Introduction

Foodborne illness in the United States is a major cause of personal distress, social disruption, preventable death and avoidable economic burden. The economic impact of illness is staggering since the unpleasant symptoms of even a mild case of foodborne illness may require absence from school or work. The microbiologic hazards associated with food and food preparation are receiving increasing public attention. They are causing increasing concern not only among consumers, but also among those involved in all facets of food production and distribution. While benefits of the availability of such a variety of foods are many, the potential for transmission of foodborne pathogens to large populations spread over large geographic areas also increases with modern food production and distribution.

Changing food industry practices, dietary choices of the American people and increasing global distribution of food supplies bring new challenges to providing a diet safe from pathogens. Commonly consumed food items contaminated with infectious agents place large numbers of persons at risk. In addition to the dangers inherent in the modern food distribution system, newly emerging or reemerging infectious diseases influence and complicate the occurrence of foodborne illness. Transmission of a new pathogen may be poorly understood and laboratory methods for diagnosis may be difficult or unavailable.

Definitions

Complaints by citizens of symptoms that they feel are caused by food are common. These complaints often involve only one or two related people and cannot be shown to be food-related.

A suspected foodborne disease outbreak is a clustering of people (two or more unrelated persons) with onset of similar objective symptoms (for example, vomiting or diarrhea) within a 48-hour period after eating a common food or eating at a common restaurant/gathering. Most single source food borne outbreak will meet this definition, however continuous source outbreak or outbreak involving diseases with long incubation period (hepatitis A for example) do not meet this definition.

A probable foodborne disease outbreak includes in addition a strong association (OR >1.5) between some of the food and the illness.

A confirmed foodborne disease outbreak includes isolation of identical microorganisms both in the food and in clinical specimens.

A food-related complaint is defined as a report by persons of symptoms which they believe are
related to a food source, but which does not fit the definition of a foodborne disease outbreak. Food-related complaints either occur over more than 48 hours, involve only one person, involve only people from one household, or are characterized only by subjective symptoms (such as nausea, headache, or dizziness).

**A Food establishment complaint** is a complaint related to food such as the sale of spoiled or adulterated food or unsanitary conditions at a restaurant. It is important to track consumer complaints and review the data periodically for clusters of illness or changes in trends of illness.

**Response to a suspected food-borne outbreak**

**Public Health Response Teams**

When a potential outbreak situation occurs, the first person involved should ensure that all the stake-holders are informed. This would include Regional Medical Director/Administrator, other regional staff (Epidemiologist, Disease Surveillance Specialist, Sanitarian) and the Infectious Disease Epidemiology Section.

All relevant information pertaining to the outbreak/condition will be discussed in order to determine the course of action. A decision will be made whether to activate the RRT.

Rapid Response Teams (RRT) are multidisciplinary groups of specially trained OPH staff who can respond promptly to emergency epidemiological outbreaks/conditions. The OPH Regional Office in partnership with the Infectious Disease Epidemiology Section supervises and directs the RRT’s specific activities during an investigation or intervention.

The Infectious Disease Epidemiology Section will assign a lead epidemiologist for each investigation who will collaborate with the RRT and can outline correct protocols to follow.

The regional RRT Coordinator will coordinate the investigative tasks with the other team members and will be responsible for keeping the Regional Administrator/Medical Director informed of local activities on a daily basis.

It may not always be possible to have all three team members pulled from their regular job responsibilities and work together continually on an outbreak. Team members may not be at their home base when the investigation begins. However, there are quite a few activities that can be done away from the home base, such as designing questionnaires, making calls, faxing information, and conferencing with other team members.

At the end of the investigation a member of the RRT, regional staff or Infectious Disease Epidemiology Section (to be discussed by the team) will prepare a summary report on the activities, analysis of data and interpretation of results, recommendations.

A post-exit conference with Infectious Disease Epidemiology Section staff and RRT members may be conducted (most likely via telephone conferencing) to review the investigative process and evaluate effectiveness and appropriateness of the outbreak activities.

Upon initiation of activities, the RRT members will be provided with the appropriate project code number for charging their time.

**Health Unit Staff**
Whereas handling a food-related complaint is the responsibility of the sanitarian, investigation of a food-borne disease outbreak is a joint effort by the sanitarian, parish health unit nurse, Regional Office, Regional Rapid Response Team (RRT) Coordinator and staff from the Infectious Disease Epidemiology Section. Initially, a nurse or sanitarian may be the first to hear of a foodborne outbreak. In this case, the nurse or sanitarian's first responsibility is to notify the Regional staff, RRT Coordinator and the Infectious Disease Epidemiology Section of the outbreak so that the investigation can be organized. In carrying out the investigation the RRT team, in conjunction with the local sanitarian, will investigate the food-service establishment and ensure that continued food contamination does not occur. The local parish health unit nurse may need to assist and collaborate with the RRT team in obtaining stool and/or blood specimens from ill persons. Both the nurse and sanitarian may need to assist the RRT team and the Infectious Disease Epidemiology Section in completing questionnaires on ill and non-ill persons and assist in obtaining stool culture from foodhandlers.

**Completion of Foodborne Case History Forms:**
A foodborne case history form (see below) is a tool that is essential to any foodborne disease outbreak investigation. It is not possible to have a standard form that would apply to all foodborne disease outbreaks. However the Infectious Disease Epidemiology Section has prepared a generic case history form that can easily be adapted to a particular outbreak (call for information). Prior to officially investigating all individuals involved in the outbreak, the Infectious Disease Epidemiology Section and the RRT team coordinator will collaborate to prepare a special questionnaire or make modifications to existing questionnaires. Nonetheless, all foodborne disease outbreak questionnaires follow the same general principles. Below are guidelines for how these questionnaires are written and used:

-- Demographic information is addressed in the first section, followed by exposure information and finally the disease history. This format will help with collecting exposure data in the same manner on cases and non-cases, independent as much as possible of disease status. It will also be easier to enter data information on non-cases in the computer program, since the disease information will not be applicable.

