

# **ENTERIC (FOODBORNE) DISEASE WORKSHEETS**

**(WITH EXPOSURES IF AVAILABLE)**

**ENTER INTO CDRSS**

- **Campylobacteriosis**
- **Cryptosporidiosis**
- **Giardia**
- **Salmonellosis (Non-typhoid)**
- **Shigellosis**

## General Guidelines for Foodborne Illness in Food Handlers (Work Exclusion List)

The U.S. Food and Drug Administration defines 'Food employee' as an individual working with unpackaged food, food equipment or utensils, or food contact surfaces. This chart provides information about some communicable diseases that may occur in food handlers. It is meant as a guide to answer questions frequently asked of persons responsible for handling food as part of their job duties. This is not an all-inclusive list of significant diseases or a comprehensive guide to all information about each disease or condition. More specific information about these and other diseases may be obtained by contacting your local health department or the New Jersey Department of Health, Communicable Disease Service.

INFECTION OR CONDITION	COMMON SYMPTOMS	ADDITIONAL INFORMATION	EXCLUSION	REPORTABLE TO HEALTH DEPARTMENT
<i>Campylobacter</i> (Campylobacteriosis)	Diarrhea (may be bloody), abdominal pain, fever, nausea, sometimes vomiting. Symptoms can last several days to more than a week.	Campylobacteriosis is communicable via the fecal-oral route for as long as infected persons excrete the organism in their feces. This can occur from days to several weeks.	Exclude from food handling duties until 24 hours after symptoms resolve. In outbreak situations, special precautions such as submission of additional stool specimens prior to allowing cases to return to food handling duties may be warranted.	Yes, individual cases and outbreaks.
<i>Salmonella Typhi</i> (Typhoid fever)	Fever, anorexia, lethargy, malaise, headache.	The disease is communicable for as long as the infected persons excrete <i>S. typhi</i> in the feces or urine. This usually begins about a week after onset of illness and continues through convalescence and for a variable period thereafter. Approximately 5% of cases become chronic carriers.	Exclude from food handling duties until symptom free and three consecutive negative stool tests taken at least 48 hours apart and at least 48 hours after the cessation of antibiotic treatment are obtained. All food handling employees, symptomatic or asymptomatic, who are contacts of a patient with Typhoid Fever shall be considered the same as a case and handled in the same fashion.	Yes, individual cases and outbreaks.
<i>Shiga-Toxin--Producing Escherichia Coli</i> (STEC) (including: E. Coli O157:H7)	Nausea, vomiting, diarrhea (may be bloody), abdominal cramps.	STEC infection is communicable via the fecal-oral route for as long as infected persons excrete bacteria in their stool. Fecal shedding can last 3-4 weeks. Low infectious dose for <i>E. coli</i> O157:H7.	Exclude from food handling duties until symptom free and two negative stool tests taken at least 24 hours apart and at least 48 hours after the cessation of antibiotic treatment are obtained. All symptomatic food handling contacts of a case shall be considered the same as a case and handled in the same fashion.	Yes, individual cases and outbreaks.

