

## RELEASE OF ACUTE OR CONVALESCENT TYPHOID/PARATYPHOID FEVER CASE



Acute Communicable Disease Control  
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213-240-7941 (phone) 213-482-4856 (facsimile)  
www.lapublichealth.org/acd

Patient name-last	first	Date of Birth	VCMR ID
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**ACUTE:** Three consecutive negative feces and urine cultures taken 24 hours or more apart, 1 week or more after discontinuation of specific therapy and 1 month or more after onset of disease.  
**Clearance must be through Public Health Laboratory.**

If any of the specimens is positive for *S. typhi/paratyphi*, the case must begin surveillance for convalescent carrier state and must be cleared as below. Convalescent clearance may begin at any time as long as case has not been receiving antibiotic treatment for one week. Cultures should then be done at one month intervals thereafter.

Date of onset:	FECES		URINE	
	Date collected	Results	Date collected	Results
Date of last therapy:	1.		1.	
	2.		2.	
	3.		3.	

**CONVALESCENT:** Three consecutive negative feces and urine cultures taken 1 or more months apart, within 12 months of onset. Submit to the Public Health Laboratory. Patient must sign and follow the **TYPHOID CARRIER AGREEMENT.**

If the person continues to excrete typhoid bacilli for more than 12 months after onset, follow as a chronic carrier.

Date of onset:	FECES		URINE	
	Date collected	Results	Date collected	Results
Date of last therapy:	1.		1.	
	2.		2.	
	3.		3.	

Investigator's name (print)	Investigator's signature	Date	Telephone number (    )
Health District	Area Medical Director's signature		