

Salmonellosis

Type: (if known)

Is this a:

SINGLE INCIDENT CASE

HOUSEHOLD CONTACT OF CASE

Case Name: _____

OUTBREAK INVESTIGATION

Organism laboratory Confirmed

Organism not laboratory Confirmed

OUTBREAK NAME:

Date:	/ /
Interviewer:	
Person Interviewed (if not case):	
Regional ID No:	
Interpreter used? language:	<input type="checkbox"/> No <input type="checkbox"/> Yes
PROBABLE SOURCE	
DHS USE ONLY	
NIDS Number	
NIDS Updated?	/ /

PRIVACY MESSAGE : The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent. You can access your information by contacting the Department of Human Services. A fact sheet is available (“Privacy Legislation & Notification of Infectious Diseases – Information for Patients”) if you would like further information **Information read?**

SECTION 1: DEMOGRAPHIC DATA

Surname / Family name :

Other names:

Street Address:

Suburb/Town: Postcode:

Telephone: H: () W: () M:

Date of Birth: / / or Age: Sex: Male / Female

Country of Birth: **Of Aboriginal or Torres Strait Islander Origin?**

No

Aboriginal

Torres Strait Islander

Both Aboriginal and Torres Strait Islander

Language Spoken at Home:

Occupation*:

Name / Address of Employer or School or Child Care Attended:

Telephone: Contact Person:

Date Last Attended Prior To Onset: / /

High Risk occupational group?* no yes

• High risk occupations are food handlers, health care workers, child care workers, children in child care, and residents of institutions (i.e. aged care) 1

SECTION 2: TREATING DOCTOR / HOSPITAL

Name of Treating Dr:

Address:

Telephone:

Facsimile:

Consent given by Doctor to interview: no yes Date: / /

Did case present to hospital (e.g. Emergency Dept)? no yes

Name of Hospital:

Was case admitted to hospital? no yes

Date of Admission: / /

Hospital UR No:

Date of Discharge / Death / /

SECTION 3: ILLNESS (SUMMARY)

★ Onset date of illness: ___/___/___

★ Date of Specimen Collection: ___/___/___

Time of onset: am / pm

★ Type of Specimen: Faeces / Blood / Urine / Other

SYMPTOMS	YES/NO	Date of onset
Fever		
Nausea		
Vomiting		
Abdominal pain		
Lethargy		
Headache		
Other (Specify)		

SYMPTOMS	YES/NO	Date of onset
Diarrhoea		
Bloody stools		
Watery stools		

Max stools in 24 hours:

Duration of diarrhoea:..... days / hours

Total duration of illness:days

★ History of illness:

★ Treatment:

Were you given antibiotics to treat this illness? no yes → If yes: What antibiotics?

Are you still taking antibiotics? no yes What date did you last take the antibiotics? / /

Comments:

SECTION 4: CONTACT DATA

In the two weeks prior to onset of illness, has the case:

- had contact with a family member with a similar illness? no yes → give details in table below:
- had contact with a friend or work/school colleague with a similar illness? no yes → give details in table below:

Name	Relationship	Address and phone (if different to case)	Occupation/ childcare / school	Onset date	Faeces culture Y/N

How well did the case recall the information (Sections 2, 3 and 4 – doctors details, illness history and contact details)?

- Very Well Well Not well Not at all

SECTION 5: ENVIRONMENTAL RISK FACTORS

In the two weeks prior to onset of illness, did any of the following risk factors apply?

Risk Factor	Applies	Details
Travel Domestic (Include all nights away from home – i.e. interstate and local) International	no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/>	Places Visited: Type of Accommodation: Date of Departure: ___ / ___ / ___ Date of Return: ___ / ___ / ___ Airline: Flight Numbers:
Close Contact with farm animals (include petting zoos etc here)	no <input type="checkbox"/> yes <input type="checkbox"/>	Specify type: Specify date(s): Location:
Lives on a rural property (i.e. farm, hobby farm)	no <input type="checkbox"/> yes <input type="checkbox"/>	