INFECTION OR CONDITION	COMMON SYMPTOMS	ADDITIONAL INFORMATION	EXCLUSION	REPORTABLE TO HEALTH DEPARTMENT
<b>Hepatitis A</b>	Fever, fatigue, malaise, anorexia, nausea, jaundice (yellowing of the skin and whites of the eyes), dark urine, light clay-colored stool, diarrhea.	Individuals with Hepatitis A are most contagious from two weeks prior to until one week after the onset of illness.	Exclude from work until two weeks after date of onset of illness.	Yes, immediately reportable condition.
<b>Norovirus</b>	Nausea, vomiting, diarrhea, abdominal cramps. May also have low grade fever, chills, body aches, headache.	Norovirus is highly contagious foodborne illness and can be easily transmitted from an infected food worker to customers. Very low infectious dose.	48-72 hours after symptoms resolve.	Outbreaks only.
<b>Salmonella (non-typhoid) (Salmonellosis)</b>	Fever, nausea, vomiting, diarrhea, abdominal cramps.	Salmonellosis is communicable via the fecal-oral route for as long as infected persons excrete <i>Salmonella</i> bacteria in their stool. Fecal shedding can occur from days to months. Low infectious dose for some serotypes.	Exclude from food handling duties until symptom free and two negative stool tests taken at least 24 hours apart and 48 hours after the cessation of antibiotic treatment are obtained. All symptomatic food handling contacts of a case shall be considered the same as a case and handled in the same fashion.	Yes, individual cases and outbreaks.
<b>Shigella (Shigellosis)</b>	Nausea, vomiting, diarrhea (may be bloody), and abdominal cramps.	Shigellosis is communicable for as long as infected persons excrete <i>Shigella</i> bacteria their stool. Fecal shedding usually lasts for about four weeks after onset of illness. Low infectious dose.	Exclude from food handling duties until symptom free and two negative stool tests taken at least 24 hours apart and at least 48 hours after the cessation of antibiotic treatment are obtained. All symptomatic food handling contacts of a case shall be considered the same as a case and handled in the same fashion.	Yes, individual cases and outbreaks.
<b>Gastrointestinal illness (organism/cause not identified or not yet determined)</b>	Diarrhea, vomiting		Excluded from food handling duties until 24 hours after symptoms resolve unless a non-infectious cause is identified.	Outbreaks.

For specific reporting requirements refer to NJDOH Reporting Requirements <http://nj.gov/health/cd/reporting.shtml>

Sources:  
 NJDOH <http://nj.gov/health/cd/find.shtml> Communicable Disease Chapters  
 Centers for Disease Control and Prevention <http://www.cdc.gov>



# Campylobacteriosis

## Investigation checklist for local health departments

Local health department staff should follow these steps when investigating cases of campylobacteriosis in their community. For more detailed information, including disease epidemiology, reporting, case investigations, and follow-up, refer to the communicable disease chapter "Campylobacteriosis" which can be accessed at: <http://www.nj.gov/health/cd/campy/techinfo.shtml>.

- Review laboratory analysis to confirm positive test result. If the case has not been submitted via Communicable Disease Reporting and Surveillance System (CDRSS), enter case and lab results.
- Interview case patient (or guardian if case is a minor) using "Campylobacteriosis Interview Worksheet".
- Provide education to the case patient. FAQ's on campylobacteriosis can be accessed at <http://www.nj.gov/health/cd/campy/index.shtml>.
- Enter data from interview into CDRSS.
- If a food establishment from another jurisdiction is identified as a possible source of exposure, notify the appropriate local health department.
- If an unpasteurized milk product is suspected as the source of infection, notify NJDOH, CDS via telephone.
- If the case is a foodhandler, daycare worker or attendee or provides direct patient care, exclude from work or school in accordance with recommendations prescribed in the communicable disease chapter.
- If any additional cases are identified through interview, enter cases into CDRSS and exclude any foodhandlers, daycare workers or attendees, or cases that provide direct patient care in accordance with the recommendations prescribed in the chapter.
- If an outbreak is suspected, report it to the NJDOH, CDS via telephone.
- Upon completion of investigation, determine case status and close case in CDRSS.

# Campylobacteriosis Case Report Worksheet

Name: \_\_\_\_\_ CDRSS number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Information provided by \_\_\_\_\_ Relation to Case: \_\_\_\_\_

## DEMOGRAPHICS

Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hispanic:  Yes  No  Unk

Race:

White  Native Amer.

