

EPIDEMIOLOGIC INFORMATION

9. During the exposure period (<=7 days before onset), was the patient:

- A close contact of a confirmed or probable case? Yes No Unknown
 If yes, has that other case been reported? Yes No Unknown
 If yes, specify nature of contact: Household Sexual Day care Other: _____
 If yes to any question, please provide relevant names, dates, places, etc. _____

10. Was the patient in a known outbreak of *E.coli* O157? Yes No Unknown

If yes, identify outbreak/exposure: _____

11. Did the patient eat or drink **any** of the following items in the seven days before the illness* began? *For patients with no symptoms, ask about the seven days before the positive culture was obtained.

- | | Yes | No | Unknown | |
|--|--------------------------|--------------------------|--------------------------|---|
| a. Raw (unpasteurized) milk/milk product | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, specify brand: _____ |
| b. Unchlorinated drinking water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, <input type="checkbox"/> Bottled, source: _____ or <input type="checkbox"/> Well water |
| c. Ground beef | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, <input type="checkbox"/> Pink (rare) or <input type="checkbox"/> Red (raw) or <input type="checkbox"/> Well done
Specify where obtained: _____ |
| d. Steak | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, <input type="checkbox"/> Pink (rare) or <input type="checkbox"/> Red (raw) or <input type="checkbox"/> Well done
Specify where obtained: _____ |
| e. Roast beef | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. Apple juice or cider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, was it pasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Specify brand: _____ |
| g. Lettuce | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, <input type="checkbox"/> Fresh or <input type="checkbox"/> Prepackaged |
| h. Sprouts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what kind? <input type="checkbox"/> Alfalfa <input type="checkbox"/> Mung bean <input type="checkbox"/> Other: _____ |
| i. Dried meat (salami, jerky) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If yes, what kind (specify brand): _____ |

12. In the seven days before the illness* began, did the patient do any of the following: (Please check.) * For patients with no symptoms, ask about the seven days before the positive culture was obtained.

- | | Yes | No | Unknown |
|---|--------------------------|--------------------------|--------------------------|
| a. Swim in a lake, stream, or river | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Live on a farm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visit a farm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have contact with children in their home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Have contact with children in a day care center or preschool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Live in an institution (such as a nursing home) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have occupational exposure to human or animal excreta | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have contact with livestock, especially bovine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Hunt/butcher animals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Visit a petting zoo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above are "Yes," specify item (a.-j.), name, and location (attach additional page, if needed).

ITEM	NAME	LOCATION

13. In the seven days before the illness began, did the patient eat at: a. A fast food restaurant Yes No Unknown
 b. Another restaurant Yes No Unknown

If either of the above is "yes," specify name and location of restaurant:
 Name: _____ Location: _____

14. Is the patient currently or usually employed as a: a. Food handler? Yes No Unknown
 b. Health care worker? Yes No Unknown
 c. Child care worker? Yes No Unknown

If any of the above are "yes," specify occupation (exact job title), name, and location of employment: _____

15. Is patient enrolled in: Childcare center or Family day care
 Preschool or Other childcare: _____ or Unknown

16. Outcome of patient: Alive or Died, date of death: ____/____/____ or Unknown
mo day yr

CONTACT MANAGEMENT AND FOLLOW-UP

HOUSEHOLD ROSTER

NAME	AGE	OCCUPATION	DIARRHEA (7 days before or after index case)			ONSET DATE mm/dd/yy	COMMENTS
			Yes	No	Unknown		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	

While symptomatic, did the case or any household member with diarrhea prepare food for any public or private gatherings? Yes No

Unknown

If yes, please provide details:

If the case or an ill household member is a food handler, health care worker with direct patient contact, child care worker, or attends day care, please provide details about site, job description, dates worked/attended during communicable period for each ill person.

