Los Angeles County Department of Health Services

Yersiniosis

acd-yersin10/02

SEROTYPE _____ **(Presumptive** ☐ **)**

Census Tract _____ District _____

Name _____
Last **First** **MI**

Address _____
Street **Apt. #**

_____
City **County** **Zip**

Phone(s) (____) _____ (____) _____
Home **Work**

SEX ☐ Female ☐ Male

Date of Birth ____/____/____ Age _____

RACE ☐ Black ☐ Asian/Pacific Islander ☐ Unknown ☐ White ☐ American Indian ☐ _____

HISPANIC ☐ Yes ☐ No ☐ Unknown

Sources of Report

☐ Lab ☐ Public Health Lab
☐ Physician ☐ Infection Control Practitioner
☐ Other _____
(e.g. school, camp, etc...)

Name _____

Phone (___) _____ Date ____/____/____
First Report

Primary M.D. _____

Phone (____) _____

Clinical Data

Symptomatic: ☐ Yes ☐ No ☐ Unk

if yes, ONSET on ___/___/___

Duration of Symptoms _____ Days

Check all that apply:

	Yes	No	Unk
diarrhea	☐	☐	☐
bloody diarrhea	☐	☐	☐
nausea	☐	☐	☐
vomiting	☐	☐	☐
fever	☐	☐	☐
abd cramps	☐	☐	☐
hospitalized	☐	☐	☐

name of hospital

_____

date of admission ____/____/____

date of discharge ____/____/____

Transferred to/from another hospital: ☐ Yes ☐ No ☐ Unk.

transfer hospital name:

_____

date of admission ____/__ /___

Outcome: ☐ Survive ☐ Die ☐ Unk

date of death ____/____/____

Medical History/Complications

☐ Diabetes ☐ Renal Disease
☐ Immunocompromise ☐ Cancer
☐ Blood disease (specify _____)
☐ Pregnant: EDC ___/___/____
☐ Other _____
☐ None

Laboratory Data

Culture confirmed: ☐ Yes ☐ No

Specimen: ☐ Stool ☐ Blood ☐ Urine
☐ None ☐ Other (specify _____)

Date specimen collected ____/____/____

Epidemiology Linkage

During the exposure period, was case:

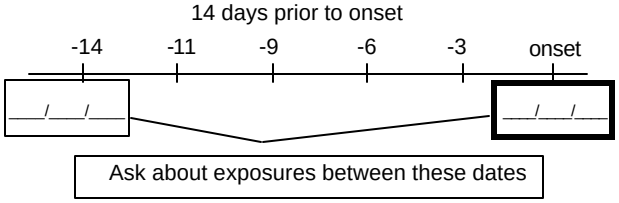
1. Associated with a known outbreak? ☐ Yes ☐ No ☐ Unknown
   If yes, Outbreak (OB) #_____
2. A close contact of a confirmed or presumptive case? ☐ Yes ☐ No ☐ Unknown
   Has the above case been reported? ☐ Yes ☐ Not Yet
   Specify nature of contact: ☐ Household ☐ Sexual ☐ Daycare ☐ Other
   Name of linked case: _____

During the exposure period, did case have:

3. Medical Procedures ☐ Yes ☐ No
4. Alternative Medicine Procedures--e.g. high colonic enema ☐ Yes ☐ No

If yes to above questions, specify relevant names, dates, places:

Enter onset date in heavy box at right. Count back 14 days and insert date into the left box to figure out probable exposure period.



Ask about exposures between these dates

Note: Usual communicable period up to 5 weeks, unless treated.
Note: Communicable period = Time of fecal excretion.
Note: Antibiotic therapy may prolong carriage.

☐ **no risk factors could be identified** ☐ **patient could not be interviewed**

SUSPECT FOODS (*within 14 days prior to onset*)

Yes	No	
☐	☐	pork or other meat
☐	☐	unclorinated water
☐	☐	raw milk, unpasteurized cheese, other raw dairy
		Detail exposure _____
☐	☐	food at restaurants
☐	☐	food at gatherings (potlucks, events)
☐	☐	raw vegetables/fruits (*specify*) _____
☐	☐	other suspect food _____

OTHER POTENTIAL SOURCES (*within 14 days prior to onset*)

Yes	No	
☐	☐	history of blood tranfusion
☐	☐	pigs, livestock, or other
☐	☐	pets--including cats, dogs, birds, exotic animals
☐	☐	persons with diarrheal illness (if yes, please fill out contact roster)
☐	☐	diapered children or adults
☐	☐	exposure to human excreta: specify _____
☐	☐	travel inside the U.S. to _____
☐	☐	travel outside the U.S. to _____

Dates of travel ____________ **-** ____________

Exposure Details (*complete for any "yes" answer - e.g. names of restaurants, foods eaten, dates, etc.*)

Suspected Source

Sensitive Occupation/Situation (SOS)

During communicable period (<=3 wks after onset), did case prepare food for any public or private gatherings? ☐ Yes ☐ No

If yes, provide details here.

Does the case or household contact attend daycare or pre-school? ☐ Yes ☐ No

If yes: Is the case/contact in diapers? ☐ Yes ☐ No

Are other children or staff ill? ☐ Yes ☐ No

Is the case or household contact a food handler, a HCW with direct patient contact, or childcare worker? ☐ Yes ☐ No

*If **case** attends/works at daycare/foodhandler/HCW:*

Employer/Situation _____

Address _____

City _____ Phone ( ) _____

Notes:

*If **contact** attends/works at daycare/foodhandler/HCW:*

Name _____

Employer/Situation _____ Phone ( ) _____

Address _____ City _____

Notes:

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

☐ Education provided per B-73 ☐ Work or daycare restriction for case per B-73 ☐ FBI filed #_____

☐ Daycare inspection by PHN ☐ Follow-up of other household member(s) ☐ OB opened #_____

ADDITIONAL COMMENTS:

Remember to copy case's name onto the top of this page and complete/review contact roster, page 3, before signing below.

PHN Print name _____ PHN Signature _____ Date___/___/___ Phone ( ) _____

PHNS Print name _____ DHO Print Name _____

PHNS Signature _____ Date___/___/___ DHO Signature _____ Date__/__/___

CONTACT ROSTER FOR YERSINIOSIS (circle one)

Name of case: _____ **Onset date:** __ / __ / __ **Date of 1st positive culture:** __ / __ / __

HOUSEHOLD CONTACTS

	Name Relationship	Age DOB	Occupation **-or-** School & Grade	SOS? ✔	Symptoms? ✔	Onset date	Confirmed? ✔	Presumptive?* ✔	Comments	Specimen Collection Dispensed	Collected	Results
1				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
2				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
3				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
4				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
5				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				
6				Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐	Yes ☐ No ☐				

NON-HOUSEHOLD CONTACTS WITH SIMILAR ILLNESS

	Name	Age DOB	Address City	Phone number	Onset date	SOS? ✔	Confirmed case? ✔	Presumptive case? * ✔	Referred to: ✔	Comments (e.g. common meal, daycare, etc.)
1						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	
2						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	
3						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	
4						Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	ACD ☐ District ☐	

* **Presumptive Case definition:** In a person epi-linked to a confirmed case, diarrhea (> 2 loose/24 hours) and fever **-or-** diarrhea and at least 2 other symptoms (e.g. cramps, vomiting, aches).

~Note: Follow-up for a presumptive case is the same as for a confirmed case. Also, a presumptive case is reportable: Epi-form must be filled out and the case entered into VCMR.