Black  Asian/Pac. Islander

Other  Unknown

Occupation:

Foodhandler:  Yes  No

Daycare worker/attende:  Yes  No

Healthcare provider:  Yes  No

Resident of long-term care or group residence:  Yes  No

**If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).**

## CLINICAL INFORMATION

Symptomatic:  Yes  No

If yes: Onset date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resolution date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

First/predominant symptom \_\_\_\_\_

Fever:

Yes  No

If Yes, Temperature: \_\_\_\_\_ ° F

Not measured: \_\_\_\_\_

Diarrhea:

Yes  No onset date/time: \_\_\_\_\_

Bloody diarrhea:

Yes  No onset date/time: \_\_\_\_\_

Vomiting:

Yes  No onset date/time: \_\_\_\_\_

Other symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hospitalized:  Yes  No

Name of Hospital \_\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

ED visit only-date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Antibiotic treatment:  Yes  No

If yes, dates taken:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome: Died:  Yes  No

If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Use incubation period of 7 days to determine exposure period, counting back from illness onset date.

Exposure period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

Y N DK

- Consumed undercooked poultry products
- Handled raw poultry products
- Consumed raw/unpasteurized milk, dairy products
- Consumed untreated water
- Contact with person with similar illness
- Swimming/recreational water exposure
- Contact with pets (cats, dogs, other)

- Contact with live poultry (chickens, ducks)
- Purchased products at live bird market
- Contact with farm animals/livestock

NOTES:

Y N

- Travel outside the U.S.

Where: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

- Domestic travel

Where: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

List food establishments (restaurants, fast-food, cafeteria, deli, etc.) frequented during incubation period. Include date, location and items eaten:

List any gatherings (parties, weddings, conventions, etc.) attended during incubation period:

List markets where groceries are purchased (supermarkets, local markets, butcher, live poultry markets, etc):

Does the case know anyone with a similar illness, including those he/she lives with?  YES  NO  
If yes, fill out table below for each ill household member and contact.

**ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS**

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

If the contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).

**ACTIONS TAKEN**

- Patient could not be interviewed (reason: \_\_\_\_\_)
- Entered into CDRSS
- Refer for restaurant inspection
- Daycare inspection/education
- Work or daycare restriction for case
- Follow-up of ill contacts



## Cryptosporidiosis Case Report Worksheet

Name: \_\_\_\_\_ CDRSS Number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Information provided by \_\_\_\_\_ Relation to Case: \_\_\_\_\_

### DEMOGRAPHICS

Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hispanic:  Yes  No  Unk

Race:

White  Native Amer.

Black  Asian/Pac. Islander

Other  Unknown

#### Occupation/Setting:

Daycare worker/attende:  Yes  No \_\_\_\_\_

Healthcare provider:  Yes  No \_\_\_\_\_

Foodhandler:  Yes  No \_\_\_\_\_

Group Living:  Yes  No \_\_\_\_\_

Attend or work in a school/camp:  Yes  No \_\_\_\_\_

If yes to any above, did patient work/attend while ill?  Yes  No

**If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period. For exclusion guidance see recommendations in the NJDOH disease chapter.**

### CLINICAL INFORMATION

Symptomatic:  Yes  No

If yes: Onset date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Resolution date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

First/predominant symptom \_\_\_\_\_

Diarrhea (3 loose stools/24 hrs.):	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Diarrhea lasting ≥ 72 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Abdominal pain/cramps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Nausea:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Fever:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Headache:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____
Loss of appetite:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time: _____

Other symptoms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Antibiotic treatment:  Yes  No

If yes, name of antibiotic and dates taken:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospitalized:  Yes  No

Name of Hospital \_\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

ED visit only-date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome: Died:  Yes  No

If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

Y N

Travel outside the U.S. 2 weeks prior to symptom onset

Where: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Y N

Travel within the U.S. 2 weeks prior to symptom onset

Where: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**EXPOSURE SOURCES (use 2 weeks prior to symptom onset):** Date Range: \_\_\_\_\_ to \_\_\_\_\_

Y N

**Recreational water exposures?**

If yes, specify type:  Natural freshwater (i.e. lake)  Natural saltwater (i.e. ocean)  Pool/spa  Water park/fountains

