
Notification Timeline:

From Lab/Practitioner to Public Health: Immediately.

From Public Health to Ministry of Health: Within 72 hours.

Public Health Follow-up Timeline: Initiate within 24-48 hours.

Public Health Purpose for Notification of Shigellosis (adapted from Massachusetts Department of Health, 2018)

- To identify whether the case may be a source of infection for other persons (e.g., a diapered child, daycare attendee, or food handler), and if so, to prevent further transmission.
- To identify transmission sources of public health concern (e.g., a restaurant or a commercially distributed food product), and to stop transmission from such sources.
- To monitor the effectiveness of prevention and control measures;
- To make timely and evidence informed actions on outbreaks; and
- To inform the public and medical community about shigellosis.

Information

Case Definition (Public Health Agency of Canada, May 2008)

Confirmed Case	Laboratory confirmation of infection with or without clinical illness: <ul style="list-style-type: none">• isolation of <i>Shigella sp.</i> from an appropriate clinical specimen (e.g., sterile site, deep tissue wounds, stool, vomit or urine)
Probable Case	Clinical illness ¹ in a person who is epidemiologically linked to a confirmed case

¹Clinical illness is characterized by diarrhea, fever, nausea, vomiting cramps and tenesmus. Asymptomatic infections may occur.

Epidemiology and Occurrence

UNDER CONSTRUCTION

Additional Background Information

Causative Agent

Shigella species are aerobic, gram negative bacilli. There are 4 species or serogroups: *S. dysenteriae* (Group A), *S. flexneri* (Group B), *S. boydii* (Group C), and *S. sonnei* (Group D). The infectious dose for humans; can be as low as 10 to 100 bacteria.

Reservoir/Source

Humans are the only significant reservoir.

Symptoms

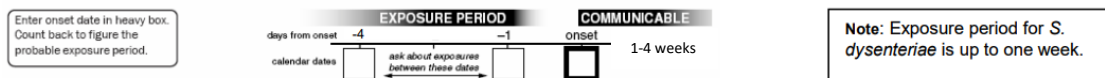
- An acute bacterial disease involving the large and distal small intestine, characterized by diarrhea which may contain blood and mucus or be watery, accompanied by fever, nausea, vomiting, cramps, tenesmus and sometimes toxemia.
- Convulsions may be an important complication in young children.
- Bacteremia is uncommon.
- Mild and asymptomatic infections occur.
- Illness is usually self-limited, lasting an average of 4 to 7 days.
 - *S. dysenteriae*: is often associated with serious disease and severe complications, including toxic megacolon and the haemolytic-uremic syndrome; case-fatality rates have been as high as 20% among hospitalized cases, even in recent years.
 - *S. sonnei*: often results in a short clinical course and an almost negligible case-fatality rate, except in immune-compromised hosts.
 - *S. flexneri*: Certain strains can often cause a reactive arthropathy (Reiter's syndrome) in persons who are genetically predisposed, although Reiter's syndrome can occur with any *Shigella* strain. Post-infectious arthritis can last for months or years, and can lead to chronic arthritis.
 - *S. boydii*: The clinical presentation ranges from watery, loose stools to severe symptoms such as fever, abdominal pain, tenesmus, and bloody diarrhea. However, symptoms generally often self-limited watery diarrhea.

Incubation Period

Usually 1 to 3 days, but may range from 12 to 96 hours; up to 1 week for *S. dysenteriae* type 1.

Period of Communicability

- During acute infection and until the infectious agent is no longer present in feces, usually for 4 weeks after illness.
- Asymptomatic carriers may transmit infection; very rarely, the carrier state may persist for months or longer.
- The duration of carriage may be reduced with the use of an appropriate antibiotic.



Mode of Transmission

Person-to-person, fecal-oral transmission:

- direct transmission is common in children and individuals who do not thoroughly clean their hands, including under their fingernails following defecation;
- indirect transmission is usually via ingestion of contaminated food or water.

Less commonly inanimate objects and houseflies act as vectors.

Risk Factors/Risk Groups

The elderly, the debilitated and the malnourished of all ages are particularly susceptible to severe disease and death.

Specimen Collection and Transport

Shigella remains viable outside the human body for only a short period of time hence, specimens must be processed rapidly after collection, preferable within 24 hours.

Stool specimens should be taken early in the course of the illness, when the causative agent is likely to be found in largest numbers. Freshly passed stool is better than rectal swabs, since there is less chance for improper collection, and mucus and blood stained portions can be selected for culture. Use the Cary-Blair transport media. Submit three or four spoonfuls (using the built-in spoon) of liquid stool and mix thoroughly with the semi-solid Cary-Blair transport media. The final mixture should not fill the Cary-Blair container to more than three-quarters full.

Refer to the Roy Romanow Provincial Laboratory Compendium of Tests for details at <https://rrpl-testviewer.ehealthsask.ca/>.

Public Health Investigation

I. Case

Refer to [Attachment – Shigellosis Data Collection Worksheet](#) to assist in investigation.

History

- Onset of illness – to determine incubation period and period of communicability which helps to identify the possible source and contacts to be followed.
 - Identify history of travel (during the incubation period), especially to areas with inadequate sanitation, water and sewage treatment.
 - Exposure to someone else with similar symptoms.
 - Obtain a detailed food history (complete the [User Defined Form](#)).
 - Assess for safe food handling procedures (e.g. possible cross-contamination such as cutting boards).
 - Determine history of daycare or hospital exposure.
 - Identify potentially contaminated drinking and recreational water sources.
 - Determine history of high-risk sexual practices, particularly activities that result in contact with feces.
- Identify others who may have been exposed to the same source.
- Assess for history of similar symptoms in visitors or other members of the household.
- Occupational considerations exist for food handlers, health care and childcare workers.
- Determine history of high-risk sexual practices, especially contact with feces.

