BC Centre for Disease Control
Provincial Health Services Authority

Salmonellosis Case Report Form

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Confidential once completed. If requested by BCCDC, email to ezvbepi@bccdc.ca or fax to 604-707-2516.

PERSON REPORTING

Health authority: ☐ FHA ☐ IHA ☐ ISLH ☐ NHA ☐ VCHA	Contact attempts (date & time)	Interview?
Date report received at health unit: *YYYY-MM-DD*	1.	☐
Name:	2.	☐
Phone:	3.	☐
Email:	4.	☐
Interviewer:	☐ Not located	
Interview conducted with: ☐ Case ☐ Proxy, specify:		

A. CLIENT INFORMATION

Name: *Last* *First* *Middle*

Preferred name: Date of birth: *YYYY-MM-DD*

PHN: Sex: ☐ Female ☐ Male ☐ X ☐ Undifferentiated ☐ Unknown

Phone: Type: *(cell/home/work/other)* Phone: Type: *(cell/home/work/other)*

Address: *Unit #* *Street #* *Street name* City:

Province: Postal code: Email:

Physician name: *Last* *First* Physician phone number:

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

If yes, how do you identify? Select all that apply:	☐ First Nations	☐ Inuit	☐ Métis
	☐ Asked, not provided	☐ Asked, but unknown	☐ Not asked
If First Nations, status:	☐ Status Indian	☐ Non-status Indian	
	☐ Asked, not provided	☐ Asked, but unknown	☐ Not asked

B. CLINICAL INFORMATION

Signs and Symptoms

Onset date: *YYYY-MM-DD* Onset time: *24hr clock* ☐ Unknown

☐ Abdominal discomfort ☐ Diarrhea ☐ Bloody diarrhea ☐ Fever

☐ Nausea ☐ Vomiting ☐ Other: _____

Hospitalization & Outcome

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

Admission: *YYYY-MM-DD* Discharge: *YYYY-MM-DD* Antibiotic use: ☐ Yes ☐ No ☐ Unknown

Death: ☐ Yes ☐ No ☐ Unknown *If yes*, date of death: *YYYY-MM-DD*

C. LABORATORY INFORMATION

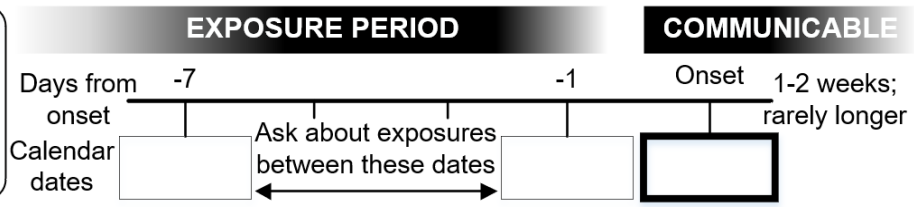
Specimen type	Reporting lab	Collection	Reported	Test type	Results	Classification
		YYYY-MM-DD	YYYY-MM-DD	☐ PCR ☐ Culture		☐ Probable ☐ Confirmed
		YYYY-MM-DD	YYYY-MM-DD	☐ PCR ☐ Culture		☐ Probable ☐ Confirmed

Confirmed case:	Laboratory confirmation of infection with or without symptoms • Culture isolation of a *Salmonella spp.* from an appropriate clinical specimen.
Probable case:	Laboratory evidence of infection with or without symptoms • Detection of *Salmonella spp*. by PCR from an appropriate clinical specimen.
Suspect case:	Clinical illness in a person who is epidemiologically linked to a confirmed case.

D. EXPOSURE INFORMATION

The exposure period is up to 7 days before symptom onset.

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



NOTE: If Salmonella was isolated from blood or urine, exposure period should be adjusted to reflect most likely onset of initial enteric symptoms.

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

Dates	**Details** (e.g., city, country, hotel or residence, mode of travel, foods brought back)
Departure: YYYY-MM-DD	
Return: YYYY-MM-DD	

Animal Exposures

In the 7 days prior to onset did you:

Animal	Response	**Details** (e.g., date, location, type of animal or pet food)
Have contact with any animals? (e.g., reptiles, rodents, farm animals, pets)	☐ Yes ☐ No ☐ Unknown	
Have contact with reptiles or rodents?	☐ Yes ☐ No ☐ Unknown	
Have contact with poultry? (e.g., chicks, goslings, ducklings, turkeys)	☐ Yes ☐ No ☐ Unknown	
Have contact with other animals, including wildlife?	☐ Yes ☐ No ☐ Unknown	
Have contact with or visit a farm, petting zoo, or agricultural facility?	☐ Yes ☐ No ☐ Unknown	
Have contact with any raw pet food or treats derived from animal parts? (e.g., pig ears, rawhide, cow hooves)	☐ Yes ☐ No ☐ Unknown	