Details including date: \_\_\_\_\_

Did person touch water?  Yes  No

Wade?  Yes  No

Swim?  Yes  No

Accidentally or intentionally swallow water?  Yes  No  Unknown

**Hiking/Camping/Backpacking?**

If yes: Location \_\_\_\_\_

Did person drink river or stream water?  Yes  No

If yes: Was water treated or filtered? Check all methods that apply  Boiled  Filtered  Disinfection  Unknown

**Yardwork/composting (w/manure and/or fertilizer)?**

**Contact with any animals (Including farm animals and pets)?**

Animals encountered:  Puppies  Kittens  Dogs  Cats  Other (specify) \_\_\_\_\_

**Visit/Work on a farm, petting zoo, county/state fair, rodeo, dairy?**

Animals encountered: (specify) \_\_\_\_\_

**Contact with animal waste/manure?**

Cat  Dog  Farm animal  Other (specify) \_\_\_\_\_

If yes, were any animals sick with diarrhea?  Yes  No  Unknown

Details of exposure \_\_\_\_\_

Ask if individual consumed the following foods or performed the following actions WITHIN THE PAST 2 WEEKS.

Y N U

**Consumed raw or unpasteurized milk?**

Was milk unrefrigerated for >1 hour, including during transport?  Yes  No  Unknown

**Other unpasteurized milk products (cheese, cream, ice cream?)** \_\_\_\_\_

**Unpasteurized juice or cider?** \_\_\_\_\_

**Raw fruits or vegetables (store bought/home grown)? (specify)** \_\_\_\_\_

If yes: Date(s) of consumption: \_\_\_\_\_

If yes to any of above, was any food eaten in a restaurant?  Yes  No If yes, provide restaurant name and location

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_



**Water source?**

Individual well  Shared well  Public water  Bottled water  Other \_\_\_\_\_

If well: How far from septic system is well located? \_\_\_\_\_ Depth of well? \_\_\_\_\_

Recently drilled?  Yes  No  Is well water tested?  Yes  No  Is well water treated?  Yes  No

**Consumed filtered water?**

If yes:  Filter on faucet (e.g. Brita)  Filter on pitcher for drinking water  Whole house filter system

**Does the case know anyone with a similar illness, including those he/she lives with?**  YES  NO

If yes, fill out table below for each ill household member and contact.

**ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS**

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

**If the case or contact is a food handler, healthcare worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period. For exclusion guidance see recommendations in the NJDOH disease chapter.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTIONS TAKEN**

Interviewed w/worksheet

Patient could not be interviewed (reason): \_\_\_\_\_

Dates interview attempted

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Spoke to healthcare provider

Daycare inspection/education

Follow-up of ill contacts

Refer for restaurant inspection

Work or daycare restriction for case

Entered into CDRSS

Patient education

# Giardia Case Report Worksheet

Name: \_\_\_\_\_ CDRSS Number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Information provided by \_\_\_\_\_ Relation to Case: \_\_\_\_\_

## DEMOGRAPHICS

Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hispanic:  Yes  No  Unk

Race:

White  Native Amer.

Black  Asian/Pac. Islander

Other  Unknown

### Occupation/Setting:

Daycare worker/attendee:  Yes  No

Healthcare provider:  Yes  No

Foodhandler:  Yes  No

Group Living:  Yes  No

Attend or work in a school/camp:  Yes  No

If yes to any above, did patient work/attend while ill?  Yes  No

**If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period. For exclusion guidance see recommendations in the NJDOH disease chapter.**

## CLINICAL INFORMATION

Symptomatic:  Yes  No

If yes: Onset date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resolution date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

First/predominant symptom \_\_\_\_\_

Abdominal pain/cramps:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Abnormal stools (fatty):	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Bloating/Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Diarrhea:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Fatigue:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Nausea:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:
Weight loss:	<input type="checkbox"/> Yes <input type="checkbox"/> No	onset date/time:

