

# Typhoid Fever

COUNTY

FOR STATE USE ONLY

#

*S. typhi*    *S. paratyphi*

ACUTE INFECTION    CHRONIC CARRIER    \_\_\_\_\_

Date investigation initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_ case report

\_\_\_\_/\_\_\_\_/\_\_\_\_ interstate

confirmed

presumptive

suspect

## CASE IDENTIFICATION

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address \_\_\_\_\_  
Street City Zip

ALTERNATIVE CONTACT:  Parent    Spouse    Household Member    Friend    \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_  
indicate home (H); work (W); message (M)

Address \_\_\_\_\_  
Street City Zip

## SOURCES OF REPORT (check all that apply)

Lab    Infection Control Practitioner

Physician    \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first report)

Primary M.D. \_\_\_\_\_  
(if different)

Phone \_\_\_\_\_ OK to talk to patient?

## DEMOGRAPHICS

SEX  
 female    male

HISPANIC  yes    no    unknown

RACE  
 White    American Indian  
 Black    Asian/Pacific Islander  
 unknown    refused to answer  
 other \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
m d y

or, if unknown, AGE \_\_\_\_\_

Worksites/school/day care center \_\_\_\_\_

Occupations/grade \_\_\_\_\_

## BASIS OF DIAGNOSIS

### CLINICAL DATA

Symptomatic  yes    no  
if yes, ONSET on \_\_\_\_/\_\_\_\_/\_\_\_\_  
m d y

Check all that apply:

fever \_\_\_\_\_ 1/2

rash/rose spots

headache

hospitalized on \_\_\_\_/\_\_\_\_/\_\_\_\_

hospital \_\_\_\_\_

released on \_\_\_\_/\_\_\_\_/\_\_\_\_

treated for chronic carriage in

\_\_\_\_\_ year

died on \_\_\_\_/\_\_\_\_/\_\_\_\_

### LABORATORY DATA

Confirmed  yes    no

four-fold rise in antibody titer

Lab \_\_\_\_\_

serum dates \_\_\_\_/\_\_\_\_/\_\_\_\_  
m d y

\_\_\_\_/\_\_\_\_/\_\_\_\_

isolate cultured

Lab \_\_\_\_\_

specimen date \_\_\_\_/\_\_\_\_/\_\_\_\_

Source of isolate(s):

blood  <sup>pos.</sup>  <sup>neg.</sup>

urine

stool

other \_\_\_\_\_

isolate submitted to PHL

PHL specimen # \_\_\_\_\_

serotype \_\_\_\_\_

LOG FOLLOW-UP CULTURES ON BACK

### EPI-LINKAGE

During the exposure period, was the patient

associated with a known outbreak

a close contact of a **confirmed** or **presumptive** case or carrier

was source case reported?  yes    not yet

Specify nature of contact:

household    daycare    \_\_\_\_\_

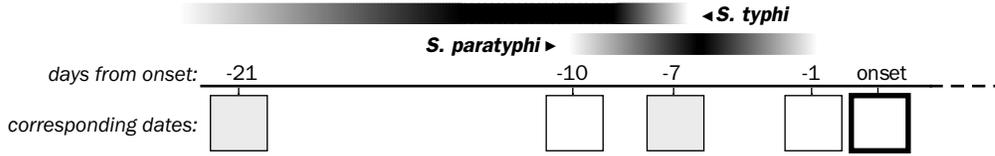
if yes to any question, specify relevant names, dates, places, etc:

Does the case know about anyone else with a similar illness?  yes    no    could not be interviewed

if yes, give names, onset dates, contact information, and other details.

**INFECTION TIMELINE**

Enter onset date in heavy box. Count backwards to figure probable exposure periods. Use grey boxes for *S. typhi* infections.



Communicable until elimination of excretion—usually one to several weeks. A minority become carriers for months or years.

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

If case was already epi-linked, complete only "Medical Risk Factors."

- no risk factors could be identified
- patient could not be interviewed

**MEDICAL RISK FACTORS**

- 1  antibiotic use in 30 days before onset
- 2  gastrectomized/low stomach acid
- 3  regularly uses antacids
- 4  immunocompromised
- 5  gall bladder disease

**POTENTIAL SOURCES**

- 6  contact with other people with diarrhea
- 7  travel outside the U.S. to \_\_\_\_\_
- 8  contact with recent foreign arrivals
- 9  attends or works in daycare center/nursery
- 10  other occupational contact with human excreta
- 11  eating at restaurants/public gatherings
- 12  \_\_\_\_\_

Provide details about any possible source or risk factor(s).

**CONTACT MANAGEMENT AND FOLLOW-UP**

**HOUSEHOLD ROSTER**

name	age	occupation	sick?		onset	education provided?		comments
			yes	no		yes	no	
_____	_____	_____	<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"/>	<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"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

During the communicable period, did the case prepare food for any public or private gatherings?  yes  no if yes, provide details below.

If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.

If the patient attends daycare or nursery school,

Is the patient in diapers?  yes  no

Are other children or staff ill?  yes  no

**FOLLOW-UP CULTURE RESULTS**

**SUMMARY OF FOLLOW-UP; COMMENTS**

- hygiene education provided
- work or daycare restriction for case
- work or daycare restriction for household member
- daycare inspection
- follow-up of other household member(s)
- typhoid carrier agreement signed
- \_\_\_\_\_

**ADMINISTRATION**

Remember to copy patient's name to the top of this page.

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Case report sent to OHS on \_\_\_/\_\_\_/\_\_\_ Investigation sent to OHS on \_\_\_/\_\_\_/\_\_\_