

Campylobacteriosis

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: _____ 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: _____ Race: White
Or, if unknown, Age _____ AI/AN Unknown
 Asian/Pacific Islander Refused to answer
 Black Other _____

CLINICAL DATA

Symptomatic? Yes No Unk	ER Visit? Yes No Unk
If yes, Onset date _____ Onset time _____ am pm	Hospitalized? Yes No Unk If yes, Hospital name: _____ Admit date _____
Duration of Illness _____ hours days -OR- Ongoing	Discharge date _____ -OR- Still inpatient Unknown
Symptoms:	Outcome: Survived Died (Date: _____) Unk
Abdominal pain Yes No Unk	OCCUPATION Is the case a... <u>Yes</u> <u>No</u> <u>Unk</u> daycare attendee/worker? food service/processor worker? healthcare facility resident/worker? If yes, specify location/business: _____
Diarrhea Yes No Unk	
Bloody diarrhea Yes No Unk	
Fever Yes No Unk	
Vomiting Yes No Unk	
Other (please Specify): _____	

Does the case know others with similar illness? Yes No Unk

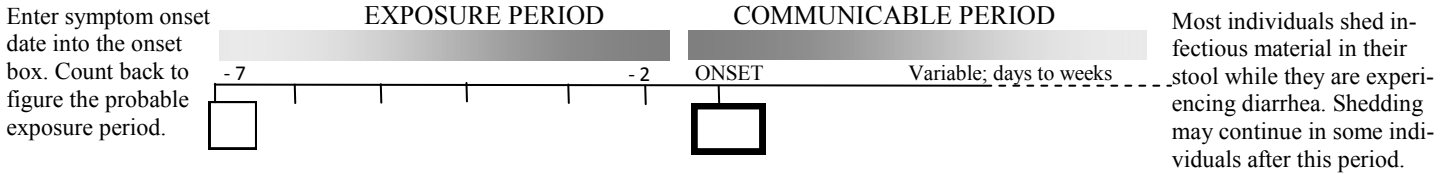
If yes, indicate name of individual, relationship to case, onset of illness, and relevant symptoms:

Attach a second sheet if needed

CASE NAME: _____

AK STARS # _____

EXPOSURE TIMELINE



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/meat			Chickens			Within Alaska	
		Ground Beef			Birds (other than chickens)			If yes to any of the above, Include dates and location of travel(s):	
		Pork			Livestock (specify: _____)				
		Rare/raw/undercooked meat			Animal Exhibit (petting zoo, fairs, etc.)				
		Game meat			Other animal (specify: _____)				
		Dried meat (salami, jerky, etc.)			If yes to any of the above, were any animals/pets ill?				
		Unpasteurized juice/cider	Water Exposure						
		Unpasteurized/Raw milk	Yes	No	Unk				
		Queso fresco/raw milk cheese							
		Sprouts (alfalfa, bean, etc.)							

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?			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			