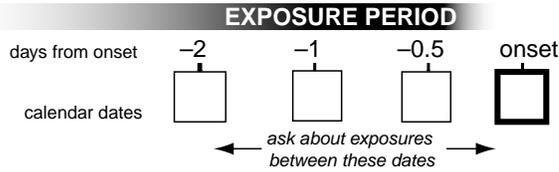




**INFECTION TIMELINE**



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

**EPI-LINKAGE**

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

During the exposure period, was the patient...

associated with a known outbreak?

yes    no    unk

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

yes    no    unk

Has the above case been reported?

yes    not yet

Specify nature of contact:

household    sexual    daycare    \_\_\_\_\_

Did the patient travel outside his/her home state in the 7 days before illness began?    yes    no

*If yes, list destination(s) and dates*

**SUSPECT FOODS:** Did the patient eat any of the following foods?

FOOD	yes no unk			Eaten raw?			Most recent meal			am	pm	
	yes	no	unk	yes	no	unk	m	d	y			time
a clams	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
b crab	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
c lobster	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
d mussels	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
e oysters	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
f shrimp	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
g crawfish	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
h other shellfish	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
specify _____												
i fish (specify)	<input type="checkbox"/>	___/___/___	___	___	___	<input type="checkbox"/>	<input type="checkbox"/>					
specify _____												

Amount consumed \_\_\_\_\_

How was this fish or seafood prepared (if not eaten raw)?

baked    broiled    fried    steamed    unk    other \_\_\_\_\_

Where was this seafood obtained?

oyster bar/restaurant    seafood market    unk  
 truck/roadside vendor    food store  
 other \_\_\_\_\_

*if yes, where?*

Name of store/restaurant \_\_\_\_\_

Address \_\_\_\_\_

Was seafood harvested by patient or friend of patient?

yes    no    unk

*if yes,*

*where?* \_\_\_\_\_

Was seafood imported from another country?    yes    no

*if yes, where?* \_\_\_\_\_

If oysters, clams or mussels were eaten, how were they presented to the case?    in the shell    shucked    unk   other, specify \_\_\_\_\_

Date seller received seafood \_\_\_/\_\_\_/\_\_\_

***If illness was domestically acquired, contact Environmental Health and Dept. of Agriculture to collect data on sales, shipping, distribution, lot numbers, harvest sites, temperature, storage and cross-contamination.***

**CASE-CONTACT MANAGEMENT AND FOLLOW-UP**

SUMMARY OF FOLLOW-UP AND COMMENTS. Provide details as appropriate.

- hygiene education provided
- work or daycare restriction for case
- daycare inspection

- follow-up of other household member(s)
- restaurant inspection
- investigation of seafood source
- \_\_\_\_\_



**ADMINISTRATION**

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

Initial report sent to OHS on \_\_\_/\_\_\_/\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Case investigation sent to OHS on \_\_\_/\_\_\_/\_\_\_