Food Exposures

Are you vegetarian? ☐ Yes ☐ No ☐ Unknown

Do you have any food allergies, avoidances, or special diet? ☐ Yes ☐ No ☐ Unknown

If yes, details: _____

In the 7 days prior to onset did you eat:

Food	Response	Details (e.g., type or brand)
Any chicken meat?	☐ Yes ☐ No ☐ Unknown	
Any whole chicken pieces or parts? (e.g., whole chicken, breasts, wings, thighs, in soups, or as part of a dish, not including deli meat)	☐ Yes ☐ No ☐ Unknown	
Breaded chicken? (e.g., chicken nuggets, strips, or burgers)	☐ Yes ☐ No ☐ Unknown	
Other chicken or poultry meat? (e.g., deli meat, ground chicken, turkey, quail)	☐ Yes ☐ No ☐ Unknown	
Did you handle or prepare any raw chicken?	☐ Yes ☐ No ☐ Unknown	
Any eggs?	☐ Yes ☐ No ☐ Unknown	
Were the eggs raw, soft, or undercooked?	☐ Yes ☐ No ☐ Unknown	
Did you handle or prepare any eggs or foods containing raw eggs?	☐ Yes ☐ No ☐ Unknown	
Foods or beverages that contain raw, soft, or undercooked eggs? (e.g., raw cookie dough, desserts, drinks, dressings, stir-fry, hot pot)	☐ Yes ☐ No ☐ Unknown	
Pork, including sausage?	☐ Yes ☐ No ☐ Unknown	
Beef, including ground beef? (e.g., hamburger, meatballs, other ground beef, chili, spaghetti sauce, steak, roast, donair)	☐ Yes ☐ No ☐ Unknown	
Seafood, including fish or shellfish? (Cooked, raw, or smoked)	☐ Yes ☐ No ☐ Unknown	
Sprouts, including any sprouts on a sandwich or in salad? (e.g., bean or alfalfa, or any other kind, excluding Brussels sprouts)	☐ Yes ☐ No ☐ Unknown	
Lettuce or leafy greens, including pre-packaged greens?	☐ Yes ☐ No ☐ Unknown	
Cucumbers?	☐ Yes ☐ No ☐ Unknown	
Tomatoes?	☐ Yes ☐ No ☐ Unknown	

Food	Response	Details (e.g., type or brand)
Cantaloupe?	☐ Yes ☐ No ☐ Unknown	
Papaya?	☐ Yes ☐ No ☐ Unknown	
Fresh herbs? (e.g., basil, cilantro, parsley)	☐ Yes ☐ No ☐ Unknown	
Nuts? (Either on their own, in granola bar, as a garnish or as part of a dish)	☐ Yes ☐ No ☐ Unknown	
Peanut butter or other nut butter or spread?	☐ Yes ☐ No ☐ Unknown	
Seeds? (e.g., sunflower, sesame, chia, flax, hemp, sprouted seeds)	☐ Yes ☐ No ☐ Unknown	
Tahini, halva, or other products made from sesame seeds?	☐ Yes ☐ No ☐ Unknown	
Unpasteurized cheese? (cheese made with raw milk)	☐ Yes ☐ No ☐ Unknown	

In the 7 days prior to onset did you:

Attend any social functions such as parties, weddings, potlucks, or community events?

Event or social gathering	Location	Date	Foods eaten
		YYYY-MM-DD	
		YYYY-MM-DD	
		YYYY-MM-DD	

Go to any restaurants, including any take-out, cafeteria, bakery, deli, or kiosks?

Restaurants	Location	Date	Foods eaten
		YYYY-MM-DD	
		YYYY-MM-DD	
		YYYY-MM-DD	

Consume food from grocery stores, including specialty stores, markets, and food banks?

Grocery stores	Location	Foods purchased, brands, & other details

E. CONTACTS

Number of people in household:

Name	Date ill	Type*	Occupation and other details	Phone number	Excluded^
	YYYY-MM-DD				☐
	YYYY-MM-DD				☐
	YYYY-MM-DD				☐
	YYYY-MM-DD				☐

*Household (H); sexual (S); close contacts (C)

^Complete contact exclusion form for each contact excluded.

F. OCCUPATION & EXCLUSION

Occupation: _____

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

Sensitive setting: ☐ Work at, volunteer at, or attend daycare ☐ Work or volunteer in a health care setting ☐ Work or volunteer as a food handler ☐ Other (e.g., pool): _____

Facility name: Excluded: ☐ Yes ☐ No Effective date: YYYY-MM-DD

Details:

Symptom end date: YYYY-MM-DD Exclusion lifted: YYYY-MM-DD Medical health officer:

G. INTERVENTIONS

☐ Referred for inspection ☐ Hygiene education ☐ Referred to another health authority

☐ Health file sent ☐ Other, specify:

Intervention details:

H. ADDITIONAL DETAILS RELATED TO CASE INVESTIGATION

Include date and name or initials with any additional details.