Alaska

Outbreak AK STARS Cluster

Date first received by SOE

#	

Yersiniosis

OUTREACH/CONTACT	LOG (For contact with a	nd/or outreach to the client)	
	Method (phone call, letter, home visit, clinic visit)	e- Date (mm/dd/yyyy)	Outcome (Left msg., interviewed, refused, unable to locate, etc.)
1st Outreach/Contact			
2nd Outreach/Contact			
3rd Outreach/Contact			
CASE IDENTIFICATION	N		
Name:last	first	Ph	none(s) Home:
Address:	Street	C:L.	Charles Tim
Alternate Contact:		City  ouse/Partner Household Mer	State Zip
Name:last			mber Other none(s) Home: Cell:
Address:	Street	City	State Zip
DEMOGRAPHICS			
Sex: Male Female		Hispanic: Yes No Un	known
DOB:  Or, if unknown, Age		Race: AI/AN Asian/Pacific Islander Black	White Unknown Refused to answer Other
CLINICAL DATA			
	Yes No Unk	ER Visit? Yes No	Unk
If yes, Onset date Onset time	am pm	Hospitalized? Yes No If yes, Hospital name: Admit date	Unk
Duration of IllnessOR	hours days Ongoing	Discharge date	npatient Unk
	Yes No Unk Yes No Unk		l (Date: ) Unk
•	Yes No Unk	OCCUPATION	
		Is the case a  daycare attended Food service/pro	
		healthcare facili	ty resident/worker?
		If yes, specify location/business	:
Does the case know others	s with similar illness?	Yes No Unk	
If yes, indicate name of in	ndividual, relationship to o	case, onset of illness, and relevant s	
			Attach a second sheet if needed

CASE NAME:		AK STARS #_	
EXPOSURE TIME			
Enter symptom onset	EXPOSURE PERIOD	COMMUNICABLE PERIOD	Individuals shed infectious
date into the onset box. Count back to figure the probable exposure period.	ask about exposures between these dates    →	ONSET 2-12 weeks unless treated	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			Tra	avel	Exposure		
Yes No Unk Yes N	<u>lo</u>	<u>Unk</u>	Yes	No	<u>Unk</u>		
Consumption of							
Rare/raw pork or pork products		Receipt of blood transfusion/			Outside the U.S.		
Tofu		blood products			Outside Alaska		
Raw/unpasteurized milk		If yes, when:			Within Alaska		
Other unpasteurized milk products	Other unpasteurized milk products				to any of the above,		
Chitterlings ("chit-lins")					Include dates and location of travel(s):		
Exposure to			01	ıtrav	vei(s):		
Household pets							
If yes, were any household pets sick? Ye	es	No Unk					
Pigs/swine							
Persons with diarrheal illness							
Diapered children or adults							

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?			Social events (parties, weddings, etc.) during exposure period?				period?		
	Yes	No	Unk		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						
TC '1 1 4 '1								

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 Work or school restriction		Health education provided Other:	Child care restriction	
Completed by		Phone	Completed Case Report	