Iowa Department of Public Health

	157:H7 and other Sh ng strains	FOR STATE USE ONLY Status: Confirmed Probable Suspect Not a case Reviewer initials:				
Investigator:	Phone r	number:			Referred to another stat	te:
CASE						
First and middle					/ Estimated?	
	Suffix:		gnant:	☐ Yes ☐ N	No □ Unk Est. delive	ery ite: / /
			Marital status:		☐ Married ☐ Parent with partr	Separated Midowed
Zip:	City:	_		☐ American	Indian or Alaskan Native African American or Pacific Islander	☐ Unknown
State:	County:	 '				
Long-term care	() Type:	 Parent/Gu	-	·	or Latino	
		Parent/G	uardian			pe:
EVENT						
	Onset date: Survived this illness Died from this Died unrelated to this illness Unknow	illness		Last name:		
Event outcome.	Date of Death / /			First name:		
Event exception	☐ Case could not be found ☐ Case could not be interviewed ☐ Case refused interview ☐ Other – see notes	althcare provider information	Provi		☐ ARNP ☐ MD ☐ DO ☐ NP	□ PA
	Yes No Unknown	ider in				
			Fa			
			Add	ress line 1:		
	☐ Yes ☐ No ☐ Unk To whom:			ress line 2:		_
Location acquired:	☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA	Ī				City:
	Unknown			State:		County:
	City and State: Country:			Phone : ()	Туре:
LABORATORY F	INDINGS					
Laboratory:	,	Accession #:			Collection date:	/
	/ /	Specimen source:				
Result type:	☐ Preliminary ☐ Final	Result date:		/ /	Result:	☐ Positive ☐ Negative
Organism:	E. coli	Serotype:				
Laboratory:		Accession #:	_		Collection date:	
Date received:	1 1	Specimen source:			Test type:	
Result type:	☐ Preliminary ☐ Final	Result date:		/ /	Result:	☐ Positive ☐ Negative
Organism:	E. coli	Serotype:				

CO	NFIDENTIAL		PAT	IENT NA	ME					l	owa Dep	artment of I	² ublic Heal	th
	Laboratory:				Ac	cession #:				Coll	ection date:	/	/	
Dat	te received:		/			Specimen source:				 Tes	t type:			
	Result type:						/ /				_	☐ Positive	- □ Negai	tive
			, <u> </u>	iai						_	toouit.		, L Negat	
00	Organism: E.	COII				Serotype:								
	CUPATIONS erpret 'occupati	on' vory k	nosoly an	d consider	ovory porco	n to have	at least one for	cupation'						
								-						
С	Ccupation type: Worked after					Job title:								
\$	symptom onset:	☐ Yes	☐ No	Unknow	<i>w</i> n Fac	ility name:								
Da	te worked from:	/	/			Address:								
ı	Date worked to:	/	1			Zip code:								
	Removed from duties:	□Yes	П№	Unknov	wn							nty:		
Da	te removed due		/						_		_	,		
	to this illness:	ndle food:	/ ☐ Yes	□ No	Unknown	Priorie.	Work in a he		Type: etting:	□Yes	П №	☐ Unkno	own	
Att	tend or provide c		Yes	☐ No	☐ Unknown		Direct patie	ent care du	ıties in	☐ Yes	_			
	Work in a la		☐ Yes ☐ Yes	☐ No	☐ Unknown ☐ Unknown			alth care s are worke		☐ res		☐ Unkno	JWH	
О	Occupation type:					Job title:								
5	Worked after symptom onset:	☐ Yes	☐ No	Unknow	wn Faci	ility name:								
Da	te worked from:	/	/			Address:								
	Date worked to:					Zin code:								
	Removed from													
Da	duties: te removed due	∐ Yes	∐ No	Unknov	wn						_ Cou	nty:		
	to this illness:	/				Phone:	()-		Туре:					
Att	Har tend or provide c	ndle food: child care:	☐ Yes ☐ Yes		☐ Unknown☐ Unknown		Work in a hea			☐ Yes	∐ No	∐ Unkno	own	
	Atten Work in a la	nd school:	☐ Yes ☐ Yes		☐ Unknown☐ Unknown			alth care sare worker		☐ Yes	☐ No	☐ Unkno	own	
							Tiodiare		. туро.					
