC ☐ yes ☐ no ☐ unknown

RACE
☐ White ☐ American Indian
☐ Black ☐ Asian/Pacific Islander
☐ unknown ☐ refused to answer
☐ other _____

Worksites/school/day care center_____

_____

Occupations/grade_____

BASIS OF DIAGNOSIS

CLINICAL DATA

Symptomatic: ☐ yes ☐ no ☐ unk

if yes, ONSET on ____/____/____
m d y

Check all that apply:

diarrhea ☐ yes ☐ no ☐ unk

bloody diarrhea ☐ yes ☐ no ☐ unk

Hospitalized: ☐ yes ☐ no ☐ unk

name of hospital _____

date of admission ____/____/____
m d y

date of discharge ____/____/____
m d y

Transferred to another hospital:
☐ yes ☐ no ☐ unk

transfer hospital name _____

Outcome: ☐ survived ☐ died ☐ unk

date of death ____/____/____
m d y

LABORATORY DATA

Culture confirmed: ☐ yes ☐ no

if yes, Lab _____

Source of specimen: ☐ stool ☐ blood ☐ _____

Date specimen collected____/____/____
m d y

Isolate submitted to PHL?
☐ yes ☐ no ☐ unk

PHL specimen # _____

Species _____

EPI-LINKAGE

During the exposure period, was the patient...

associated with a known outbreak? ☐ yes ☐ no ☐ unk

a close contact of a *confirmed* or *presumptive* case? ☐ yes ☐ no ☐ unk

Has the above case been reported? ☐ yes ☐ not yet

Specify nature of contact:

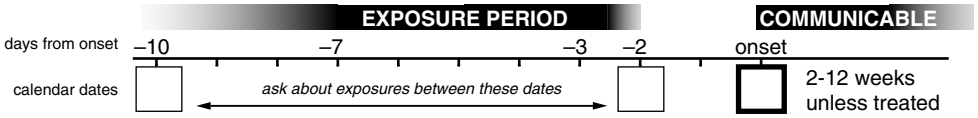
☐ household ☐ sexual ☐ daycare ☐ _____

if yes to any question, specify relevant names, dates, places, etc:

PATIENT'S NAME ▸

INFECTION TIMELINE

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



POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Skip this section if case is already epi-linked.

☐ **no risk factors could be identified**

☐ **patient could not be interviewed**

SUSPECT FOODS

	yes	*no*	
a	☐	☐	rare/raw pork or pork products
b	☐	☐	tofu
c	☐	☐	raw/unpasteurized milk
d	☐	☐	other unpasteurized milk products
e	☐	☐	chitterlings ("chit-lins")
f	☐	☐	eating at restaurants
g	☐	☐	eating at other gatherings (potlucks, events)

OTHER POTENTIAL SOURCES

	yes	*no*	
h	☐	☐	blood transfusion/other blood products
i	☐	☐	household pets
r			*if yes*, was the pet sick? ☐ yes ☐ no ☐ unk

	yes	*no*	
j	☐	☐	contact with pigs/swine
k	☐	☐	contact with persons with diarrheal illness
l	☐	☐	diapered children or adults
m	☐	☐	occupational exposure to human excreta
n	☐	☐	travel outside the U.S. to _____
o	☐	☐	other travel to _____
p	☐	☐	chitterlings prepared in household
q	☐	☐	_____

Provide details about possible sources and risk factors

CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

name	age	occupation	diarrhea	onset date (m d y)	education provided	comments
			yes no unk		yes no unk	
_____			☐ ☐ ☐	_____	☐ ☐ ☐	_____
_____			☐ ☐ ☐	_____	☐ ☐ ☐	_____
_____			☐ ☐ ☐	_____	☐ ☐ ☐	_____
_____			☐ ☐ ☐	_____	☐ ☐ ☐	_____

Does the case know about anyone else with a similar illness? ☐ yes ☐ no ☐ could not be interviewed

if yes, give names, onset dates, contact information, and other details.

During the communicable period, did the case prepare food for any public or private gatherings? ☐ yes ☐ no *if yes*, provide details below.

If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.

Does the patient attend daycare or nursery school? ☐ yes ☐ no

If yes: Is the patient in diapers? ☐ yes ☐ no

Are other children or staff ill? ☐ yes ☐ no

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

☐ hygiene education provided
☐ work or daycare restriction for case
☐ daycare inspection
☐ follow-up of other household member(s)
☐ restaurant inspection
☐ investigation of raw milk dairy
☐ _____

D

ADMINISTRATION

Remember to copy patient's name to the top of this page.

Case report sent to OHS on ____/____/____

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