

Enteric Fever Case Investigation Form

INTERVIEWER DETAILS						
1. Interviewer name: 2. Date of interview: DD / MM / YYYY						
3. Interviewer phone no	Interviewer phone no.: 4. Department:					
	PATIENT DETAILS					
5. First name & Surnam	ie:					
6. DOB/(Age):	7. Gender: Male Female					
8. Phone no.:						
9. Place of residence (in	n the last month before illness):					
Town/City:	District: Province:					
10. Occupation:	11. Place of Work:					
11.1 For children: Name	e of crèche/school attended:					
12. Works in a food han	ndling trade? Yes No					
13. Works in a child/eld	erly/health care-giving setting? Yes No					
	DISEASE PRESENTATION					
14. Date of onset? DD	/ MM / YYYY					
15. Symptoms/Signs:	☐ Fever ☐ Vomiting ☐ Abdominal Cramps ☐ Malaise/Fatigue					
(tick all that apply)	☐ Headache ☐ Constipation ☐ Myalgia ☐ Respiratory symptoms (e.g. cough)					
	☐ Nausea ☐ Diarrhoea ☐ Rose Spots (red macules/rash)					
	☐ Hepatomegaly (enlarged liver) ☐ Splenomegaly (enlarged spleen)					
	☐ Other, Specify:					
16. Complications (tick a	all that apply): ☐ Intestinal bleed ☐ Intestinal perforation ☐ Renal failure					
☐ Encephalopathy (altered mental state eg confusion, loss of consciousness, seizures)						
17. Outcome: Reco	overed /Discharged					
	CLINIC/HOSPITAL DETAILS					
18. Name of the clinicia	n: 19. Phone no.:					
20. Facility name:	21. Date of 1 st consultation: DD / MM / YYYYY					
22. Name of referring fa	icility (if applicable):					
23. Admitted to hospital? ☐ Yes ☐ No						
LABORATORY INVESTIGATIONS						
24. Date of specimen collection: DD / MM / YYYYY						
25. Lab name:	26. Lab number:					
27. Test/s performed for	r enteric fever diagnosis: (tick all that apply)					
	☐ Other, specify:					



28. Follow up testing: (tick all	tests performed)						
☐ Stool Culture 1	Date colle	cted:	Result	t:: □ Pos □ Neg			
☐ Stool Culture 2	Date coll	ected:	Resul	lt:: □ Pos □ Neg			
☐ Stool Culture 3	Date coll-	ected:	Resul	t:: □ Pos □ Neg			
☐ Additional/other follow	w-up tests, give details	s:			-		
	HIV STATUS and ART						
29. What is the current HIV st	atus? 🗆 HIV-infecte	ed	☐ HIV-uninfected	☐ HIV-unexpo	sed uninfected		
	☐ HIV-expos	ed uninfected	□ Unknown				
30: Currently on Anti-retrovir	al therapy (ART)?	☐ Yes	s □ No □ I	Unknown			
If yes, date of initiation	n of ART : DD/MM/	∕Y □ Un	known				
31. Is the patient currently tal	king cotrimoxazole p	rophylaxis?	☐ Yes ☐ No	□ Unknown			
		EXPOSURE	QUESTIONS				
32. Have you travelled outsid	e of your home town	city within 1	month before your ill	ness started? (include	e local and		
international travel) [If yes, list all places/co	☐ Yes ☐ No ountries visited:						
date departed: DD / N	M / YYYY date ref	urned: DD /	MM / YYYY				
33. Have you had any visitors	from outside your h	ome town/ci	ty within 1 month befo	ore illness onset? (inc	clude local and		
international travel) If yes, where did they	☐ Yes ☐ No						
34. Have any of your close c		d members p	resented with similar	illness to yours in the	1 month before		
	⊒Yes □No	•		•			
If yes, list names and	contact details:						
Name	Phone	no.	Address				
35. Have you eaten at any of	the following places	within 1 mon	th before your illness	started?	_		
Туре		Name/Addre	ess/Phone no.				
Café / Restaurant	☐ Yes ☐ No						
Street vendor	☐ Yes ☐ No						
Fast food	☐ Yes ☐ No						
Other, specify:							
36. Gatherings: Have you atto	anded any gathering	s that include	nd a meal (eg wedding	narty funeral) withi	n 1 month before		
your illness started?	Priced any gamening: ☐ Yes ☐ No	s mat molude	a mear (eg weduling	, party, fulleral) willin	ii i iiioiitii belole		
your miless starteu:	□ 163 □ INU						
37. Housing type: □Formal he	ousing Dwelling or	utside house	□Informal settlement	☐Traditional house	☐Hostel/Institution		
38. Number of people living in the house:							
39.Main source of water in the household: □Tap inside □Tap outside □River/dam □Tank/Jojo □Borehole							
	□Other (Specify)						



40: Is your water source: □Private (only used by your family) □Communal (shared by multiple families known to you) □Public (shared by people known and unknown to you)					
41: Do you treat your water before drinking? □Y □N					
41.1: if yes, indicate how: ☐Boil ☐Chemical (Bleach/chlorine tablets) ☐Other (Specify)					
42. Main sanitation in the household: □ Flush toilet □ Chemical toilet □ Latrine □ Bucket □ None □ Other (Specify)					
43. Where is your toilet situated? ☐ Inside ☐ Outside ☐ Other (Specify)					
44: Is your toilet: □ Private (only used by your family) □ Communal (shared by multiple families known to you) □ Public (shared by people known and unknown to you)					
45: Do you have the following in your dwelling?					
Fridge □Yes □ No □ Unknown Food Preparation area □Yes □ No □ Unknown					
Freezer □Yes □ No □ Unknown Sink to wash hands □Yes □ No □ Unknown					
Soap for handwashing at the sink □Yes □ No □ Unknown					
46. Do you store water in your home? ☐ Yes ☐ No If yes, in what type of container is water stored? (tick all that apply)					
☐ Plastic container ☐ Metal container ☐ Open container ☐ Closed container with lid					
How is water removed from the container? (tick all that apply)					
☐ With hands ☐ With a spoon/cup/jug ☐ With a tap ☐ Other, specify:					
47. Who prepares most of the meals in your home? (name and relationship to case):					
Does he/she wash hands before preparing food? □Yes □No					
Has he/she ever had a similar illness to yours? □Yes □No					
48. Do you grow your own vegetables at home? Yes No If yes, from where do you get the water for your vegetable garden?					
What do you use to fertilise your vegetable garden?					





Additional notes / comments / actions taken:					

ENTERIC FEVER CASE INVESTIGATION FORM

	ENVIRONMENTAL ASSESSMENT					
45. List all environmental samples collected: (if applicable)						
Type of sample (food/water/milk)	Place / Address where collected	Lab no.	Result			
Name of lab(s) processing samples:						
CONTACT TRACING						
1.Identify contacts at risk of infection, including: household members, care-givers of the case, and people who may have eaten the implicated food or water/beverages.2. Investigate all contacts as per guidelines. List all below:						

Name	Age (years)	Sex (M/F)	History of enteric fever (Y/N)	Occupation	Physical address	Stool sample collected (Y/N)	Lab number/result	Referred for treatment (Y/N)
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