	SPITALIZATION													
vva	s the case hospi	talized? L	」Yes □	No 🔲 Uni	known									
	Hospital:				Adr	nission date	e: /	/		Discharge	e date:	/	/	
								ING FI		Isolatio	n type			
	Days				18018	ated at entr	y: ∐Yes <u></u>]No ∐L		ں Current iso	entry): _ plation			
hc	spitalized:				Curre	ntly isolate	d: ☐ Yes ☐	No □ U	Jnk		type:			
CL	INICAL INFO & I	DIAGNOSI	IS											
D:	HUS	as 🗆 No		Onact Do	uto /	,	TTP	□ Vaa			Onact	Doto	, ,	
Dia	agnosis 🗌 Ye	es 🗌 No	☐ Unk	Onset Da	ite /	/	Diagnosis	☐ Yes	∐ INO	☐ Unk	Onset	Date	/ /	
If H	IUS or TTP diag	nosis cre	ate new l	IUS event t	for this case									
	Diari	rhea 🔲	Yes 🗆 N	lo 🗌 Unk	Da	ys/Hours	Visibl	le bloody						
		_	Yes 🗆 N			ys/Hours		diarrhea Fever	☐ Yes		Unk		Days/Hours Days/Hours	
oms	Vom Heada	· _	Yes □ N Yes □ N			ys/Hours ys/Hours		1 6761		st known f			oays/Hours]°F □°C	
Symptoms	Heada Muscle weakr			No □ Unk		ys/Hours ys/Hours	Abdomina	l cramps	-	S No	Unk		эг ப Days/Hours	
Sy		_				-		Chills	☐ Yes	S No	Unk		Days/Hours	
	F ' '					ost severe			Date	returned t				
	First sympt	iom:				symptom:				a	activities	. /	/	

	PATIENT NAM	ЛЕ				lov	wa Departm	ent of Pub	olic Health
OTHER LAB FINDINGS									
Clinical specimen from case	е								
Was PFGE performed: ☐ Yes	☐ No ☐ Unk								
IA-Xbal Pattern	IA-BlnI Pattern			CDC-Xbal Pattern			CDC-Blnl Pattern		
Environmental specimen te	l .	l	l	i attorri		I	1 attorn		
Food, Medication, or	☐ Yes ☐ No ☐	I I Ink	escribe	sirala pasitiva	c)				
environmental samples tested? For what were the samples	E. coli or EHEC	C Salmonella		circle positive	5)				
tested?	☐ Shigella	☐ Other testing					FGE		
Laboratory:	IA-BINI	Po	ositive?] Yes □ No CDC-Xbal	o 🗌 Unk	perforn	ned? 🔲 ` CDC-BInI	Yes 🗌 N	lo 🗌 Unk
Pattern	Pattern			Pattern			Pattern		
TREATMENT									
Antibiotics prescribed? Yes	☐ No ☐ Unknow	1							
Antibiotic:		Antibiotic:				Antibiotic:			
Date started: / /	,	Date started:	/	/		Date started:		/	
Dose:		Dose:				Dose:			
☐ mg Unit: ☐ ml	# of	Unit:	☐ mg	# of		Unit:	☐ mg ☐ ml	# o	f
□ IU d	days:		□ IU	days:			□IU	days	
# of times a day: R	oute:	# of times a day: _		Route:		# of times a day:		Route	·
INFECTION TIMELINE									
Enter onset date in dark-line		EXPOSURE PE	RIOD	Onset	СО	MMUNICABL	E PERIOD		
box. Enter dates for start of		The incubation		┈┆┎┵┖		O157:H7 is co			<u> </u>
exposure period and start and		E. coli O157:H	-17 is 2 t∩	•	 while a 	person has d	iorrhoo and		
end of communicable period.		10 days.	17 13 2 10	:	adults	for 1 week after	er. Children		
end of communicable period.			••••••		adults		er. Children		
end of communicable period. RISK FACTORS/TRAVEL	ation – In the 10 o	10 days.	•••••	mntoms di	adults shed b	for 1 week afte acteria for 3 w	er. Children		
end of communicable period. RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa?	City in	10 days.	nset of sy		adults shed b	for 1 week afte acteria for 3 w	er. Children reeks after		,
end of communicable period. RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa? Yes No Unk		10 days. days prior to o	nset of sy	mptoms di ure date:	adults shed b	for 1 week afte acteria for 3 w	er. Children reeks after turn date:		/
RISK FACTORS/TRAVEL RISK Factors/Travel Informa Travel within lowa? Yes No Unk Travel within U.S.? Yes No Unk	City in	10 days.	nset of sy	ure date: Departi	adults shed b	for 1 week afte acteria for 3 w	er. Children reeks after reeks after turn date:		/
end of communicable period. RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa? Yes No Unk	City in lowa:	10 days. days prior to o	nset of sy Depart	ure date: Departi	d the case:	for 1 week after acteria for 3 week acterial	er. Children reeks after turn date:		/ /
RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa? Yes No Unk Travel within U.S.? Yes No Unk Travel outside U.S.? Yes No Unk Travel outside U.S.?	City in lowa: State: Country: No Unknow	10 days. days prior to or City:	nset of sy Depart	ure date: Departi da ure date:	d the case:	for 1 week after acteria for 3 week after acteria for 3 week after acteria for 3 week after acterial for 3 week after acterial for 5 week acterial for 6 wee	turn date: Return date:		/ /
RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa? Yes No Unk Travel within U.S.? Yes No Unk Travel outside U.S.? Yes No Unk Visit restaurants? Yes If Yes, complete the table below:	City in lowa: State: Country: No Unknow	10 days. days prior to of City: wn County a	nset of sy Depart	ure date: Departi da ure date: are missing i	d the case:	ror 1 week after acteria for 3 week acterial for 3 week	turn date: Return date:	/ / Other	
RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa? Yes No Unk Travel within U.S.? Yes No Unk Travel outside U.S.? Yes No Unk Visit restaurants? Yes If Yes, complete the table below:	City in lowa: State: Country: No Unknow	10 days. days prior to of City: wn County a	Depart Depart	ure date: Departi da ure date: are missing i	d the case:	ror 1 week after acteria for 3 week acterial for 3 week	turn date: Return date:	/ / / Other	s
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RISK FACTORS/TRAVEL Risk Factors/Travel Informa Travel within lowa? Yes No Unk Travel within U.S.? Yes No Unk Travel outside U.S.? Yes No Unk Visit restaurants? Yes If Yes, complete the table below: Establishment name Add Attend Group Gatherings (e	City in lowa: State: Country: No Unknown dress/Zip e.g. weddings, pa	10 days. days prior to or City: NO County a Da	Depart Depart nd address ite visited / / / / / /	ure date: Departi da ure date: are missing i	d the case: / / ure tte: / from this table ods consume	ror 1 week after acteria for 3 week acterial for 3 week a	turn date: Return date:	/ / / / / / / / / / / / / / / / / / /	us Unk us S
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CONFIDENTIAL PATIENT NAME ______ lowa Department of Public Health

Where did the case purchase groceries in the 2 weeks before the onset of symptoms: County Date purchased Store name Address City/State/Zip Dietary Information - In the 10 days prior to onset of symptoms did the case consume the following: Meat and poultry Any of these meat products? ☐ Poultry ☐ Ground beef ☐ Pork ☐ Meat other than ground meat (salami, jerky, wild game) \square At own home \square Another person's home \square Picnic \square Vendor stand Where was grilling done? ☐ Other: Please list: / , / / From dates consumed: To dates consumed: Was the meat fully cooked? ☐ Yes ☐ No ☐ Unknown List all source/types: List all brand names: / / , / / From dates consumed: To dates consumed: / / , / / Other meat and poultry products **Deli/lunch meat** ☐ Yes ☐ No ☐ Unk From dates consumed: / / To dates consumed: / / List all brand names: List all source/types: Raw/partially cooked eggs or in ☐ Yes ☐ No ☐ Unk foods (e.g. cookie To dates consumed: / / dough): From dates consumed: / / List all brand names: List all source/types: **Unpasteurized products** Unpasteurized ☐ Yes ☐ No ☐ Unk milk: From dates consumed: / / To dates consumed: / / List all brand names: List all source/types: Unpasteurized ☐ Yes ☐ No ☐ Unk To dates consumed: / / From dates consumed: juice: List all brand names: List all source/types: Other unpasteurized ☐ Yes ☐ No ☐ Unk To dates consumed: / / products: From dates consumed: / / List all source/types: List all brand names: Other products Health supplements: ☐ Yes ☐ No ☐ Unk From date consumed: / / To dates consumed: ___ / / List all source/types: List all brand names: From date consumed: / / To dates consumed: / / List all brand names: List all source/types: Baby food: Yes No Unk From date consumed: ____/ __ To dates consumed: / / List all brand names: List all source/types:

CONFIDENTIAL	PATIENT NAME			Iowa Depart	ment of Public Health
Fruits and vegetables					
_	Yes □ No □ Unk F	rom dates consumed:	/ /	To dates consumed:	1 1
List all source/types:			List all brand names:		
	Yes No Unk	rom dates consumed:	/ /	To dates consumed:	/ /
List all source/types:			List all brand names:		
Other					
Leftover foods consumed ☐ Yes ☐ No ☐ Unk	d: Reheated: ☐ Yes ☐ No ☐ l	Jnk From date co	nsumed: / /	To date consume	ed: / /
Describe leftovers consur	med:				
Animal Exposures – In Check all that apply	the 10 days prior to the	e onset of symptom	s did the case:		
Visit or live on a Exposed to m Have farm animal co	anure: Yes No	Unknown Unknown Unknown Animals			
Have reptile co	ontact: Yes No] Unknown		e Snake Other	
Reptile lived with Have other	animal	Unknown			
contact in		Unknown Animal:			'es □ No □ Unk
Visit a pettin				□ No □ Unk Animal:	
Zoo	name:	Address	/Zip/County:		
Water Exposures – In a Go swimming? ☐ Yes ☐ If Yes, complete the table b		onset of symptoms	did the case		
Water Type	onow.	Location Type	Dates visited	Facility name / Street add	dress & Zip
		_	From	•	•
☐ Kiddie pool ☐ W ☐ River/stream ☐ St ☐ Lake ☐ W	ond /ater park wimming pool /ater fountain/ splash pad ther	☐ Hotel/motel ☐ Indoor private ☐ Indoor public ☐ Outdoor private ☐ Outdoor public	To / /		
Drinking water supply		. —			
Home:	☐ Municipal	☐ Well S	School: Bottled	Municipal	□ Well
☐ Commercial D Work: ☐ Bottled	Delivery Rural water Municipal	☐ Well Chil	☐ Commerc	ial Delivery	□ Well
Commercial D				ial Delivery Rural water	
Other Exposures – In t	the 10 days prior to the	onset of symptoms	did the case:		
Wear d	liapers ☐ Yes ☐ No ☐	Unk Have conta	ct with diapers:	Yes 🗌 No 🔲 Unk	
Have containmunocompromised p		Unk Setting:	☐ Home ☐ Work ☐ Other		
Have sex with someor		Sexual	☐ Hetero	Bisexual	
similar symp	otoms: Yes No	Unk preference:	☐ Homo	Unknown	
CONTACTS					
	n case's household:	•			
	of the case with same sym		D Unknown		
Close contacts of the cas	se with the same symptoms DOB	S Gender		Address/Phone	
		_			
	, ,	_		<u>-</u> .	
Relatio	onship to case	Zip co	ntoms Sy	Phone: - mptom Same	Is contact a
		List sylli	ons	set date exposures	case?
☐ Spouse ☐ ☐ Child ☐	Causal ageste at			☐ Restaura	nt 🗌 Yes
	Sexual contact Family member (non-house	hold)	/		
☐ Sibling ☐ ☐ Roommate ☐	Sexual contact Family member (non-house Friend/acquaintance Contact- work/school/etc	hold)		/ Gathering	

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender		Address/F	Phone	
	, ,					
		_				
		□ Female	Zip code:	DI	none: -	_
	eletionahin to soci			Symptom	Same	Is contact a
Re	elationship to case	L	ist symptoms	onset date	exposures	case?
Spouse Child Sibling	☐ Sexual contact ☐ Family member (non-house ☐ Friend/acquaintance	ehold)		/ /	Restaurant Gatherings Food	☐ Yes ☐ No
Roommate Parent/ guardian	Contact- work/school/etc Unknown/Other					
	If this contact	is a case create	a new event and/or	case for this contact.		
NOTES:						