-- A section containing food items from the meal(s) in question with blank spaces is listed next. It is important for the investigator to remember to enter the complete menu in the blanks before making bulk number of copies that are necessary. Line listing food items will avoid open-ended questions such as what did you eat? (This technique may well result in incomplete information being obtained, especially if the individual being questioned forgets some of the food items served or if the individual is a child.)

-- There are three columns in the food history section for answers YES, NO, NOT SURE. When only YES and NO are allowed, it frequently results in blank entries that are difficult to handle in the analysis (it is always unclear whether the blank entries mean no, not sure, or data not collected).

-- The section containing a list of possible symptoms should follow the food history section. Once the investigator is able to develop a case definition, he/she will need specific symptoms, well defined, with YES –NO - NOT SURE answers for the same reasons as in the above.

-- Since diarrhea is the symptom used most often in establishing a case definition, there is a need to specify a standard definition for diarrhea. For the purpose of disease outbreak investigations, diarrhea shall be defined as three or more loose stools/day. Standardizing the definition for diarrhea should eliminate individual interpretations which result in conflicting information.
If the number of cases and non-cases are relatively small, it is essential to collect information contained on the food history questionnaire on all cases and all non-cases, if at all possible. If not, a way to draw a random sample of the non-cases to serve as controls will have to be designed by the Infectious Disease Epidemiology Section and should be discussed with that section early in the investigative process, before data are collected.

Depending on the suspected illness, the characteristics of the patients and the circumstances of the outbreak, other optional information might be necessary:
- date of birth
- place of employment, work phone numbers
- names/ages/disease status of household contacts (secondary cases/day care/school)
- underlying conditions, medications
- travel history
- treatment: drug/dosage/duration
- places and times of exposure, if multiple

The epidemiologic investigation should also include information on both environmental and laboratory investigations. While each part of a foodborne investigation compliments the other, team work and ongoing communication is of utmost importance.

Investigation of an outbreak is a team effort where each member has an essential role to perform. The team may include a number of individuals at the local level (public health nurse, sanitarian, laboratory, and disease investigator) as well as the Regional RRT team. It is important to remember that the RRT team and the Infectious Disease Epidemiology Section are available for guidance and assistance throughout each step of the investigation.

Submission of Clinical Specimens to the State Laboratory:

Laboratory identification of a pathogen can validate the hypothesis and allow easier implementation of control and preventive measures. Increased certainty results if the statistical association of illness is combined with the isolation of a pathogen from the ill person and the implicated food item(s). Therefore, time is of the essence when requesting and collecting clinical and food specimens. Stool specimens should be collected within 48 to 72 hours after onset of symptoms during the period of active diarrhea.

Role of the State Laboratory

The Central and Regional Laboratories are state reference laboratories where hospitals and other laboratories send specimens or isolates for confirmation and serotyping. In addition to reference laboratory activities, these laboratories examine implicated food and clinical specimens (in outbreak and non-outbreak situations) to identify the organism or extraneous materials responsible for human illness.

Feces and food specimens are considered appropriate for foodborne related-illness testing. Blood is an acceptable specimen when typhoid, botulism or other relevant microorganisms are suspected. Routine cultures performed on fecal specimens include: *Campylobacter; Vibrio; Salmonella; Shigella*. On request: *E. Coli 0157:H7; Staph aureus; Clostridium perfringens; Bacillus cereus*. The Central Laboratory can identify Norovirus on stool specimens. In special circumstances, the Centers for Disease Control and Prevention in Atlanta may be utilized for laboratory assistance in conducting viral testing on fresh stool specimens.
In 1998, a Molecular Epidemiology Laboratory has been established that is capable of performing molecular subtyping of bacterial pathogens by pulsed field gel electrophoresis (PFGE). Traditionally, epidemiologic investigations of infectious disease outbreaks have relied primarily on detailed evaluation of cases and comparison of those cases with carefully selected controls. Both differences and similarities between cases and controls are used to identify factors that may be associated with a specific illness under investigation. Laboratory isolation and identification of an etiologic agent from the suspected source provided independent confirmation of the probable source of the outbreak. When laboratory methods such as serotyping were developed to characterize bacteria below the species level, these methods were also applied to more definitively match between case isolates and isolates from suspected sources of infection.

Pulse field gel electrophoresis (PFGE) is a technique used to produce the DNA fingerprints. PFGE testing can determine how closely related bacteria are to one another by comparing their fingerprints. Identical or very similar DNA fingerprint patterns strongly suggest a close relationship, while bacteria with distinctly different patterns are not closely related.

**Procedures for Stool Sample Collection and Submission**

Each Regional Rapid Response Team has been provided a laboratory RRT kit containing all necessary supplies. The Regional RRT Coordinator is responsible for maintaining inventory of supplies and requesting replacements as needed.

1. **Transport Media**
   All State Public Health Labs provide Carey-Blair transport media for stool collection for salmonella sp., Shigella sp., and Campylobacter sp.

2. **Collection time of samples**
   Diagnosis of most foodborne diseases can be made more easily when etiologic agents are isolated from clinical specimens of ill persons. Encourage ill persons to submit stool specimens while they are still experiencing symptoms. Collect stool specimens prior to antibiotic treatment.

3. **Methods of stool collection**
   Stools for bacteriology testing should be evitable on the collection kit swab to be considered adequate for testing. Stools submitted for viral testing should be at least a cupful of fresh stool (even if liquid) in a clean seal-proof container. Rectal swabs are not usually recommended, however, if it is the only available method, the swab should be inserted past the anal sphincter muscle to obtain a representative fecal sample. It is preferable to obtain a whole stool sample to make sure there is enough material for viral and bacterial isolation. The stools may be collected in a screw cap container or any container with a tight lid. Refrigerate the specimen immediately.