Other symptoms:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Antibiotic treatment:  Yes  No

If yes, dates taken:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospitalized:  Yes  No

Name of Hospital \_\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

ED visit only-date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome: Died:  Yes  No

If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

Y N

Travel outside the U.S. 10-14 days prior to symptom onset

Where: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Y N

Travel within the U.S. 10-14 days prior to symptom onset

Where: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**EXPOSURE SOURCES (use 10-14 days prior to symptom onset):**

Y N

**Recreational water exposures**

If yes, specify type:  Natural freshwater (i.e. lake)  Natural saltwater (i.e. ocean)  Pool/spa  Water park/fountains

Details including date: \_\_\_\_\_

Did person Touch water? Y/N Wade? Y/N Swim? Y/N Accidentally or intentionally swallow water?

**Hiking/Camping/Backpacking**

If yes: Location \_\_\_\_\_

Did person drink river or stream water?

If yes: Was water treated or filtered? Check all methods that apply  Boiled  Filtered  Chemically treated

**Contact with wild animals**

Location: \_\_\_\_\_ Animals encountered: \_\_\_\_\_

**Contact with pets**

Animals encountered:  Puppies  Kittens  Dogs  Cats  Birds  Fish  Reptiles

Other (please specify) \_\_\_\_\_

**Visit/Work with farm, dairy, zoo animals**

Animals encountered:  Cows  Horses  Goats  Pigs  Sheep  Birds  Fowl  Exotics

Other (please specify) \_\_\_\_\_

Ask if individual consumed the following foods or performed the following actions WITHIN THE PAST 10-14 DAYS.

Y N U

Consumed fresh fruit or vegetables. If yes, were they washed in tap water from house?  Yes  No

Consumed raw or undercooked meat. If yes, was any wild game (e.g. deer, wild turkey, rabbit)?  Yes  No

Consumed any other raw, uncooked, or unpasteurized foods (including homemade ice cream)

If yes to any of above, was any food eaten in a restaurant?  Yes  No If yes, please specify:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Consumed food sample at store

Ate a group meal (potluck, reception, etc.)

**Water source known**  
 Individual well  Shared well  Public water  Bottled water  Other \_\_\_\_\_  
 If well: How far from septic system is well located? \_\_\_\_\_ Depth of well? \_\_\_\_\_  
 Recently drilled?  Yes  Is well water tested?  Yes  Is well water treated?  Yes

**Consumed filtered water?**  
 If yes:  Filter on faucet (e.g. Brita)  Filter on pitcher for drinking water  Whole house filter system

**Does the case know anyone with a similar illness, including those he/she lives with?**  YES  NO  
 If yes, fill out table below for each ill household member and contact.

**ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS**

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

**If the case or contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period. For exclusion guidance see recommendations in the NJDOH disease chapter.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTIONS TAKEN**

- Interviewed w/worksheet
- Patient could not be interviewed (reason): \_\_\_\_\_
- Dates interview attempted  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_
- Spoke to healthcare provider
- Daycare inspection/education
- Follow-up of ill contacts
- Refer for restaurant inspection
- Work or daycare restriction for case
- Entered into CDRSS



## Salmonellosis (Non-Typhoid)

### Investigation checklist for local health departments

Local health department staff should follow these steps when investigating cases of salmonellosis in their community. For more detailed information, including disease epidemiology, reporting, case investigations, and follow-up, refer to the communicable disease chapter "Salmonellosis (Non-Typhoid)" which can be accessed at:

<http://nj.gov/health/cd/salmonene/techinfo.shtml>.

