BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Shigellosis Case Report Form

Confidential when completed

PERSON REPORTING	
Health Authority:	☐ FHA ☐ IHA ☐ VIHA ☐ NHA ☐ VCH
Name:	*Last* *First*
Phone:	( ) - ext.
Email:	

Date Report Received at HU (YYYY/MM/DD): _____

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

Interviewer: ☐ *Not located*

A. CLIENT INFORMATION

Name: *Last* *First* *Middle* Alternate Name(s):

PHN: | Date of Birth: *YYYY / MM / DD* | Sex: ☐ Male ☐ Female

Home Address: *Unit #* *Street #* *Street Name* | City:

Postal code: | Province: | Phone number (home/office/cell) ( ) - ext.

Email: | Physician Name *Last* *First* | Physician Phone Number:

Interview conducted with:

B. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person?
☐ Asked, not provided ☐ No
☐ Not asked ☐ Yes

Aboriginal Identity:
☐ Asked, but unknown ☐ Asked, not provided ☐ First Nations
☐ First Nations and Inuit ☐ First Nations and Métis ☐ First Nations, Inuit and Métis ☐ Inuit
☐ Inuit and Métis ☐ Métis ☐ Not asked

First Nations Status:
☐ Asked, but unknown ☐ Asked, not provided ☐ Non-Status Indian
☐ Not Asked ☐ Status Indian

C. CLINICAL INFORMATION

Date of onset of symptoms: _____ *YYYY / MM / DD* Onset time: _____ AM / PM ☐ Unknown

Signs and Symptoms

☐ Abdominal discomfort ☐ Diarrhea ☐ Bloody diarrhea ☐ Fever
☐ HUS ☐ Nausea ☐ Vomiting ☐ Other: _____

Hospitalization

Admitted to hospital: ☐ Yes ☐ No ☐ Unknown Hospital name: _____

Admission date: _____ *YYYY / MM / DD* Discharge date: _____ *YYYY / MM / DD*

Outcome

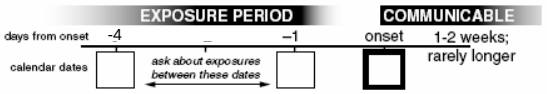
Death: ☐ Yes ☐ No ☐ Unknown *If yes*, death date: _____ *YYYY / MM / DD*

D. LABORATORY INFORMATION

Specimen Type	Reporting Lab	Collection Date	Result
		YYYY / MM / DD	Species: ☐ sonnei ☐ flexneri ☐ boydii ☐ dysenteriae ☐ other: _____

E. RISK FACTORS AND EXPOSURE INFORMATION

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



Note: Exposure period for *S. dysenteriae* is up to one week.

Travel

Travel during exposure period: ☐ Yes ☐ No ☐ Unknown *If Yes:* ☐ within BC ☐ outside BC but within Canada ☐ outside Canada

Was travel confirmed as the most likely source of infection? ☐ Yes

NOTE: For *S. dysenteriae*, travel to an endemic area during *any* part of the exposure period or travel outside HA of residence during the *entire* exposure period is considered confirmed travel-related.

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, country, resort)	Additional Details	Foods brought back
YYYY / MM / DD	*YYYY / MM / DD*			

Food and Activities

Vegetarian? ☐ Yes ☐ No ☐ Unknown Food allergies / avoidances / special diet? ☐ Yes ☐ No ☐ Unknown

If Yes, Details: _____

Food Exposures	Eaten	Details Please specify type/brand where possible	Activities		Details
Oysters	☐ Yes ☐ No ☐ U		Recreational water (e.g., pool, beach, spray park)	☐ Yes ☐ No ☐ U	
Fresh herbs	☐ Yes ☐ No ☐ U		Pond, stream, lake	☐ Yes ☐ No ☐ U	
Lettuce/salad	☐ Yes ☐ No ☐ U		Contact with daycare	☐ Yes ☐ No ☐ U	
Soft or unpasteurized cheese	☐ Yes ☐ No ☐ U		Contact with LTCF	☐ Yes ☐ No ☐ U	
			Contact with hospital	☐ Yes ☐ No ☐ U	

Attend any social functions (e.g., parties, weddings, showers, potlucks, community events)? ☐ Yes ☐ No ☐ Unknown

Event/Social gathering	Location	Date *(YYYY/MM/DD)*	Foods Eaten

E. RISK FACTORS AND EXPOSURE INFORMATION *continued*

Attend any restaurants (including: take-out, cafeteria, bakery, deli, kiosk)? ☐ Yes ☐ No ☐ Unknown

Restaurants (including: take-out, cafeteria, bakery, deli, kiosk)	Location	Date *(YYYY/MM/DD)*	Foods Eaten

Grocery stores for food consumed during the incubation period	Location	Foods Purchased, Brands, Other details

Sexual Activity

Please ask these questions of male and female adult cases (>18 years):

1. Shigellosis can be transmitted sexually. Are you currently sexually active? ☐ Yes ☐ No (if No, skip to section F) ☐ Unanswered

2. Shigellosis can be transmitted through oral-anal sexual contact.[1] Is this a possibility in your case in the last 28 days?

☐ Yes ☐ No ☐ Unanswered

If yes to both questions, provide education regarding the prevention of sexually transmitted enteric diseases and advice for testing of sexual contacts.

[1]Oral-anal sexual contact is defined as contact between the mouth, lips or tongue of one person and the anal or perianal area of another person. It can also include oral contact with sexual toys or other body parts (e.g. penis, finger) which had prior contact with the anal area, rectum or feces. Some people refer to oral-anal sex as rimming and to manual-oral sex as fingering or fisting.

F. 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.

G. OCCUPATION AND EXCLUSION

Occupation:

(Prompt for agricultural/animal contact and working in food service industry and specify)

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): _____

Facility name:

Excluded ☐Y ☐N Effective date *(YYYY/MM/DD)*:

Details:

Symptom end date *(YYYY/MM/DD):*

Exclusion lifted *(YYYY/MM/DD)*: MHO:

H. CASE EXCLUSION WORKSHEET*

Antibiotic Use: ☐ Y ☐ N ☐ U Length of treatment: _____ days

Date of Discontinuation *(YYYY/MM/DD)*: _____

Sample No.	Date *(YYYY/MM/DD)*	Result	Notes
1		☐ Pos ☐ Neg	
2		☐ Pos ☐ Neg	
3		☐ Pos ☐ Neg	
4		☐ Pos ☐ Neg	

* Refer to CD Control Guidelines on Exclusion of Enteric Cases and their Contacts from High Risk Settings

I. INTERVENTIONS

Type	Implemented	Details	Type	Implemented	Details
Referred for Inspection	☐		Health File Sent	☐	
Hygiene Education	☐		Case excluded	☐	As above
Referred to another HA	☐		Contact excluded	☐	
Other:	☐				

J. Additional Details Related to Case Investigation

Date	Comment	Initials