BC Yersiniosis Follow-up Form

BC Centre for Disease Control

Demographic and Contact Information

Patient Surname:	First Name:	PHN:
Birthdate: (e.g. 15/Dec/07)	Sex: F ☐ M ☐	Parent or Guardian: ☐ Respondent is case
Address: (street, city, postal code) E-mail:		Home phone: __________ Work: __________ Cell: __________
Physician:		Physician Phone:

Case Notification/Assignment

Report Received at HU: (e.g. 15/Dec/07)

Contact attempts (date and time)	Interview?
1.	☐
2.	☐
3.	☐
4.	☐

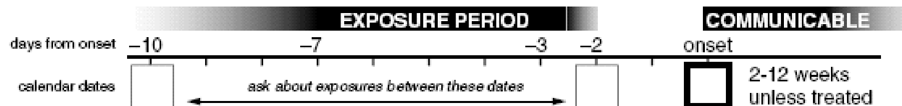
Interviewer: ☐ Not located

Clinical Information

Serotype:	Test Type: ☐PCR ☐Culture	Specimen type	Lab Report Date: (e.g. 15/Dec/07)	Reporting lab:
Onset of Earliest Symptom (e.g. 15/Dec/07) Time: am/pm		Earliest Symptom:	Hospitalized: ☐Y ☐N ☐DK	Name of Hospital:
Other Symptoms: ☐ Diarrhea ☐ Vomiting ☐ Nausea Other: _________ ☐ Appendicitis ☐ Abdominal cramps ☐ Fever Other: _________			Date of Admission (e.g. 15/Dec/07) Deceased: ☐Y ☐N	Date of Discharge (e.g.15/Dec/07): Antibiotic Use: ☐Y ☐N ☐DK
Case Classification:	☐Suspect		☐Probable	☐ Confirmed

Exposure Period

Enter onset date in heavy box. Count back to figure the probable exposure period.



Travel

Infection acquired during travel: ☐Y ☐N ☐DK

If yes: ☐ Within BC ☐ Within Canada ☐ Outside Canada

Departure (e.g. 15/Dec/07):

Return (e.g. 15/Dec/07):

Destination(s) (e.g. city, mode of travel):

Foods brought back?:

Animal Contact

Farm, Petting Zoo, Agricultural Fair, Wildlife: ☐Y ☐N ☐DK

Pets (incl reptiles) ☐Y ☐N ☐DK

Pet treats or Raw food diet (circle): ☐Y ☐N ☐DK

Details (e.g. dates, location, type of animals):

Food Exposures

Vegetarian? ☐Y ☐N **Food allergies/Avoidances/special diet?** ☐Y ☐N Details:

Social Gatherings (e.g. parties, weddings, showers, potlucks, community event): ☐Y ☐N ☐DK

Name	Location	Date of Exposure	Food(s) Eaten

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk): ☐Y ☐N ☐DK

Name	Location	Date of Exposure	Food(s) Eaten

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Groceries Consumed During the Incubation Period (including grocery stores, specialty/ethnic stores and markets) :		
Store Name	Location	Details (e.g. items purchased, date of visit)

Specific High Risk Foods/Activities

Risk factor	*Eaten*	*Details*	*Risk factor*	*Eaten*	*Details*
Pork	☐Y ☐N ☐ DK			☐Y ☐N ☐ DK	
Ham	☐Y ☐N ☐ DK		Unpasteurized milk	☐Y ☐N ☐ DK	
Bacon	☐Y ☐N ☐ DK		Milk (brand; % fat)	☐Y ☐N ☐ DK	
Pork rinds	☐Y ☐N ☐ DK		Tofu/ Soybean	☐Y ☐N ☐ DK	
Processed meats	☐Y ☐N ☐ DK		Raw, local direct-from-farm produce	☐Y ☐N ☐ DK	
Contact with hospital/LTCF	☐Y ☐N ☐ DK		Drinking untreated water		

Contacts

people in household:

Name	*Date ill?*	*Nature of contact**	*Occupation/Details*	*Contact phone*	*^Excluded?*

*Household, sexual, close contacts.
^ Please complete Contact Exclusion Form for each contact excluded.

Occupation and Exclusion

Occupation: Facility name:

Sensitive Setting (check if applicable):

- ☐ Work/volunteer or attend day care
- ☐ Work/volunteer in a health care setting
- ☐ Work/volunteer as a food handler
- ☐ Other (e.g. pool): ___________________________________

Excluded ☐Y ☐N Effective date (e.g. 15/Dec/07):

Details:

Symptom end date (e.g. 15/Dec/07):

Exclusion lifted: (e.g. 15/Dec/07): MHO:

Interventions

	Details
☐ Referred for Inspection	
☐ Referred to another HA	
☐ Hygiene Education Provided	
☐ Health File Sent	
☐ Other	

Notes

Date	Comment	Initials