Salmonellosis (non-typhoidal)

Alaska

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: _____   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
Fever	□ Yes	□ No	□ Unk
Vomiting	□ Yes	□ No	□ Unk
Abdominal pain	□ Yes	□ No	□ Unk

Other (please specify): _____

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

- 7   - 1   ONSET   1—4 weeks; sometimes months

Most 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.

High Risk Foods				**Animal/Pet Exposure**				**Travel Exposure**			
Yes	No	Unk		Yes	No	Unk		Yes	No	Unk	
☐	☐	☐	Chicken	☐	☐	☐	Cat/Dog/Rodent	☐	☐	☐	Outside the U.S.
☐	☐	☐	Turkey	☐	☐	☐	Reptiles/amphibians	☐	☐	☐	Outside Alaska
☐	☐	☐	Handling of raw poultry	☐	☐	☐	Chickens	☐	☐	☐	Within Alaska
☐	☐	☐	Beef	☐	☐	☐	Birds (other than chickens_____)				
☐	☐	☐	Pork	☐	☐	☐	Livestock (specify: _____)				
☐	☐	☐	Rare/raw meat	☐	☐	☐	Animal Exhibit (petting zoo, fairs, etc)				
☐	☐	☐	Game meat	☐	☐	☐	Other animal (specify: _____)				
☐	☐	☐	Dried meat (salami, jerky, etc.)	☐	☐	☐	Handling of pet treats				
☐	☐	☐	Shellfish	☐	☐	☐	Exposure to animal excreta				
☐	☐	☐	Unpasteurized juice/cider								
☐	☐	☐	Unpasteurized/Raw milk								
☐	☐	☐	Queso fresco/raw milk cheese								
☐	☐	☐	Sprouts (alfalfa, bean, etc.)								
☐	☐	☐	Eggs								
☐	☐	☐	*If yes,* lightly cooked/raw eggs								

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

Animal/Pet Exposure: If yes to any of the above, were any animals/pets ill?
☐ Yes ☐ No ☐ Unk

Other Exposures

Yes	No	Unk	
☐	☐	☐	Exposure to human excreta

If **yes** to any of the above questions, provide details here:
(e.g. "Chicken ✔Yes ☐ No ☐ Unk," relevant details: Raw frozen Costco) _____
_____
_____
_____ *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, 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 ___ / ___ / ___