4. **Transporting and Labeling**
   Each stool sample should be labeled with the patient’s name, date of collection, and be accompanied by the appropriate laboratory requisition slip with completed information as required. Place samples in a zip lock bag to prevent spillage or leakage during transport and place lab slips in a separate plastic bag or waterproof envelope. Place these samples in a styrofoam box, insert frozen icepacks to avoid deterioration of the specimens.

5. **Shipping**
It is preferable that all outbreak-related specimens be shipped as quickly as possible to the receiving lab. If specimens cannot be hand carried to the laboratory, shipping by Greyhound bus is the next best method. Please be sure to indicate and label on the outside of the package, “NEXT BUS OUT” to ensure the specimens are sent on the most immediate scheduled trip.

**Procedures for Food Sample Collection and Submission**

Follow the same procedures as for stool samples except:

Collect a cup of food per organism to be tested. Refrigerate immediately.

Keep the food in a sturdy leak-proof container such clean and dry plastic container. If there is more than one item in the meal, keep food samples separate. Each food sample should be accompanied by a separate food request form. Pre-numbered adhesive tags are provided at the bottom of these forms, attach tags to the appropriate sample to avoid mismatching. Place these samples in a Styrofoam box with frozen icepacks. Place this box in an addressed cardboard box.

**REMEMBER: Key Components of Lab Collection Process**

- Timeliness of specimen collection - usually during the acute phase of illness
- Specimen type - based on suspected disease
- Proper handling - temperature control and follow biohazard procedures
- Proper labeling/packaging - be sure to include patient identifiers, submitter’s identification, and abide by established protocols for packaging
- Proper modes of transportation - consider the length of time the specimen will remain viable, level/timeliness of follow-up needed, and location of specimen/laboratory
- Common types of specimens used to identify agents: **viruses** - serology, stool, throat cultures; **bacteria** - stool, food, tissue cultures (CSF, wound); and **parasites** - stool.

**Procedures for Collection of Serum Specimens**

The identification of specific antigens and/or antibodies in serum is the method of choice when the acute stage of disease is past or when the agent is difficult or dangerous to isolate. Diagnosis of viral infection using serological testing must be done using both the laboratory data and clinical observations. The laboratory can provide two types of serological analysis helpful in diagnosing acute viral infection – total antibody titers on paired serum specimens or detection of virus specific IgM class antibodies. It is important that the acute or single specimen be collected as soon as possible after onset of the illness. Timely collection, careful transport and accurate analysis of a specimen are all essential to insure clinically useful test results.

Collect one tube of blood in a red/gray serum separator blood collection tube (may need to check with the laboratory if other blood tubes are to be used) for analysis as early as possible after the onset of illness. Specimens may be submitted as **separated serum** or as **whole** blood.

Specimens submitted as whole blood must comply with the following requirements:

-- For each serological analysis requested, optimally draw 7 - 10 ml of blood into one gray/red-topped tube with serum separator. Allow the tube to completely fill during venipuncture; partially filled tubes limit the number of tests that the laboratory can perform and increases the number of redraws.

-- Allow the whole blood to clot. It is not necessary to remove the clot or separate the serum from the clot for transport to the laboratory unless there will be a delay of several days to arrive at the lab. If a delay is expected, the serum must be separated from the clot and frozen.
-- Blood should be stored at refrigerator temperature and should remain cool during transport. Blood tubes should be packed in insulated cryotube mailing containers with sufficient refrigeration packs to maintain the integrity of the specimens. The refrigerant cold packs must not come in direct contact with the blood tubes as this may cause hemolysis.

-- Specimens submitted as serum must be spun down and separated from the cells. Serum or plasma must be received in the laboratory within 48 hours of collection. If more than 48 hours will elapse between spinning the blood and arrival at the laboratory, you must decant the plasma or serum into fresh cryotubes for freezing. The specimen must remain frozen for both storage and shipment.

-- When submitting acute and convalescent specimens, it is better to hold the acute sera until the convalescent sera has been collected and forward both specimens to the laboratory at the same time. The acute specimen should be collected as early as possible and not later than 5 days after onset. The convalescent specimen should be collected 14 - 21 days after onset. Occasionally upon request, the acute serum may need to be sent as soon as collected if there are available methods for rapid testing on single specimens.

-- Please be sure the tube is labeled with appropriate identification, such as bar-coded labels from the bar coded-lab forms, and submit the laboratory slip with complete information requested on the form. All forms accompanying specimens should be placed in a separate water-proof bag or envelope and placed outside of the specimen container.

**Analysis of Foodborne Case History Forms:**
In general, the Infectious Disease Epidemiology Section will be assisting the RRT Teams in analyzing the Foodborne Case History Forms to identify the specific food item that caused the outbreak.
**Infectious Disease Epidemiology: Epidemiologic Response Checklist**

**Consultation/ Confirmation**
- Discuss bioterrorism event definitions with key public health personnel (health officer, communicable disease control staff, laboratorians, etc.)