NAME	DETAILS ABOUT JOB SITE	JOB DESCRIPTION	DATES WORKED AND/OR ATTENDED DURING COMMUNICABLE PERIOD

ADDITIONAL INFORMATION OR COMMENTS

DATA COLLECTOR INFORMATION

Print name of person completing this form	Date	Telephone number ()
Agency name		

NOTE: If patient was hospitalized, please attach a copy of the discharge summary, if possible.

SUMMARY OF FOLLOW-UP AND COMMENTS—FOR COUNTY USE

- Hygiene education provided
- Restaurant inspection
- Follow-up of other household members
- Testing of home/other water supply
- Day care or preschool inspection
- Work or day care restriction for case
- Investigation of raw milk dairy

CASE DEFINITION

CDC/MMWR, May 2, 1997/Vol. 46/No. RR-10 “Case Definition for Infectious Conditions Under Public Health Surveillance.”

Escherichia coli O157:H7 (Revised 9/96)

Case definition/clinical description:

An infection of variable severity characterized by diarrhea (often bloody) and abdominal cramps. Illness may be complicated by hemolytic uremic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP); asymptomatic infections also may occur.

Laboratory criteria for diagnosis:

- Isolation of *Escherichia coli* O157:H7 from a specimen or
- Isolation of Shiga toxin-producing *E. coli* O157:NM from a clinical specimen.*

Case classification

Suspected: A case of postdiarrheal HUS or TTP (see HUS case definition).

Probable:

- A case with isolation of *E. coli* O157 from a clinical specimen, pending confirmation of H7 or Shiga toxin; **or**
- A clinically compatible case that is epidemiologically linked to a confirmed or probable case

Confirmed: A case that is laboratory confirmed.

Comment

Laboratory-confirmed isolates are reported via the Public Health Laboratory Information System (PHLIS), which is managed by the Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC. Both probable and confirmed cases are reported to the National Notifiable Diseases Surveillance System (NNDSS), but only confirmed cases are reported to PHLIS. Confirmation is based on laboratory findings, and clinical illness is not required.

*Strains of *E. coli* O157 that have lost the flagellar “H” antigen become nonmotile and are designated “NM.”

Hemolytic Uremic Syndrome, Postdiarrheal (Revised 9/96)

Clinical Description

Hemolytic uremic syndrome (HUS) is characterized by the acute onset of microangiopathic hemolytic anemia, renal injury, and low platelet count. Thrombotic thrombocytopenic purpura (TTP) also is characterized by these features but can include central nervous system (CNS) involvement and fever and may have a more gradual onset. Most cases of HUS (but few cases of TTP) occur after an acute gastrointestinal illness (usually diarrheal).

Laboratory Criteria for Diagnosis

The following are both present at some time during the illness:

- Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear and
- Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e., ≥ 1.0 mg/dL in a child aged <13 years or ≥ 1.5 mg/dL in a person aged ≥ 13 years, or $\geq 50\%$ increase over baseline).

Note: A low platelet count can usually, but not always, be detected early in the illness, but it may then become normal or even high. If a platelet count obtained within seven days after onset of the acute gastrointestinal illness is not $<150,000/\text{mm}^3$, other diagnoses should be considered.

Case Classification

Probable:

- An acute illness diagnosed as HUS or TTP that meets the laboratory criteria in a patient who does not have a clear history of acute or bloody diarrhea in preceding three weeks or
- An acute illness diagnosed as HUS or TTP, that (a) has onset within three weeks after onset of an acute or bloody diarrhea and (b) meets the laboratory criteria except that microangiopathic changes are not confirmed.

Confirmed: An acute illness diagnosed as HUS or TTP that both meets the laboratory criteria and began within three weeks after onset of an episode of acute or bloody diarrhea.

Comment

Some investigators consider HUS and TTP to be part of a continuum of disease. Therefore, criteria for diagnosing TTP on the basis of CNS involvement and fever are not provided because cases diagnosed clinically as postdiarrheal TTP also should meet the criteria for HUS. These cases are reported as postdiarrheal HUS.