Yersiniosis

Alaska

☐ Outbreak
☐ Cluster

AK STARS # _____

Date first received by SOE _____ / _____ / _____

OUTREACH/CONTACT LOG (For contact with and/or outreach to the client)

	Method (phone call, letter, home-visit, clinic visit)	**Date** (mm/dd/yyyy)	**Outcome** (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact		_____ / _____ / _____	
2nd Outreach/Contact		_____ / _____ / _____	
3rd Outreach/Contact		_____ / _____ / _____	

CASE IDENTIFICATION

Name: _____ Phone(s) Home: _____
last *first* *MI* Cell: _____

Address: _____
Street *City* *State* *Zip*

Alternate Contact: ☐ Parent/Guardian ☐ Spouse/Partner ☐ Household Member ☐ Other _____

Name: _____ Phone(s) Home: _____
last *first* *MI* Cell: _____

Address: _____
Street *City* *State* *Zip*

DEMOGRAPHICS

Sex: ☐ Male ☐ Female ☐ _____

Hispanic: ☐ Yes ☐ No ☐ Unknown

DOB: _____ / _____ / _____
mm dd yyyy
Or, if unknown, Age _____

Race:
☐ AI/AN
☐ Asian/Pacific Islander
☐ Black
☐ White
☐ Unknown
☐ Refused to answer
☐ Other _____

CLINICAL DATA

Symptomatic? ☐ Yes ☐ No ☐ Unk

If yes, Onset date _____ / _____ / _____
mm dd yyyy
Onset time _____ ☐ am ☐ pm

Duration of Illness _____ ☐ hours ☐ days
-OR- ☐ Ongoing

Symptoms:
Diarrhea ☐ Yes ☐ No ☐ Unk
Bloody diarrhea ☐ Yes ☐ No ☐ Unk
Abdominal pain ☐ Yes ☐ No ☐ Unk

ER Visit? ☐ Yes ☐ No ☐ Unk

Hospitalized? ☐ Yes ☐ No ☐ Unk
If yes, Hospital name: _____
Admit date _____ / _____ / _____
mm dd yyyy
Discharge date _____ / _____ / _____
mm dd yyyy
-OR- ☐ Still inpatient ☐ Unknown

Outcome: ☐ Survived ☐ Died (Date: ___ / ___ / ____) ☐ Unk

OCCUPATION

Is the case a…

	Yes	No	Unk
daycare attendee/worker?	☐	☐	☐
food service/processor worker?	☐	☐	☐
healthcare facility resident/worker?	☐	☐	☐

If yes, specify location/business: _____

Does the case know others with similar illness? ☐ Yes ☐ No ☐ Unk

If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms: _____

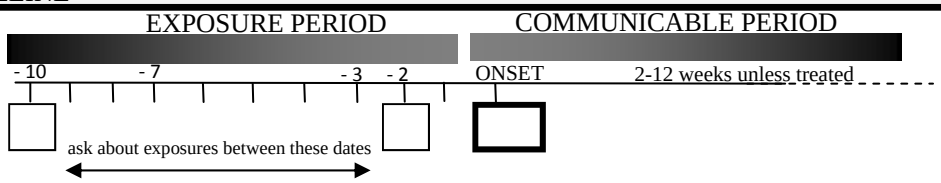
_____

attach a second sheet if needed

CASE NAME: _____ AK STARS # _____

EXPOSURE TIMELINE

Enter symptom onset date into the onset box. Count back to figure the probable exposure period.



Individuals shed infectious material in their stool during the time they are experiencing diarrhea. Shedding may continue after this period.

INTERVIEW

Interview questions are asked for the exposure time calculated above. **All yes answers require additional details**. If you have a yes answer to any exposure/consumption question, please provide relevant details in the comments section.

Potential Exposures

Yes	No	Unk	
			Consumption of….
☐	☐	☐	Rare/raw pork or pork products
☐	☐	☐	Tofu
☐	☐	☐	Raw/unpasteurized milk
☐	☐	☐	Other unpasteurized milk products
☐	☐	☐	Chitterlings (“chit-lins”)
			Exposure to…..
☐	☐	☐	Household pets
			If yes, were any household pets sick? ☐ Yes ☐ No ☐ Unk
☐	☐	☐	Pigs/swine
☐	☐	☐	Persons with diarrheal illness
☐	☐	☐	Diapered children or adults

Yes	No	Unk	
☐	☐	☐	Receipt of blood transfusion/ blood products

If yes, when: ____/_____/_____

Travel Exposure

Yes	No	Unk	
☐	☐	☐	Outside the U.S.
☐	☐	☐	Outside Alaska
☐	☐	☐	Within Alaska

If yes to any of the above, **Include dates and location of travel(s):**

_____
_____
_____
_____
_____

If **yes** to any of the above questions, provide details here:

(e.g. “Tofu ☑ Yes ☐ No ☐ Unk,” relevant details: eaten raw, previously frozen, from Costco) _____

_____

_____

_____

attach a second sheet if needed

Restaurants/takeout during exposure period? ☐ Yes ☐ No ☐ Unk

Social events (parties, weddings, etc.) during exposure period? ☐ Yes ☐ No ☐ Unk

If yes to either restaurants or social events, indicate the following:
name of restaurant/event, when, where, foods eaten, if others in attendance became ill.

_____

_____

_____

_____ *attach a second sheet if needed*

Did case prepare food for public/private gathering during communicability period?

☐ Yes ☐ No ☐ Unk

If yes, provide details:_____

_____ *attach a second sheet if needed*

Where were the groceries eaten during the exposure period bought? If unknown, where does client normally buy groceries?

Store name(s) and location(s):_____

_____ *attach a second sheet if needed*

SUMMARY

Intervention(s): ☐ Hygiene education provided ☐ Health education provided ☐ Child care restriction
☐ Work or school restriction ☐ Other: _____

Completed by _____ Phone _____ Completed Case Report ___ / ___ / ___