**Laboratory Confirmation**
- Identify point of contact (POC) at appropriate state public health laboratory in a potential bioterrorist event

**Notification**
- Establish local notification network to be activated in case of a possible bioterrorist event; disseminate contact information and notification protocol
- Establish relationships with local Office of Emergency Preparedness and FBI contacts to be notified in a suspected bioterrorist event and maintain up-to-date contact information

**Coordination**
- Establish Epidemiologic Response as a part of local Incident Command System
- Identify personnel available for epidemiologic investigation and perform inventory of skills and duties
- Establish contacts at regional and Parrish health units identify potential personnel resources available for epidemiologic “mutual aid”
- Establish contacts at the local FBI office for coordination with epidemiologic/ criminal Investigation

**Communication**
- Identify epidemiologic investigation spokesperson and Public Information Officer (PIO)
- Establish communication protocol to be implemented during an epidemiologic investigation between PIO and epidemiologic investigation spokesperson
- Establish a plan for rapid dissemination of information to key individuals: FAX, Email, website on the internet (if capability exists)

**Epidemiologic Investigation**

**A. Case Finding**
- Establish plans/ capacity to receive a large number of incoming telephone calls
- Develop telephone intake form
- Identify individuals available to perform telephone intake duties
- Identify potential reporting sources (persons/ facilities) to receive case definition
- Establish a plan for rapid dissemination of case definition to potential reporting sources
B. Case Interviews
- Obtain appropriate case investigation questionnaires
- Identify personnel available to conduct case interviews
- Establish a protocol for training case interviewers
- Obtain template outbreak disease-specific investigation questionnaires

C. Data Analysis
- Obtain template database for data entry
- Assure Epi Info software is installed on data entry computers
- Identify personnel available for data entry
- Identify personnel with skills to perform descriptive and analytic epidemiologic analysis
- Develop/obtain data analysis plan
- Develop/obtain outbreak investigation monitoring tool

Contact Tracing
- Establish a system for locating contacts and familiarize personnel with contact tracing protocol(s)
- Obtain Contact Tracing Forms
- Obtain contact management algorithms for diseases that are communicable from person-to-person
- Obtain treatment/prophylaxis guidelines
- Develop local drug and vaccine distribution plan
- Establish a system for daily monitoring of all contacts under surveillance

Public Health Recommendations
- Obtain treatment and prophylaxis recommendations for bioterrorist threat agents
- Develop or obtain bioterrorist disease-specific fact sheets
- Establish contact with key health care providers/ facilities and establish protocol for rapid dissemination of recommendations regarding treatment, prophylaxis, personal protective equipment, infection control, and isolation/quarantine
Consultation / Confirmation
☑ Disease scenario meets the bioterrorist event definition

Laboratory Confirmation
☑ Lab specimens are en route to the local public health laboratory/ Laboratory Response Network

Notification
☑ Department of Health and Human Services
   State Medical Officer
   (225)342-3417 (regular business hours)
   (800)990-5366 pin 6710 (pager for evenings, weekends, holidays)
☑ State Epidemiologist (504)458-5428 Mobile
☑ Sanitarian Services (225)763-5553
☑ Public Health Lab (504)568-5371
☑ Public Health Lab Pager (800)538-5388
☑ OPH Regional Offices (Internal Notification Network)
☑ Louisiana EOC (225)-925-7500
☑ Louisiana State Police (800)469-4828 (Crisis Management Center)
☑ Louisiana Department of Agriculture- Office of Animal Health
   State Veterinarian Office: (225)935-2168 Mobile: (225)933-8121

Coordination
☑ Epidemiology personnel identified for investigation
☑ Additional epidemiology personnel support requested (From other regions) Investigation activities coordinated with FBI

Communication
☑ Epidemiology investigation spokesperson identified
☑ Communication protocol established between epidemiologic investigation spokesperson and Public Information Officer (PIO)

Epidemiologic Investigation
☑ Hypothesis-generating interviews conducted
☑ Preliminary epidemiologic curve generated
☑ Case definition established

A. Case finding
☑ Telephone hotline established
☑ Telephone intake form distributed
☑ Case definition disseminated to potential reporting sources
   • Hospitals
   • Physicians
   • Laboratories
   • EMS
   • Coroner
   • Media
B. Case interviews

- Interviewers trained
- Uniform multi-jurisdictional outbreak investigation form(s) obtained

C. Data Analysis

- Uniform multi-jurisdictional database template for data entry obtained
- Epidemiologic curve generated
- Cases line-listed
- Case descriptive epidemiology completed
  - Age
  - Gender
  - Illness onset
  - Clinical profile
  - % Laboratory confirmed
  - Hospitalization rate
  - Case fatality rate
  - Case geographic distribution mapped (GIS mapping if available)
- Analytic epidemiology completed
  - Disease risk factors identified
  - Mode of transmission identified
  - Source of transmission identified
  - Population at continued risk identified

Contact Tracing

- Contact tracing forms distributed
- Health education materials available
- Contact management triage algorithm reviewed with staff
- Treatment/prophylaxis guidelines available
- Treatment/prophylaxis distribution plan in place
- System in place for locating contacts
- Tracking system in place to monitor contacts’ trends/gaps

Laboratory

- Establish point of contact (POC) at appropriate Level A and/or Level B public health laboratory to refer queries regarding specimen packaging, storage and shipping guidelines in a potential bioterrorist event [See Laboratory Section’s Bioterrorism Plan]

Public Health Recommendations

- See Medical Response Section Bioterrorism Plan
Foodborne Investigation Algorithm

One or more cases of suspected foodborne illness in persons > 1 year of age

History of exposure to common food source

Exposure to suspicious commercial or restaurant food

Yes

Possible cluster of foodborne illnesses

Other suspected cases

Yes

Agent isolated is distinctly unusual or there has been a reliable report of terrorism

Confirm information and meet with ID Epi. Outbreak investigation team.