Has had contact with pets (including fish and reptiles) no <input type="checkbox"/> yes <input type="checkbox"/>	Type: Has pet been ill? no <input type="checkbox"/> yes <input type="checkbox"/> Type of food? Location: <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify):
Drunk from a private water supply no <input type="checkbox"/> yes <input type="checkbox"/>	Specify type: Location: Is water treated? no <input type="checkbox"/> yes <input type="checkbox"/> unknown <input type="checkbox"/>
Drunk from a public water supply (tap water)? no <input type="checkbox"/> yes <input type="checkbox"/>	
Drunk any bottled water no <input type="checkbox"/> yes <input type="checkbox"/>	Specify brand: How often:
Problems with sewage disposal at home? no <input type="checkbox"/> yes <input type="checkbox"/>	Specify problem and system type:
Gardening – contact with potting mix or manure no <input type="checkbox"/> yes <input type="checkbox"/>	Type:
Other known risk factor (i.e. occupational exposure) no <input type="checkbox"/> yes <input type="checkbox"/>	Specify:
Participated in Swimming / Water Sports no <input type="checkbox"/> yes <input type="checkbox"/>	Activity: Location: Date:

How well did the case recall the information (Section 5 - environmental exposures)?
 Very Well Well Not well Not at all

SECTION 6: FOOD HISTORY

Three Day Food History - If a detailed 3-day food history cannot be recalled, request information on what is usually eaten at each meal. Collect as much detail as possible for each meal (e.g. for a salad sandwich list all ingredients; for a meal cooked at home list everything eaten) and the number of people that shared each meal.

Day of onset of illness:	Day:	Date:	Time of onset:	am/pm
Breakfast:			Brand	Purchased/eaten from
Lunch				
Dinner				
Other snacks and drinks				

Day 1 (day before onset):	Day:	Date:
Breakfast:	Brand	Purchased/eaten from
Lunch		
Dinner		
Other snacks and drinks		
Day 2 (2 days before onset):	Day:	Date:
Breakfast:	Brand	Purchased/eaten from
Lunch		
Dinner		
Other snacks and drinks		
Day 3 (3 days before onset):	Day:	Date:
Breakfast:	Brand	Purchased/eaten from
Lunch		
Dinner		
Other snacks and drinks		

Has the case tried any new or different foods recently? no yes If yes specify:

.....

Has the case been on any specific diets lately? no yes If yes specify:

.....

In the 2 weeks prior to illness did the case eat or buy food from:

	Yes/no/unknown	Name and address of premises	What was eaten and When?
Cafes or restaurants			
Takeaway outlets			
Parties or functions with family or friends			
Festivals or commercial public gatherings (eg fetes, club social events, markets, Moomba etc.)			
Continental deli or specialty grocer (e.g. Asian supermarket)			
Farms or growers (farm gate sales or consumption of unprocessed products)			

Were any other attendees at these meals/functions ill with gastro symptoms? no yes If yes give details:

WHAT DOES THE CASE SUSPECT WAS THE CAUSE OF THEIR ILLNESS?

How well did the case recall the information (Section 6 - food history)?
 Very Well Well Not well Not at all

SECTION 7: COMMENTS OR CONCLUSIONS

Food samples obtained for the investigation: no yes → give details in the table below:

Type of Food	Date Collected	Result of Analysis

Probable Source of Illness:

Comments:

SECTION 8: EDUCATION AND EXCLUSIONS

Hygiene and preventing transmission
of Salmonella discussed

No Yes N/A

Salmonellosis information provided (brochure)

No Yes N/A Date Sent: ___/___/___
 Referred to DHS Website (www.health.vic.gov.au/ideas)

Privacy Information requested

No Yes N/A Date Sent: ___/___/___

Is case a child in care, resident of an institution or in a high-risk occupation?

YES → Continue below
 NO → End of Section 8, Please go to Signature

CHILD IN CHILD CARE

School / Child care exclusion is/was required

No Yes N/A

Exclusion(s) discussed with parent / guardian?

No Yes N/A

*Exclusion from school or
child care is required until
diarrhoea has ceased.*

CHILD CARE WORKER

Work exclusion is/was required?

No Yes N/A

Exclusion discussed with case?

No Yes N/A

*It is recommended that the
case be excluded from
work until diarrhoea has
ceased*

FOOD HANDLER

Work exclusion is/was required?

No Yes N/A

Exclusion discussed with case?

No Yes N/A

*All food handlers with
diarrhoea are to be
excluded from work until
diarrhoea has ceased.*

HEALTH CARE WORKER

Work exclusion is/was required?

No Yes N/A

Exclusion discussed with case?

No Yes N/A

*It is recommended that the
case be excluded from
work until diarrhoea has
ceased*

RESIDENT OF AN INSTITUTION (e.g. aged care facility, residential care unit etc)

Isolation is/was required?

No Yes N/A

Isolation discussed with primary carer?

No Yes N/A

*It is recommended that the
case be isolated from well
residents (as far as
practicable) until diarrhoea
has ceased.*

SIGNATURE

Name of interviewer (please print clearly): _____

Interviewer's Signature: _____ Date: ___/___/___

