

# Yersiniosis Case Report

Texas Department of Health  
Infectious Disease Epidemiology and Surveillance Division  
Austin, Texas (512) 458-7328

P A T I E N T	Name: _____			
	Last	First	MI	
	Address: _____			City _____
	_____	_____	_____	(____) _____
	County	State	Zip code	Phone #
	DOB: _____	Age: _____	Sex: _____	Hispanic? (circle) YES NO Race: _____
If patient is a child:			W = white B = black I = Am indian A = Asian O = other U = unknown	
Mother's name: _____		Mother's occupation: _____		
Father's name: _____		Father's occupation: _____		

S Y M P T O M O L O G Y	Has patient had bloody or severe diarrhea? (circle) YES NO	L A B  D A T A	Name/address of laboratory: _____	L I N K A G E	Prior to and immediately after onset, was the patient: _____
	If YES, symptoms onset: _____		_____		associated with an outbreak? (circle)
	Duration of symptoms: _____		_____		YES NO
	Check all that apply:		Stool sample submitted for enteric culture? (circle)		contact of another case? (circle)
	___ Fever (Highest temp _____.____)		YES NO		YES NO
	___ Bloody diarrhea ___ Chills		Collection date: _____		
___ Nonbloody diarrhea ___ Nausea	Results: _____				
___ Vomiting ___ Abdominal cramps	_____				
___ Poor feeding ___ Irritable	<i>Y. enterocolitica</i> isolated? (circle)				
___ Headache	YES NO				
If patient had diarrhea, how many loose stools per day?					
___ 1-3 ___ 4-6 ___ 7-10 ___ 10+					

T R E A T M E N T	Was the patient ill enough to require a doctor visit? (circle) YES NO Physician visit date: _____
	Was the patient hospitalized? (circle) YES NO Hospital admission date: _____
	Was the patient treated with antibiotics? (circle) YES NO Antibiotics start date: _____
	Which antibiotics? _____

P  
A  
T  
I  
E  
N  
T  
  
H  
I  
S  
T  
O  
R  
Y

If patient is an infant or toddler, is the child  breast fed  formula fed  both

If formula fed, which brand(s) did the child consume in the 10 days before onset: \_\_\_\_\_  
\_\_\_\_\_

Please indicate whether the patient ate any of the following food items in the 10 days before onset:

bacon  cooked sausage  chorizo  chitterlings  lunch meats  pork chops  
 ham  barbecued pork  hot dogs

What raw or uncooked fruits or vegetables did the patient eat in the 10 days before onset?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What restaurants or fast food places did the patient eat at in the 10 days before onset?

Restaurant	Date

What grocery store(s) did the patient/patient's parents shop at during the 10 days before onset?

Store	Date

Investigated by: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_