Diphyllobothriasis

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: ____
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

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

Symptoms:

Diarrhea	☐ Yes	☐ No	☐ Unk
Nausea	☐ Yes	☐ No	☐ Unk
Abdominal Cramps	☐ Yes	☐ No	☐ Unk
Fatigue	☐ Yes	☐ No	☐ Unk
Weight Loss	☐ Yes	☐ No	☐ Unk
Other	☐ 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

CASE NAME: ____

AK STARS # ____________________

INTERVIEW

Interview questions are asked for the 6 weeks prior to interview.
Symptoms often occur within 4-6 weeks after exposure

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

Yes	No	Unk		Date consumed
☐	☐	☐	Raw/undercooked fish	____ / ____ / ____ (mm dd yyyy)
☐	☐	☐	Smoked fish	____ / ____ / ____ (mm dd yyyy)
☐	☐	☐	Dried fish	____ / ____ / ____ (mm dd yyyy)
☐	☐	☐	Pickled fish	____ / ____ / ____ (mm dd yyyy)

If **yes** to any of the questions , provide details here
(relevant details: type of fish, source, how it was prepared, etc.)

____
____
____
____
____
____
____

Are there leftovers available for testing? ☐ Yes ☐ No ☐ Unk

*Contact SOE for details on food specimen testing

Additional comments/details:

____
____
____
____
____
____
____
____ *attach a second sheet if needed*

Did the case travel within Alaska or out of state during the exposure period?

☐ Yes ☐ No ☐ Unk

If yes, complete the following table for ALL ill individuals (*attach a second sheet if needed):*

Type of travel (select all that apply)	**Travel destination(s)**	**Date of Departure**	**Date of Return**
☐ Within Alaska ☐ Outside Alaska ☐ Outside the U.S.			

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*

CASE NAME: ____

AK STARS # ____________________

Does the case know others with similar illness?

☐ Yes ☐ No ☐ Unk

If yes, complete the following table for ALL ill individuals (*attach a second sheet if needed):*

Name	Age (or DOB)	Gender	Relationship to Case	Symptoms	Illness Onset	Illness Duration	Contact Number

Did the case eat raw or undercooked fish from restaurants or as takeout during the exposure period?

☐ Yes ☐ No ☐ Unk

If yes, complete the following for all restaurants/food purchase venues (*attach a second sheet if needed):*

Restaurant Name	Location (street address and city/village)	Date visited	Items ordered	Other dining partners?	Other dining partners ill?

Did the case attend any social events (parties, weddings, etc.) where he/she ate raw or undercooked fish during the exposure period?

☐ Yes ☐ No ☐ Unk

If yes, complete the following (*attach a second sheet if needed):*

Event Name	Location (Where it was held)	Event Date	Items eaten	Other dining partners?	Other dining partners ill?

SUMMARY

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

Completed by ___________________________________ Phone __________________ Completed Case Report ___ / ___ / ___