Yes

Probable natural outbreak of foodborne illness

No

Complete case follow-up and appropriate reporting

Meets event definition for possible bioterrorism. Continue epidemiologic investigation and notification procedures

No

Isolated cases of foodborne illnesses are not investigated

Exposure to suspicious food in a private residence

Yes

Continue investigation and keep possibility of intentional food contamination in mind

No

Other suspected cases

No

Complete case follow-up and appropriate reporting
**Foodborne Illness**
*Case investigation form*

ID NUMBER: _______

INTERVIEWER: ________________ JOB TITLE: _______________________________

DATE OF INTERVIEW: ___/___/____

PERSON INTERVIEWED: Patient Other

IF OTHER, NAME OF PERSON ___________________________________________

TELEPHONE _____ - _____ - _______

DESCRIBE RELATIONSHIP ______________________________________________

**DEMOGRAPHIC INFORMATION**

LAST NAME: ___________________________ FIRST NAME: _____________________________

DRIVER LICENCE OR SOCIAL SECURITY NUMBER (Circle one): ________________

SEX: Male Female DATE OF BIRTH: ___/___/___ AGE____

RACE: White Black Asian Other, specify __________ Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

HOME PHONE: ( ) _____ - ________ WORK/OTHER PHONE: ( ) _____ - _______

HOME ADDRESS STREET: ________________________________________________

CITY: ______________________ STATE: __________ ZIP: ________________

EMPLOYED: Yes No Unknown

BRIEF DESCRIPTION OF JOB: ___________________________________________

SCHOOL/PLACE OF EMPLOYMENT: _________________________________________

DEPARTMENT_________________________ FLOOR:______ ROOM: ________________

WORK/SCHOOL ADDRESS: STREET: ______________________ CITY: _____________

STATE: __________ ZIP: __________
ARE YOU A:
LAB WORKER/TECHNICIAN: Yes No Unknown
TAXIDERMIST: Yes No Unknown
VETERINARIAN: Yes No Unknown
FARMER: Yes No Unknown
ABATTOIR: Yes No Unknown
BUTCHER: Yes No Unknown
OTHER FOOD PREPARATION: Yes No Unknown

HOBBY:
Do you work with fibers/wool/animal skin/or other animal product? Yes No Unknown
Have you been camping in past two months? Yes No Unknown
Have you stayed in cabins in the past two months? Yes No Unknown
Have you been hunting? Yes No Unknown
Have you skinned or dressed and animal? Yes No Unknown
Have you had an animal stuffed or mounted? Yes No Unknown

HOW MANY PEOPLE RESIDE IN THE SAME HOUSEHOLD? __________

LIST NAME(S), AGE(S), AND RELATIONSHIPS (use additional pages if necessary):

<table>
<thead>
<tr>
<th></th>
<th>PERSON 1</th>
<th>PERSON 2</th>
<th>PERSON 3</th>
<th>PERSON 4</th>
<th>PERSON 5</th>
<th>PERSON 6</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Age</td>
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<tr>
<td>Relationship</td>
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HOUSEHOLD PETS:
Does your household have any pets (indoor or outdoor)? Yes No Unknown
If so what type of pet: _________________________________________________________
Have any of the pets been ill or died recently? Yes No Unknown
If so describe: _______________________________________________________________

CLINICAL INFORMATION

CHIEF COMPLAINT: ____________________________________________________________

DATE OF ILLNESS ONSET: ___/___/___
Which was experienced first? Vomiting Diarrhea
Onset time: ____:____ AM PM
Currently experiencing vomiting or diarrhea? Yes No Unknown
Willing to provide a stool sample? Yes No Unknown
Date of last day of illness with vomiting or diarrhea: ___/___/___
Time of last episode of vomiting or diarrhea: ____:____ AM PM
Total number of days of diarrhea: ____ days

Briefly summarize History of Present Illness:
## SIGNS AND SYMPTOMS

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>Nausea</td>
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<tr>
<td>Vomiting</td>
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<tr>
<td>Diarrhea</td>
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</table>

If yes, what is the maximum number of stools in a 24-hour period: __________

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloody diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal pain and cramps</td>
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<td></td>
<td></td>
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<tr>
<td>Gas</td>
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<td></td>
<td></td>
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<tr>
<td>Loss of appetite</td>
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<tr>
<td>Fever</td>
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</table>

If yes, Maximum temperature ______ °F

<table>
<thead>
<tr>
<th>Symptom</th>
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<th>No</th>
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<tbody>
<tr>
<td>Antipyretics taken</td>
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<tr>
<td>Chills</td>
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<tr>
<td>Muscle aches</td>
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<td>Fatigue</td>
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<td></td>
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<tr>
<td>Constipation</td>
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<tr>
<td>Weight loss</td>
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</tbody>
</table>

If yes, how many pounds have been lost: _____ lbs in ____ days

Other Symptom or abnormality: __________________________________________________________

### PAST MEDICAL HISTORY:

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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Do you have a regular physician?</td>
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<tr>
<td>If yes, Name: ______________________________</td>
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<tr>
<td>Phone Number: (_____) <strong><strong><strong>-</strong></strong></strong>____</td>
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<td>Are you allergic to any medications?</td>
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<td>If yes, list: _______________________________</td>
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<td>Are you currently taking any medication?</td>
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<td>If yes, list: _______________________________</td>
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<tr>
<td>Have you had any wound or lesion in the past several months?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

If yes, where: __________________________ Appearance: __________________

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food allergies</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignancy</td>
<td></td>
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</tr>
</tbody>
</table>

If yes, specify type: __________________________

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently in treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac disease</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>HIV infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Immunocompromising condition (i.e. renal failure, cirrhosis, chronic steroid use)</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

If yes, specify disease or drug therapy: __________________________

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colitis/inflammatory bowel disease</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Surgery to remove part of the stomach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or small intestines:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other immunocompromising condition (e.g., renal failure, cirrhosis, chronic steroid use) Yes No Unknown
Other underlying condition(s):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Prescription medications:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

SOCIAL HISTORY:
Current alcohol abuse:  Yes  No  Unknown
Past alcohol abuse:  Yes  No  Unknown
Current injection drug use:  Yes  No  Unknown
Past injection drug use:  Yes  No  Unknown
Current smoker:  Yes  No  Unknown
Former smoker:  Yes  No  Unknown
Other illicit drug use:  Yes  No  Unknown
If yes, specify:__________________________________________________________________

