

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: _____ Race: White
Or, if unknown, Age _____ AI/AN Unknown
 Asian/Pacific Islander Refused to answer
 Black Other _____

CLINICAL DATA

Symptomatic? Yes No Unk	ER Visit? Yes No Unk
If yes, Onset date _____	Hospitalized? Yes No Unk
Onset time _____ am pm	If yes, Hospital name: _____
Duration of Illness _____ hours days	Admit date _____
-OR- Ongoing	Discharge date _____
Symptoms:	-OR- Still inpatient Unk
Diarrhea Yes No Unk	Outcome: Survived Died (Date: _____) Unk
Bloody diarrhea Yes No Unk	
Abdominal pain Yes No 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

