Enteric Fever Case Investigation Form

INTERVIEWER DETAILS

1. Interviewer name: **2. Date of interview:** DD / MM / YYYY

3. Interviewer phone no.: **4. Department:**

PATIENT DETAILS

5. First name & Surname:

6. DOB/(Age): **7. Gender:** ☐ Male ☐ Female

8. Phone no.:

9. Place of residence (in the last month before illness):

Town/City: **District:** **Province:**

10. Occupation: **11. Place of Work:**

11.1 For children: Name of crèche/school attended:

12. Works in a food handling trade? ☐ Yes ☐ No

13. Works in a child/elderly/health care-giving setting? ☐ Yes ☐ No

DISEASE PRESENTATION

14. Date of onset? DD / MM / YYYY

15. Symptoms/Signs: (tick all that apply)

☐ Fever ☐ Vomiting ☐ Abdominal Cramps ☐ Malaise/Fatigue
☐ 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 all that apply)**:** ☐ Intestinal bleed ☐ Intestinal perforation ☐ Renal failure
☐ Encephalopathy (altered mental state eg confusion, loss of consciousness, seizures)

17. Outcome: ☐ Recovered /Discharged ☐ Still ill /Still admitted ☐ Died Date of death: DD / MM / YYYY

CLINIC/HOSPITAL DETAILS

18. Name of the clinician: **19. Phone no.:**

20. Facility name: **21. Date of 1st consultation:** DD / MM / YYYY

22. Name of referring facility (if applicable):

23. Admitted to hospital? ☐ Yes ☐ No

LABORATORY INVESTIGATIONS

24. Date of specimen collection: DD / MM / YYYY

25. Lab name: **26. Lab number:**

27. Test/s performed for enteric fever diagnosis: (tick all that apply) ☐ Blood Culture ☐ Stool Culture
☐ Other, specify:_____

28. Follow up testing: (tick all tests performed)

☐ Stool Culture 1 Date collected:_____ Result:: ☐ Pos ☐ Neg

☐ Stool Culture 2 Date collected:_____ Result:: ☐ Pos ☐ Neg

☐ Stool Culture 3 Date collected:_____ Result:: ☐ Pos ☐ Neg

☐ Additional/other follow-up tests, give details: _____

HIV STATUS and ART

29. What is the current HIV status? ☐ HIV-infected ☐ HIV-uninfected ☐ HIV-unexposed uninfected ☐ HIV-exposed uninfected ☐ Unknown

30: Currently on Anti-retroviral therapy (ART)? ☐ Yes ☐ No ☐ Unknown

If yes, date of initiation of ART : DD/MM/YY ☐ Unknown

31. Is the patient currently taking cotrimoxazole prophylaxis? ☐ Yes ☐ No ☐ Unknown

EXPOSURE QUESTIONS

32. Have you travelled outside of your home town/city within 1 month before your illness started? (include local and international travel) ☐ Yes ☐ No

If yes, list all places/countries visited: _____

date departed: DD / MM / YYYY **date returned:** DD / MM / YYYY

33. Have you had any visitors from outside your home town/city within 1 month before illness onset? (include local and international travel) ☐ Yes ☐ N**o**

If yes, where did they come from: _____

34. Have any of your close contacts or household members presented with similar illness to yours in the 1 month before your illness started? ☐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 month before your illness started?

Type		Name/Address/Phone no.
Café / Restaurant	☐ Yes ☐ No	
Street vendor	☐ Yes ☐ No	
Fast food	☐ Yes ☐ No	
Other, specify:		

36. Gatherings: Have you attended any gatherings that included a meal (eg wedding, party, funeral) within 1 month before your illness started? ☐ Yes ☐ No

37. Housing type: ☐Formal housing ☐Dwelling outside 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:

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)