HOSPITAL INFORMATION:
HOSPITALIZED:  Yes  No
NAME OF HOSPITAL: _____________________________________________________________
DATE OF ADMISSION: ___/___/____ DATE OF DISCHARGE ___/___/____
ATTENDING PHYSICIAN: LAST NAME:_____________ FIRST NAME:____________
Office Telephone: (     )--____ Pager: (     )--_____ Fax: (     )--___________
MEDICAL RECORD ABSTRACTION:
MEDICAL RECORD NUMBER: ____________________________
WARD/ROOM NUMBER: _________________________________
ADMISSION DIAGNOSIS(ES):  1) ______________________________________
2) ______________________________________
3) ______________________________________
PHYSICAL EXAM:

Admission Vital Signs:

Temp:____ (Oral / Rectal  F / C ) Heart Rate:______ Resp. Rate:_____ B/P:___/___

Mental Status: Normal Abnormal Not Noted
If abnormal, describe:_____________________________________________________

Respiratory status: Normal spontaneous Respiratory distress Ventilatory support
If abnormal, check all that apply:
  Rales
  Stridor/wheezin
  Decreased or absent
Other (specify:________________________________________________________)

Skin: Normal Abnormal Not Noted
If abnormal, check all that apply:
  Edema
  Chest wall edema
  Cyanosis
  Erythema
  Petechiae
  Sloughing/necrosis
  Purpura
  Rash
If rash present, describe type and location on body :____________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other abnormal physical findings (describe):____________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### DIAGNOSTIC STUDIES:

<table>
<thead>
<tr>
<th>Test</th>
<th>Results of tests done on Admission (<em><strong>/</strong></em>/___)</th>
<th>Abnormal test result at any time (specify date mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin (Hb)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>Hematocrit (HCT)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Platelet (plt)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Total white blood cell</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>(WBC)</td>
<td></td>
<td>WBC differential: (<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>% granulocytes (PMNs)</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>% bands</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
<tr>
<td>% lymphocytes</td>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Blood cultures:</td>
<td>positive</td>
<td>positive</td>
</tr>
<tr>
<td></td>
<td>(specify____________________)</td>
<td>(specify____________________)</td>
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<tr>
<td></td>
<td>negative</td>
<td>negative</td>
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<td></td>
<td>pending</td>
<td>pending</td>
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<tr>
<td></td>
<td>not done</td>
<td>not done</td>
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<tr>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Stool cultures</td>
<td>positive</td>
<td>positive</td>
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<tr>
<td></td>
<td>(specify____________________)</td>
<td>(specify____________________)</td>
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<td>negative</td>
<td>negative</td>
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<td>pending</td>
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<td>not done</td>
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<td>(<em><strong>/</strong></em>/___)</td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Fecal white blood cells</td>
<td>positive</td>
<td>positive</td>
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<td>(specify____________________)</td>
<td>(specify____________________)</td>
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<td>negative</td>
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<td></td>
<td>pending</td>
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<tr>
<td></td>
<td>not done</td>
<td>not done</td>
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<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
<td>(<em><strong>/</strong></em>/___)</td>
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<tr>
<td>Stool ova and parasite</td>
<td>positive</td>
<td>positive</td>
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<tr>
<td>exam</td>
<td>(specify____________________)</td>
<td>(specify____________________)</td>
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<td></td>
<td>negative</td>
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<td>pending</td>
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<td></td>
<td>not done</td>
<td>not done</td>
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<tr>
<td></td>
<td>(<em><strong>/</strong></em>/___)</td>
<td>(<em><strong>/</strong></em>/___)</td>
</tr>
</tbody>
</table>
Test Results of tests done on Admission (___/___/___)
Abnormal test result at any time (specify date mm/dd/yy)

Chest radiograph
- normal
- unilateral, lobar/consolidation
- bilateral, lobar/consolidation
- interstitial infiltrates
- widened mediastinum
- pleural effusion
- other ____________________

- normal
- unilateral, lobar/consolidation
- bilateral, lobar/consolidation
- interstitial infiltrates
- widened mediastinum
- pleural effusion
- other ____________________

Other pertinent study results

Other pertinent study results (e.g., toxin assays)

GASTERO-ENTEROLOGY CONSULTED: Yes No Unknown

Date of Exam:__/__/__
Name of neurologist: Last Name ___________________ First Name _____________________
Telephone or beeper number ( ) _____ - _______

INFECTIOUS DISEASE CONSULT: Yes No Unknown

Date of Exam:___/___/___
Name of ID physician: Last Name ___________________ First Name ____________________
Telephone or beeper number ( ) _____ - _______

HOSPITAL COURSE:
A. antibiotics: Yes No Unknown
   If yes, check all that apply:
   - Amoxicillin
   - Ampicillin
   - Ampicillin and sulbactum (Unasyn)
   - Augmentin (amoxicillin and clavulanate)
   - Cefotetan (Cefotan)
   - Cefoxitin (Mefoxin)
   - Ceftazidime (Fortaz, Tazicef, Tazidime)
   - Ceftizoxime (Cefizox)
   - Ceftriaxone (Rocephin)
   - Cefuroxime (Ceftin)
   - Ciprofloxacin (Cipro)
   - Clindamycin (Cleocin)
   - Gentamicin (Garamycin)
   - Levofoxacin (Levaquin)
   - Metronidazole (Flagyl)
   - Piperacillin and Tazobactam (Zosyn)
   - Ticarcillin and clavulanate (timentin)
   - Trimethaprim-sulfamethoxazole (Bactrim, Cotrim, TMP/SMX)
   - other_______________________________________________________

B. Did patient require intensive care: Yes No Unknown
   If patient was admitted to Intensive Care Unit:
   a. Length of stay in ICU, in days:__________
   b. Was patient on mechanical ventilation: Yes No Unknown
WORKING OR DISCHARGE DIAGNOSIS(ES):

1) 

2) 

3) 

OUTCOME:
Recovered/discharged
Died
Still in hospital: improving? worsening?

