Alaska Campylobacteriosis

☐ 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: _____ Cell: _____
last *first* *MI*

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

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

Name: _____ Phone(s) Home: _____ Cell: _____
last *first* *MI*

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:

Abdominal pain	☐ Yes	☐ No	☐ Unk
Diarrhea	☐ Yes	☐ No	☐ Unk
Bloody diarrhea	☐ Yes	☐ No	☐ Unk
Fever	☐ Yes	☐ No	☐ Unk
Vomiting	☐ 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.

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

Yes	No	Unk	
☐	☐	☐	Chicken
☐	☐	☐	Turkey
☐	☐	☐	Handling of raw poultry/meat
☐	☐	☐	Ground Beef
☐	☐	☐	Pork
☐	☐	☐	Rare/raw/undercooked meat
☐	☐	☐	Game meat
☐	☐	☐	Dried meat (salami, jerky, etc.)
☐	☐	☐	Unpasteurized juice/cider
☐	☐	☐	Unpasteurized/Raw milk
☐	☐	☐	Queso fresco/raw milk cheese
☐	☐	☐	Sprouts (alfalfa, bean, etc.)

Animal/Pet Exposure

Yes	No	Unk	
☐	☐	☐	Cat/Dog/Rodent
☐	☐	☐	Reptiles/amphibians
☐	☐	☐	Chickens
☐	☐	☐	Birds (other than chickens)
☐	☐	☐	Livestock (specify: _____)
☐	☐	☐	Animal Exhibit (petting zoo, fairs, etc.)
☐	☐	☐	Other animal (specify: _____)
☐	☐	☐	If yes to any of the above, were any animals/pets ill?

Water Exposure

Yes	No	Unk	
☐	☐	☐	Contact with untreated water source
☐	☐	☐	Contact with recreational water source
☐	☐	☐	Consumption of untreated water

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. "Chicken ✓ Yes ☐ No ☐ Unk," relevant details: Raw frozen Costco, prepared at home, fried) _____

_____
_____
_____
_____
_____

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, 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 ___ / ___ / ___