BC Centre for Disease Control
Provincial Health Services Authority

Shigatoxigenic *E. coli* Case Report Form

655 West 12th Avenue
Vancouver, BC V5Z 4R4
Email ezvbepi@bccdc.ca

Confidential once completed. If requested by BCCDC, email to ezvbepi@bccdc.ca.

PERSON REPORTING

Health authority: ☐ FHA ☐ IHA ☐ ISLH ☐ NHA ☐ VCH Date report received: YYYY-MM-DD

Name: Phone: Email:

Contact attempt 1: YYYY-MM-DD 24hr clock Outcome:

Contact attempt 2: YYYY-MM-DD 24hr clock Outcome:

Contact attempt 3: YYYY-MM-DD 24hr clock Outcome:

Contact attempt 4: YYYY-MM-DD 24hr clock Outcome:

Interviewer: Interviewed: ☐ Client ☐ 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: 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, but unknown ☐ Asked, not provided ☐ Not asked

If First Nations, status:

☐ Status Indian ☐ Non-status Indian ☐ Asked, but unknown ☐ Asked, not provided ☐ Not asked

B. CLINICAL INFORMATION

Signs and Symptoms

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

☐ Abdominal discomfort ☐ Diarrhea ☐ Bloody diarrhea ☐ Fever

☐ Hemolytic Uremic Syndrome ☐ Nausea ☐ Vomiting ☐ Other:

Hospitalization and Outcome

Admitted to hospital: ☐ Yes ☐ No ☐ Unknown Admission: YYYY-MM-DD Discharge: YYYY-MM-DD

Hospital name: Death: ☐ Yes ☐ No Date of death: YYYY-MM-DD

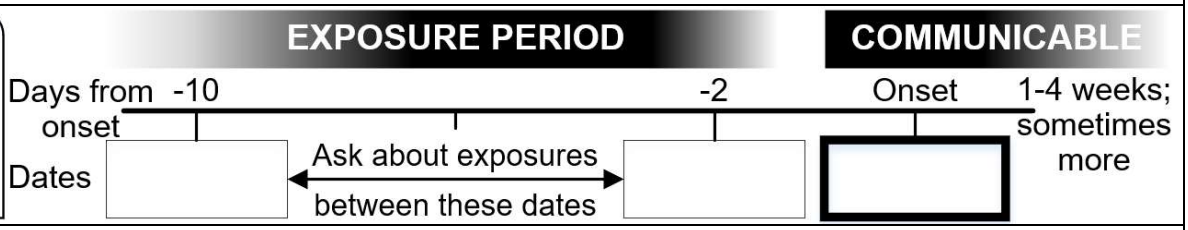
C. LABORATORY INFORMATION

Specimen type	Reporting lab	Collection	Result
		YYYY-MM-DD	
		YYYY-MM-DD	

D. EXPOSURE INFORMATION

The exposure period is up to 10 days before symptom onset.

Enter onset date in heavy box. Count back to determine 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	**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 10 days prior to onset did you:

Animal	Response	**Details** (e.g., date, location, type of animal or pet food)
Have contact with wildlife or visit a farm, petting zoo, or agricultural facility?	☐ Yes ☐ No ☐ Unknown	
Have contact with any pets, including reptiles?	☐ Yes ☐ No ☐ Unknown	
Have you had contact with any pet treats derived from animal parts? (e.g., pig ears, rawhide, cow hooves)	☐ Yes ☐ No ☐ Unknown	
Have you had contact with raw pet food? (Store bought or home-made)	☐ 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 10 days prior to onset did you eat:

Food	Response	**Details** (e.g., type or brand)
Ground beef, including in dishes? (e.g., meatballs, chili, spaghetti sauce)	☐ Yes ☐ No ☐ Unknown	

Food	Response	Details (e.g., type or brand)
Hamburger patties?	☐ Yes ☐ No ☐ Unknown	
Other beef? (e.g., steak, roast, donair, steak tartare)	☐ Yes ☐ No ☐ Unknown	
Preserved or cured meats? (e.g., dried sausages, salami)	☐ Yes ☐ No ☐ Unknown	
Any deli meats or cold cuts? (e.g., any sliced lunch meat such as ham or turkey)	☐ Yes ☐ No ☐ Unknown	
Did you handle or prepare any raw meat?	☐ Yes ☐ No ☐ Unknown	
Cheese?	☐ Yes ☐ No ☐ Unknown	
Unpasteurized dairy? (e.g., raw milk, cheese made with raw milk)	☐ Yes ☐ No ☐ Unknown	
Lettuce?	☐ Yes ☐ No ☐ Unknown	
Bagged, pre-washed greens?	☐ Yes ☐ No ☐ Unknown	
Spinach?	☐ 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	
Unpasteurized juice or cider? (e.g., freshly squeezed orange juice)	☐ Yes ☐ No ☐ Unknown	
Melon? (e.g., cantaloupe, honeydew, watermelon)	☐ Yes ☐ No ☐ Unknown	
Prepared salads? (e.g., coleslaw, pasta, potato)	☐ Yes ☐ No ☐ Unknown	
Did you handle or consume raw flour?	☐ Yes ☐ No ☐ Unknown	
Pork?	☐ Yes ☐ No ☐ Unknown	
Fresh onions, garlic, or shallots?	☐ Yes ☐ No ☐ Unknown	
Nuts? (Either on their own, in a granola bar, as a garnish or as part of a dish)	☐ Yes ☐ No ☐ Unknown	

Activity Exposures

In the 10 days prior to onset:

Activity	Response	Details (e.g., location, date, type of contact, activities)
Were you exposed to water for recreational purposes? (e.g. pool, beach, spray park)	☐ Yes ☐ No ☐ Unknown	
Were you exposed to an "at risk" water supply? (e.g., well water, water under a boil advisory, water from a pond, stream, spring, or lake)	☐ Yes ☐ No ☐ Unknown	
Did you have contact with a day care?	☐ Yes ☐ No ☐ Unknown	
Did you have contact with a long-term care facility?	☐ Yes ☐ No ☐ Unknown	

In the 10 days prior to onset did you:

Attend any social functions such as parties, weddings, showers, 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)

Do you work at, volunteer at, or attend any sensitive setting?

☐ Daycare ☐ Healthcare setting ☐ Food handling ☐ 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. CASE EXCLUSION WORKSHEET*

Antibiotic use: ☐ Yes ☐ No ☐ Unknown Discontinuation: YYYY-MM-DD

Sample 1 date: YYYY-MM-DD	☐ Positive ☐ Negative	Notes:
Sample 2 date: YYYY-MM-DD	☐ Positive ☐ Negative	Notes:
Sample 3 date: YYYY-MM-DD	☐ Positive ☐ Negative	Notes:
Sample 4 date: YYYY-MM-DD	☐ Positive ☐ Negative	Notes:

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

H. INTERVENTIONS

☐ Referred for inspection ☐ Hygiene education ☐ Referred to another health authority ☐ Health file sent

☐ Case excluded ☐ Contact excluded ☐ Other, specify:

Intervention details:

I. ADDITIONAL DETAILS RELATED TO CASE INVESTIGATION

Include date and name or initials with any additional details.

Do you consent to public health contacting you with additional questions if needed? ☐ Yes ☐ No