Risk Exposure Questions
The following questions pertain to the 2 week period prior to the onset of your illness/symptoms:

Occupation (provide information for all jobs/ volunteer duties)
1. Please briefly describe your job/ volunteer duties: ________________________________

2. Does your job involve contact with the public? : Yes No If “Yes”, specify ________________________________

3. Does anyone else at your workplace have similar symptoms? Yes No Unknown If ”Yes”, name and approximate date on onset (if known) ______________________

Knowledge of Other Ill Persons
4. Do you know of other people with similar symptoms? : Yes No Unknown (If Yes, please complete the following questions)

<table>
<thead>
<tr>
<th>Name of ill Person</th>
<th>AGE</th>
<th>Sex</th>
<th>Address</th>
<th>Phone</th>
<th>Date of Onset</th>
<th>Relation To you</th>
<th>Did they seek Medical care? Where</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Travel*
*Travel is defined as staying overnight (or longer) at somewhere other than the usual residence

8. Have you traveled anywhere in the last two weeks? : Yes No Unknown

Dates of Travel: ___/___/____ to ___/___/____

Method of Transportation for Travel: _______________________

Where Did You Stay? _______________________

Purpose of Travel? _______________________

Did You Do Any Sightseeing on your trip? : Yes No
If yes, specify: _________________________________________

Did Anyone Travel With You? : Yes No
If yes, specify: __________________________________________

Are they ill with similar symptoms? : Yes No Unknown
If yes, specify: __________________________________________

Information for Additional Trips during the past two weeks:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
### Public Functions/Venues (during 2 weeks prior to symptom onset)

<table>
<thead>
<tr>
<th>Category</th>
<th>Y/N/U</th>
<th>Description of Activity</th>
<th>Location of Activity</th>
<th>Date of Activity</th>
<th>Time of Activity</th>
<th>Others ill? (Y/N/U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Airports</td>
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<tr>
<td>10. Beaches</td>
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<tr>
<td>11. Bars/Clubs</td>
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<tr>
<td>12. Campgrounds</td>
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<tr>
<td>13. Carnivals/Circus</td>
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<tr>
<td>14. Casinos</td>
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<tr>
<td>15. Family Planning Clinics</td>
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<tr>
<td>16. Government Office Building</td>
<td></td>
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<tr>
<td>17. Gym/Workout Facilities</td>
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<tr>
<td>18. Meetings or Conferences</td>
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<tr>
<td>19. Movie Theater</td>
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<tr>
<td>20. Museums</td>
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<tr>
<td>21. Parks</td>
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<tr>
<td>22. Parties (including Raves, Prom, etc)</td>
<td></td>
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<tr>
<td>23. Performing Arts (ie Concert, Theater, Opera)</td>
<td></td>
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<tr>
<td>24. Picnics</td>
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<tr>
<td>25. Political Events (including Marches)</td>
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<tr>
<td>26. Religious Gatherings</td>
<td></td>
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<tr>
<td>27. Shopping Malls</td>
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<tr>
<td>28. Sporting Event</td>
<td></td>
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<tr>
<td>29. Street Festivals, Flea Markets, Parades</td>
<td></td>
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<tr>
<td>30. Tourist Attractions (ie</td>
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</tr>
</tbody>
</table>
Transportation
Have you used the following types of transportation in the 2 weeks prior to onset?

31. Bus/Streetcar: Yes  No  Unknown
Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
Bus Number: ____________________ Origin: ________________________

Any connections?  Yes  No (Specify: Location___________ Bus#___________)
Company Providing Transportation: ____________________ Destination: _________

32. Train: Yes  No  Unknown
Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
Route Number: ________________ Origin: ________________________

Any connections?  Yes  No (Specify: Location________________________ Route #___________)
Company Providing Transportation: ____________________ Destination: _________

33. Airplane: Yes  No  Unknown
Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
Flight Number: ____________________ Origin: ________________________

Any connections?  Yes  No (Specify: Location_____________ Flight #___________)
Company Providing Transportation: ____________________ Destination: _________

34. Ship/Boat/Ferry: Yes  No  Unknown
Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
Ferry Number: ____________________ Origin: ________________________

Any connections?  Yes  No (Specify: Location_____________ Ferry #___________)
Company Providing Transportation: ____________________ Destination: _________

35. Van Pool/Shuttle: Yes  No  Unknown
Frequency of this type of transportation: Daily  Weekly  Occasionally  Rarely
Route Number: ________________ Origin: ________________________

Any connections?  Yes  No (Specify: Location_____________ Route #___________)
Company Providing Transportation: ____________________ Destination: _________
### Food & Beverage

36. During the 2 weeks before your illness, did you eat at any of the following food establishments or private gatherings with food or beverages?

<table>
<thead>
<tr>
<th>Food Establishment</th>
<th>Y/N/U</th>
<th>Name of Establishment</th>
<th>Location of Meal</th>
<th>Date of Meal</th>
<th>Time of Meal (start, end)</th>
<th>Food and Drink items consumed</th>
<th>Others ill? (Y/N/U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafeteria at School, hospital, or other</td>
<td></td>
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<tr>
<td>Casino or mall food court</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Grocery Store or Corner Store</td>
<td></td>
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<tr>
<td>Concert, movie, or other entertainment</td>
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<tr>
<td>Dinner party, birthday party or other celebration</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Gas station or convenience store</td>
<td></td>
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<tr>
<td>Plane, boat, train, or other</td>
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<tr>
<td>Picnic, Barbecue, Crawfish boil, or potluck</td>
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<tr>
<td>Outdoor farmers market, festival, or swap meet</td>
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<tr>
<td>Restaurant, fast-food, or deli</td>
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<tr>
<td>Sporting event or snack bar</td>
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<td>Street vended food</td>
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<tr>
<td>Other food establishment</td>
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<tr>
<td>Other Private Gathering</td>
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</tbody>
</table>

37. During the 2 weeks before your illness, did you consume any free food samples from…….?  
Grocery store: Yes, No, Unknown  
Race/competition: Yes, No, Unknown  
Public gathering: Yes, No, Unknown  
Private gathering: Yes, No, Unknown  
If “YES” for any in question #37, provide date, time, location and list of food items consumed:  
Date/Time: ______________  
Location (Name and Address): ______________________________________  
Food/drink consumed: _____________________________________________  
Others also ill?: Yes, No, Unknown  

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Bioterrorism Manual  
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38. During the 2 weeks before your illness, did you consume any of the following products?