- Review laboratory analysis to confirm positive test result. If case has not been submitted via Communicable Disease Reporting and Surveillance System (CDRSS), enter case and lab results.
- Interview case patient (or guardian if case is a minor) using "Salmonellosis Interview Worksheet".
- Provide education to the case patient. FAQ's on salmonellosis can be accessed at <http://nj.gov/health/cd/salmonene/index.shtml>.
- Enter data from interview into CDRSS.
- If a food establishment from another jurisdiction is identified as a possible source of exposure, notify the appropriate local health department.
- If the case is a foodhandler, daycare worker or attendee or provides direct patient care, exclude from work or school in accordance with recommendations prescribed in the communicable disease chapter.
- If any additional cases are identified through interview, enter cases into CDRSS and exclude any foodhandlers, daycare workers or attendees, or cases that provide direct patient care in accordance with the recommendations prescribed in the chapter.
- If an outbreak is suspected, report it to the NJDOH, CDS via telephone.
- Upon completion of investigation, determine case status and close case in CDRSS.

## Salmonellosis Case Report Worksheet

Name: \_\_\_\_\_ CDRSS number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Information provided by \_\_\_\_\_ Relation to Case: \_\_\_\_\_

### DEMOGRAPHICS

Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hispanic:  Yes  No  Unk

Race:

White  Native Amer.

Black  Asian/Pac. Islander

Other  Unknown

Occupation:

Foodhandler:  Yes  No

Daycare worker/attendee:  Yes  No

Healthcare provider:  Yes  No

Resident of long-term care or group residence:  Yes  No

**If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).**

### CLINICAL INFORMATION

Symptomatic:  Yes  No

If yes: Onset date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resolution date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

First/predominant symptom \_\_\_\_\_

Hospitalized:  Yes  No

Name of Hospital \_\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

ED visit only-date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Antibiotic treatment:  Yes  No

If yes, dates taken:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome: Died:  Yes  No

If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fever:

Yes  No

If Yes, Temperature: \_\_\_\_\_ ° F

Not measured: \_\_\_\_\_

Diarrhea:

Yes  No onset date/time: \_\_\_\_\_

Bloody diarrhea:

Yes  No onset date/time: \_\_\_\_\_

Vomiting:

Yes  No onset date/time: \_\_\_\_\_

Other symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use incubation period of 7 days to determine exposure period, counting back from illness onset date.

Exposure period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

Y N DK

- Chicken/chicken products
- Raw or lightly cooked eggs or foods made with raw eggs
- Raw/unpasteurized milk, dairy products or juice
- contact with person with similar illness
- Swimming/Recreational water exposure
- Contact with pets (cats, dogs, other)

- Contact with reptiles (turtles, snakes, frogs)
- Contact with live poultry (chickens, ducks)
- Contact with farm animals/livestock

NOTES:

Y N

- Travel outside the U.S.  
Where: \_\_\_\_\_  
Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
- Domestic travel  
Where: \_\_\_\_\_  
Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

List food establishments (restaurants, fast-food, cafeteria, deli, etc.) frequented during incubation period. Include date, location and items eaten:

List any gatherings (parties, weddings, conventions, etc.) attended during incubation period:

List markets where groceries are purchased (supermarkets, local markets, butcher, live poultry markets, etc):

Does the case know anyone with a similar illness, including those he/she lives with?  YES  NO  
If yes, fill out table below for each ill household member and contact.

**ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS**

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

If the contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).

**ACTIONS TAKEN**

- Patient could not be interviewed (reason: \_\_\_\_\_)
- Entered into CDRSS
- Refer for restaurant inspection
- Daycare inspection/education
- Work or daycare restriction for case
- Follow-up of ill contacts



# Shigellosis

## Investigation checklist for local health departments

Local health department staff should follow these steps when investigating cases of shigellosis in their community. For more detailed information, including disease epidemiology, reporting, case investigations, and follow-up, refer to the communicable disease chapter "Shigellosis which can be accessed at: <http://www.nj.gov/health/cd/shigel/techinfo.shtml>.

