Foodborne Diseases Active Surveillance Network (FoodNet) Case Report Bacterial Form

Local Case ID (Medical Record #): _____   **Isolated Bacteria:** _____

Patient's name: _____
            Last   First

Address: _____   **Phone No**: (   ) _____ - _____
            Number/ Street   City   State   ZIP

PHLIS ID # (Patient-Specimen): □□□□□□□□–□□□□□□□□□–□□□–□□
            Site ID   Patient ID   Spec ID   Aliquot ID

Local ID: _____–□□□□

NEDSS ID: PSN1–□□□□□□-□□-□□   **CAS1**–□□□□□□□-□□-□□
            Patient ID   State   Installation   Investigation ID   State   Installation

1) COUNTY (residence of patient): _____ _____	2) SEX: □ Male □ Female □ Unknown	4) RACE: (original categories) □ White □ Black □ American Indian/ Native Alaskan □ Unknown □ Asian or Pacific Islander	4a) RACE: (additional FN categories) □ Asian □ Pacific Islander or Native Hawaiian □ Multi-racial □ Other
	3) DATE OF BIRTH: _____ / _____ / _____ month day year		5) ETHNICITY: □ Hispanic □ Non-Hispanic □ Unknown

6) SPECIMEN COLLECTION DATE _____/_____/ 200____ month day	7) AGE:_____ years 8) IF < 1 YEAR, AGE: _____ months	9) SUBMITTING LAB: _____ _____ Laboratory	9a) SUBMITTING PHYSICIAN: _____ Phone: ( ) _____ -_____

Informant _____   **Date Report Received in Lab** _____/_____/ 200____
                                                                        month   day

10) SOURCE OF SPECIMEN: □ Stool   □ Blood   □ CSF   □ Urine   □ Unknown   □ Other site (specify):_____
_____

11) ISOLATED BACTERIA:

□ *Salmonella* (serogroup_____) serotype_____)   □ *Vibrio* (species_____)

□ *Shigella* (serogtype/species_____)   □ *Yersinia* (species_____)

□ *Campylobacter* (species_____)   □ *Listeria monocytogenes* (serotype_____)

□ *E. coli*   Pregnant? □ Yes □ No □ Unknown

  Biochemically identified? □ Yes   □ No □ Unknown   Outcome of Fetus?

  O157 positive?   □ Yes □ No   □ Unsure/Not Tested   □ Abortion/stillbirth

  O antigen number _____   □ Induced abortion

  H7 positive?   □ Yes □ No □ Unsure/Not Tested   □ Live birth/neonatal death

  H Antigen Number _____   □ Survived-clinical infection

  Isolate non-motile?   □ Yes □ No □ Unsure/Not Tested   □ Survived-no apparent illness

  Shiga toxin-positive? □ Yes □ No □ Unsure/Not Tested   □ Unknown

  National database PFGE Pattern _____   □ Other Bacteria (specify:)_____

Foodborne Diseases Active Surveillance Network (FoodNet) Case Report Bacterial Form

Data Entry: ☐ NEDSS ☐ PHLIS
☐ STATE SYSTEM ☐ CASE-CONTROL STUDY
☐ EPI INFO

A. Hospital Follow-up:

12) PATIENT STATUS AT THE TIME OF SPECIMEN COLLECTION:

☐ Hospitalized (*go to 14*) ☐ Unknown (*go to 14c*)

☐ Outpatient (*go to 13*)

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13) IF OUTPATIENT, WAS THE PATIENT SUBSEQUENTLY HOSPITALIZED?

☐ Yes (*go to14*) ☐ No (*go to 14c*) ☐ Unknown (*go to 14c*)

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14) IF PATIENT WAS HOSPITALIZED
(that is, if answered "Hospitalized" to #12 or "Yes" to #13):

Hospital name:_____

Date of first admission: _____ /_____ / 200___
  month   day

Date of last discharge: _____ /_____ / 200___
  month   day

14a) TRANSFERRED TO ANOTHER HOSPITAL?

☐ Yes ☐ No ☐ Unknown

14b) If Yes, TRANSFER HOSPITAL NAME:

_____

14c) HOW WAS THE INFORMATION (from #12,13, or 14) **DETERMINED?**

☐ Patient / relative contacted

☐ Physician contacted or chart review / medical records review

☐ Did not follow up

☐ County provided information

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15) OUTCOME: ☐ Alive ☐ Dead ☐ Unknown

15a) HOW WAS THIS INFORMATION (from #15) **DETERMINED?**

☐ Patient / relative contacted

☐ Physician contacted or chart review/medical records review

☐ Did not follow up

☐ County provided information

B. Health Department Follow-up:

If the isolate was further characterized
by the State Lab, please update #11.

16) DID THE STATE LAB RECEIVE THE ISOLATE?

☐ Yes ☐ No ☐ Unknown

16a) If Yes, STATE LAB ISOLATE ID NUMBER:

_____

17) DID THE PATIENT TRAVEL OUTSIDE THE U.S. WITHIN THE LAST

- **30 days if infected with *S*. Typhi or *Listeria***
- **7 days if infected with other bacterial pathogen**

☐ Yes (*go to 17a*) ☐ No (*go to 18*) ☐ Unknown (*go to 18*)

17a)
Date of departure from the U.S. : _____ /_____ / 200___
  month   day

Date of return to the U.S. : _____ /_____ / 200___
  month   day

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18) WAS CASE FOUND DURING AN AUDIT?

☐ Yes ☐ No ☐ Unknown

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19) WAS THE CASE PART OF AN OUTBREAK?

☐ Yes (*go to 19a*) ☐ No (*go to 20*) ☐ Unknown (*go to 20*)

19a) IF OUTBREAK RELATED, WAS IT A FOODBORNE OUTBREAK?

☐ Yes (*go to 19b*) ☐ No (*go to 20*) ☐ Unknown (*go to 20*)

19b) CDC EFORS NUMBER: _____

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20) WAS CASE ENROLLED IN A CASE-CONTROL STUDY?

☐ Yes ☐ No ☐ Unknown

If No, Reason: _____

Reason Code: _____

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21) IS CASE REPORT COMPLETE? ☐ Yes ☐ No

21a) If Yes, DATE CASE REPORT COMPLETED:

_____ /_____ / 200___
  month   day

21b) INITIALS OF PERSON COMPLETING CASE REPORT:
_____

Comments_____
_____
_____
_____
_____
_____
_____
_____