☐ Outbreak
☐ Cluster

AK STARS # _____

Date first received by SOE _____ / _____ / _____

Shiga-toxigenic E. coli

Alaska

(*Escherichia coli* O157, others)

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

	Method (phone call, letter, homevisit, 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: _____
last *first* *MI*

Phone(s) Home: _____ Cell: _____

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

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

Name: _____
last *first* *MI*

Phone(s) Home: _____ 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

First vomit/diarrhea,
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
Vomiting	☐ Yes	☐ No	☐ Unk
HUS	☐ Yes	☐ No	☐ Unk
TTP	☐ 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.

EXPOSURE PERIOD — COMMUNICABLE PERIOD

- 10 — -4 — -1 — ONSET — 1—4 weeks; sometimes months

Most individuals shed infectious material in their stool while they are experiencing diarrhea. Shedding may continue in some individuals 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.

High Risk Foods				Other Potential Exposures				Travel Exposure			
Yes	No	Unk	*Consumption of...*	Yes	No	Unk	*Exposure to/participation in….*	Yes	No	Unk	
								☐	☐	☐	In Alaska
☐	☐	☐	Ground beef	☐	☐	☐	Uncooked ground beef handling	☐	☐	☐	Outside Alaska
☐	☐	☐	Rare/raw meat	☐	☐	☐	Diaper changing	☐	☐	☐	Outside U.S.
☐	☐	☐	Raw/unpasteurized milk	☐	☐	☐	Kids in child care settings				
☐	☐	☐	Raw milk cheese/queso fresco	☐	☐	☐	Human excreta/waste				
☐	☐	☐	Venison/Game Meat	☐	☐	☐	Livestock (specify: _____)				
☐	☐	☐	Dried Meat (salami, jerky, etc.)	☐	☐	☐	Animal exhibits (petting zoo, fair, etc.)				
☐	☐	☐	Sprouts (alfalfa, bean, etc.)								
☐	☐	☐	Fresh spinach/leafy greens	☐	☐	☐	Other animals (specify: _____)				
☐	☐	☐	Unpasteurized juice/cider	☐	☐	☐	Animal excreta/waste				
				☐	☐	☐	Handling of pet treats				
				☐	☐	☐	Recreational water (lake, pool, etc.)				

If yes to any travel, specify location(s) and dates of travel:
_____
_____
_____
_____
_____

Home Water Source

Source of home water (select all that apply): ☐ Private well ☐ Private surface water ☐ Community/Public ☐ Other:_____

If **yes** to any of the above questions, provide details here:
*(e.g. "Ground beef ☑Yes ☐ No ☐ Unk," relevant details: Raw frozen Costco cooked at home to medium well)*_____
_____
_____
_____
_____ *attach a second sheet if needed*

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

If yes to either restaurants or social events, indicate the following:
name of restaurant/event, when, where, the food items 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 ___ / ___ / ___