- Review laboratory analysis to confirm positive test result. If case has not been submitted via Communicable Disease Reporting and Surveillance System (CDRSS), enter case and lab results.
- Interview case patient (or guardian if case is a minor) using "Shigellosis Case Report Worksheet".
- Provide education to the case patient. FAQ's on shigellosis can be accessed at <http://www.nj.gov/health/cd/shigel/index.shtml>.
- Enter data from interview into CDRSS.
- If case is a daycare attendee follow up with daycare to determine if other children or staff are ill with the same symptomology. If daycare is in another jurisdiction, notify the appropriate local health department.
- If a food establishment from another jurisdiction is identified as a possible source of exposure, notify the appropriate local health department.
- If the case is a foodhandler, daycare worker or attendee or provides direct patient care, exclude from work or school in accordance with recommendations prescribed in the communicable disease chapter.
- If any additional cases are identified through interview, enter cases into CDRSS and exclude any foodhandlers, daycare workers or attendees, or cases that provide direct patient care in accordance with the recommendations prescribed in the chapter.
- If an outbreak is suspected, report it to the NJDOH, CDS via telephone.
- Upon completion of investigation, determine case status and close case in CDRSS.



# Shigellosis Case Report Worksheet

Name: \_\_\_\_\_ CDRSS number: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Information provided by \_\_\_\_\_ Relation to Case: \_\_\_\_\_

## DEMOGRAPHICS

Gender:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hispanic:  Yes  No  Unk

Race:

White  Native Amer.

Black  Asian/Pac. Islander

Other  Unknown

High Risk Occupation/Setting:

Foodhandler:  Yes  No

Daycare worker/attendee:  Yes  No

Healthcare provider:  Yes  No

Group Living:  Yes  No

Attend or work in a school:  Yes  No

If yes to any above, did patient work/attend while ill?  Yes  No

**If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters and/or Daycare Outbreak guidance document):**

## CLINICAL INFORMATION

Symptomatic:  Yes  No

If yes: Onset date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resolution date/time: \_\_\_\_/\_\_\_\_/\_\_\_\_

First/predominant symptom \_\_\_\_\_

Hospitalized:  Yes  No

Name of Hospital \_\_\_\_\_

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

ED visit only-date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Antibiotic treatment:  Yes  No

If yes, dates taken:

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Outcome: Died:  Yes  No

If yes, date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fever:

Yes  No

If Yes, Temperature: \_\_\_\_\_ ° F

Not measured: \_\_\_\_\_

Diarrhea:

Yes  No onset date/time: \_\_\_\_\_

Bloody diarrhea:

Yes  No onset date/time: \_\_\_\_\_

Vomiting:

Yes  No onset date/time: \_\_\_\_\_

Other symptoms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Use incubation period of 7 days to determine exposure period, counting back from illness onset date.

Exposure period: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

**OTHER EXPOSURE SOURCES:**

- Y N
- Household contact of day care attendee
  - Contact with a Confirmed case
  - Swimming/recreational water exposure
  - MSM

Y N

- Travel outside the U.S. in 7 days prior to symptom onset

Where: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

- Travel within the United States 7 days prior to symptom onset

Where: \_\_\_\_\_

Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

List food establishments (restaurants, fast-food, cafeteria, deli, etc.) frequented during incubation period. Include date, location and items eaten:

List any gatherings (parties, weddings, conventions, etc.) attended during incubation period:

Does the case know anyone with a similar illness, including those he/she lives with?  YES  NO  
If yes, fill out table below for each ill household member and contact.

**ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS**

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	___/___/___	_____
_____	_____	_____	_____	___/___/___	_____
_____	_____	_____	_____	___/___/___	_____

If the case or contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH Shigellosis disease chapter and/or Daycare Outbreak guidance document):

**ACTIONS TAKEN**

- Patient could not be interviewed (reason: \_\_\_\_\_)
- Entered into CDRSS
- Exclude until 2 negative stools
- Daycare inspection/education
- Work or daycare restriction for case
- Follow-up of ill contacts
- Refer for restaurant inspection