Shigellosis

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, 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 ☐ Friend ☐ 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
Bloody diarrhea	☐ Yes	☐ No	☐ Unk
Fever	☐ 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: _____

_____

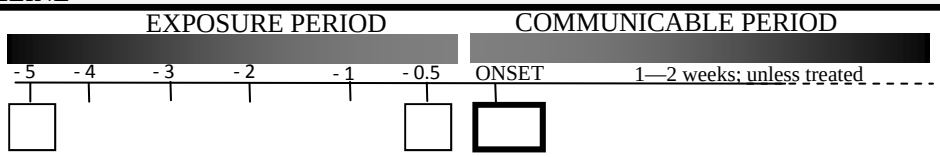
_____ *attach a second sheet if needed*

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE

Enter symptom onset date into the onset box. Count back to figure the probable exposure period.



Infectious material is shed in the during the acute illness phase and up to 4 weeks. 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.

Possible Sources

Yes	No	Unk	
☐	☐	☐	Work exposure to human or animal excreta
☐	☐	☐	Exposure to recreational water

If yes, select type. *Check all that apply.*

☐ Swimming pool ☐ Water park ☐ Backyard splash pool
☐ Wading pool ☐ Hot Tub ☐ Ocean
☐ Fountain ☐ Lake or pond ☐ River or stream

Yes	No	Unk	
☐	☐	☐	Exposure to kids in child care setting
☐	☐	☐	Household members in child care
☐	☐	☐	Diaper changing (children or adults)
☐	☐	☐	Oral-anal and/or anal sexual contact
☐	☐	☐	Contact with other ill person(s)

If yes, specify type of contact. *Check all that apply.*

☐ Kids at child care ☐ Kids at school ☐ Kids in other settings
☐ Female sex partner ☐ Male sex partner ☐ Household member
☐ Other (please specify):_____

Travel Exposure

Yes	No	Unk	
☐	☐	☐	Outside the U.S.
☐	☐	☐	Outside Alaska
☐	☐	☐	Within Alaska

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

_____
_____
_____
_____
_____
_____

If **yes** to any of the above questions, provide details here:

(e.g. "Diaper changing ☑Yes ☐ No ☐ Unk; relevant details: babysitting 1 y.o. on weekends, child attends daycare 3x/wk, in diapers, no illness)

_____
_____
_____
_____ *attach a second sheet if needed*

Restaurants/takeout during exposure period?

☐ Yes ☐ No ☐ Unk

Social events (parties, weddings, etc.) during exposure period?

☐ Yes ☐ No ☐ Unk

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