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

Shigatoxigenic *E. coli* 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 Earliest symptom: _____

Other 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

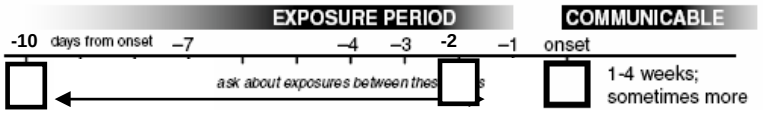
Death: ☐ Yes ☐ No ☐ Unknown *If yes*, death date: _____ *YYYY / MM / DD*

D. LABORATORY INFORMATION

Specimen Type	Reporting Lab	Collection Date	Result
		YYYY / MM / DD	Species: ☐ O103 ☐ O111 ☐ O118 ☐ O121 ☐ O157 ☐ O157:H7 ☐ O26 ☐ Other non-O157 ☐ shiga-toxin positive only PFGE:

E. RISK FACTORS AND EXPOSURE INFORMATION

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



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

Animal Exposures

Exposure	Response	Details Dates, Location, Type of Animal(s), Types of Pet Food/treats
Farm, Petting zoo, Agricultural fair, Wildlife	☐ Yes ☐ No ☐ U	
Pets (including reptiles)	☐ Yes ☐ No ☐ U	
Pet treats	☐ Yes ☐ No ☐ U	
Raw pet food (store bought or home-made)	☐ Yes ☐ No ☐ U	

Food and Activities

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

If Yes, Details: _____

Exposure	Exposed	Details Please specify type/brand where possible	Exposure	Exposed	Details Please specify type/brand where possible
Ground beef	☐ Yes ☐ No ☐ U		Other beef (e.g., steak, roast, donair)	☐ Yes ☐ No ☐ U	
Hamburger patties	☐ Yes ☐ No ☐ U		Salami/ sausage	☐ Yes ☐ No ☐ U	

E. RISK FACTORS AND EXPOSURE INFORMATION *continued*

Exposure	Exposed	Details Please specify type/brand where possible	Exposure	Exposed	Details Please specify type/brand where possible
Cold cuts	☐ Yes ☐ No ☐ U		Unpasteurized ciders/juices	☐ Yes ☐ No ☐ U	
Handle raw meats	☐ Yes ☐ No ☐ U		Melon	☐ Yes ☐ No ☐ U	
Cheese	☐ Yes ☐ No ☐ U		Prepared salads (e.g., coleslaw, pasta, potato)	☐ Yes ☐ No ☐ U	
Unpasteurized dairy (e.g., cheese, milk)	☐ Yes ☐ No ☐ U		Handling or consuming raw flour	☐ Yes ☐ No ☐ U	
Lettuce	☐ Yes ☐ No ☐ U		Recreational water (e.g., pool, beach, spray park)	☐ Yes ☐ No ☐ U	
Bagged, pre-washed greens	☐ Yes ☐ No ☐ U		'At risk' water supply	☐ Yes ☐ No ☐ U	
Spinach	☐ Yes ☐ No ☐ U		Contact with daycare	☐ Yes ☐ No ☐ U	
Sprouts (e.g., alfalfa, bean, etc.)	☐ Yes ☐ No ☐ U		Contact with LTCF	☐ 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

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

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