Vitamins
- Yes
- No
- Unknown
Specify (Include Brand Name):

Herbal remedies
- Yes
- No
- Unknown
Specify (Include Brand Name):

Diet Aids
- Yes
- No
- Unknown
Specify (Include Brand Name):

Nutritional Supplements
- Yes
- No
- Unknown
Specify (Include Brand Name):

Other Ingested non-food
- Yes
- No
- Unknown
Specify (Include Brand Name):

39. During the 2 weeks before your illness, did you consume any unpasteurized products (ie milk, cheese, fruit juices)?

- Yes
- No
- Unknown
If yes, specify name of item:
Date/Time:
Location (Name and Address):
Others also ill?:
- Yes
- No
- Unknown
(explain):

40. During the 2 weeks before your illness, did you purchase food from any internet grocers?

- Yes
- No
- Unknown
If yes, specify date / time of delivery: Store/Site:
Items purchased:

41. During the 2 weeks before your illness, did you purchase any mail order food?

- Yes
- No
- Unknown
If yes, specify date/time of delivery:
Store purchased from:
Items purchased:

42. Please check the routine sources for drinking water (check all that apply):
- Community or Municipal
- Well (shared)
- Well (private family)
- Bottled water (Specify Brand:)
- Other (Specify:)

(explain):
**Aerosolized water**

43. During the 2 weeks prior to illness, did you consume water from any of the following sources (check all that apply):
   - Wells
   - Lakes
   - Streams
   - Springs
   - Ponds
   - Creeks
   - Rivers
   - Sewage-contaminated water
   - Street-vended beverages (Made with water or ice and sold by street vendors)
   - Ice prepared w/ unfiltered water (Made with water that is not from a municipal water supply or that is not bottled or boiled)
   - Unpasteurized milk
   - Other (Specify: ________________________________)

If “YES” for any in question #43, provide date, time, location and type of water consumed:
   Date/Time: __________________
   Location (Name and Address): ________________________________
   Type of water consumed: ______________________________________
   Others also ill?: Yes  No  Unknown
   (explain): ____________________________________________________

44. During the 2 weeks prior to illness, did you engage in any of the following recreational activities (check all that apply):
   - Swimming in public pools (e.g., community, municipal, hotel, motel, club, etc)
   - Swimming in kiddie/wading pools
   - Swimming in sewage-contaminated water
   - Swimming in fresh water, lakes, ponds, creeks, rivers, springs, sea, ocean, bay (please circle)
   - Wave pools
   - Water parks
   - Waterslides
   - Surfing
   - Rafting
   - Boating
   - Hot tubs (non-private)
   - Whirlpools (non-private)
   - Jacuzzis (non-private)
   - Other (Specify: ________________________________)

If “YES” for any in question #44, provide date, time, location and type of activity:
   Date/Time: __________________
   Location (Name and Address): ________________________________
   Type of water consumed: ______________________________________
   Others also ill?: Yes  No  Unknown
   (explain): ____________________________________________________
45. During the 2 weeks prior to illness, were you exposed to aerosolized water from any of the following non-private (i.e., used in hospitals, malls, etc) sources (check all that apply):

Air conditioning at public places
Respiratory devices
Vaporizers
Humidifiers
Misters
Whirlpool spas
Hot tub
Spa baths
Creek and ponds
Decorative fountains
Other (please explain) ___________________________________________

If “YES” for any in question #45, provide date, time, and location of exposure to aerosolized water:

Date/Time: ______________________
Location (Name and Address): _______________________________________
Explanation of aerosolized water: _______________________________________

Others also ill: Yes . No . Unknown
(explain): _________________________________________________________

Recreation (Activities that are not related to work)

46. In the past two weeks, did you participate in any outdoor activities?

. Yes .  No . Unknown

(If “yes”, list all activities and provide locations)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

47. Do you recall any insect or tick bites during these outdoor activities?

. Yes .  No . Unknown

(If “yes”, list all activities and provide locations of activities)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

48. Did you participate in other indoor recreational activities (i.e. clubs, crafts, etc that did not occur in a private home)?

. Yes .  No . Unknown

(List all activities and provide location)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Vectors

49. Do you recall any insect or tick bites in the last 2 weeks?
   Yes  No  Unknown

   Date(s) of bite(s):__________________________________________ Bitten by:  
   Mosquito  Tick  Flea  Fly  Other:
   Where were you when you were bitten? __________________________

50. Have you had any contact with wild or domestic animals, including pets?
   Yes  No  Unknown

   Type of Animal:________________________
   Explain nature of contact:________________________
   Is / was the animal ill recently:  Yes  No  Unknown
   If yes please describe the animal’s symptoms:
       ____________________________________________________________________
       ____________________________________________________________________
       ____________________________________________________________________

   Date / Time of contact:__________________________________________
   Location of contact:______________________________________________

51. To your knowledge, have you been exposed to rodents/rodent droppings in the last 2 weeks?
   Yes  No  Unknown

   If yes, explain type of exposure:_______________________________
   Date/Time of exposure:________________________________________
   Location where exposure occurred:_____________________________