Public Health Interventions

Assessment

- Assess for [contacts](#) paying particular attention individuals that have had exposure to the same source or are a risk for further transmission.

Communication

- Letters can be used to inform contacts of the exposure, symptom monitoring and when to seek medical attention (see Sample letter)
- Letters can also be used when exclusion from school or work settings are required as a public health intervention.

Education

- All cases should be provided information on prevention and control measures including safe food handling and hygiene, avoiding cross-contamination of food products and control of flies to decrease contamination of food, handwashing and risk of sexual practices that permit fecal-oral contact.

Exclusion

- Food handlers, health care workers, childcare or other staff involved with personal care, children below the age of five years in childcare, and older children and adults unable to maintain adequate standards of personal hygiene (i.e., mentally or physically handicapped): exclude until diarrhea has resolved **and** two consecutive negative stool cultures are obtained at least 24 hours apart and at least 48 hours after discontinuation of antibiotics.
- Use of recreational water (e.g., swimming pools, whirlpools, etc.): exclude until 2 weeks after symptoms resolve (American Academy of Pediatrics, 2015).

Public Health Order

- When the case poses an ongoing risk to the public, a public health order may be issued via a letter to the case.

Referral

- When a food that is commercially available is implicated, a referral to Canadian Food Inspection Agency may be warranted. Likewise, when an agricultural source has been identified, a referral to the Ministry of Agriculture may be warranted. These situations should be discussed with the MHO.
- Refer to public health inspection if source cannot be identified and transmission continues.

Testing

- Two consecutive negative stool cultures are required before exclusion requirements can be removed. The specimens must be taken at least 48 hours after antibiotics have stopped and at least 24 hours apart.

Treatment/Supportive Therapy

Treatment for clinical management is at the discretion of the primary care provider. The following serves as a reference for the public health investigator:

- *Fluid and electrolyte replacement is important when diarrhea is watery or there are signs of dehydration.*
- *Antibiotic treatment, depending on the severity of the illness may be recommended.*
- *Multidrug resistance is common; therefore the choice of antibiotic will depend on the susceptibility of the isolated strain or on local antimicrobial susceptibility patterns. Use of antibiotics will shorten the duration and severity of illness and the duration of fecal excretion.*

II. Contacts/Contact Investigation

Contact Definition

Contacts include:

- persons living in the household;
- children and childcare workers in a daycare/dayhome;
- healthcare workers who have provided care for a case.

Public Health Interventions

Assessment

- Assess for symptoms.

Communication

- Individual follow-up of contacts in larger daycares, classrooms, schools, teams, workplaces, etc., is generally not recommended. These individuals should be informed by letter from public health, advising them to see their physician if they develop symptoms. These persons, if they become symptomatic, should not be

Education

- All contacts should be provided information on prevention and control measures including safe food handling and handwashing.

Environmental Health

- If a common exposure is identified through the case and contact investigations, environmental health assessments may be required.

Exclusion and Testing

Symptomatic contacts that fall into one of the following categories should be excluded until diarrhea has resolved and two consecutive negative stool cultures are obtained at least 24 hours apart:

- food handlers;
- health care, childcare or other staff involved with personal care who are symptomatic;
- children below the age of five years in childcare who are symptomatic;
- older children and adults unable to maintain adequate standards of personal hygiene (i.e., mentally or physically handicapped);
- contact precautions should be followed for individuals who live in an institution until two negative stool cultures have been obtained.

Symptomatic individuals should not use recreational water (e.g., swimming pools, whirlpools, etc.) until 2 weeks after symptoms resolve.

Asymptomatic contacts

Shigella sonnei – asymptomatic contacts (including high risk contacts) do not need to be excluded or tested. Rationale – treatment is not routinely recommended and return to work or daycare would be based on negative stool specimens which are an unreliable method for determining clearance of the bacteria (National Disease Surveillance Center, 2004, PHLS Advisory Committee on Gastrointestinal Infections, 2004, BC Centre for Disease Control, 2011, American Academy of Pediatrics, 2012)

S. flexneri, *S. dysenteriae* and *S. boydii* – high risk asymptomatic contacts may be excluded and tested with the MHO's discretion based on an assessment of:

- the risk of complications of the disease for the populations the individual interacts with (e.g., child care attendee, child care worker, health care worker, food handler in a long term care facility, food handler in a public restaurant, etc.)

If results return positive, treatment should be provided and the contact should be excluded until treatment is completed and other case exclusion criteria are met.

Referral

- Depending on the suspected source, investigation/management may involve local Medical Health Officer, Ministry of Health, Public Health Agency of Canada, Ministry of Agriculture, and/or Canadian Food Inspection Agency.

Symptom monitoring

- Contacts should be asked to monitor symptoms during the incubation period and be advised on testing and exclusion if symptoms develop.

III. Environment

Child Care Centre/Schools Control Measures

Strict enforcement of infection control measure. Refer to Saskatchewan Ministry of Health Infection Control Manual for Child Care Facilities.¹

Health Facilities Control Measures

- Strict enforcement of infection control measures. Refer to your Health Authority Infection Control Manual.
- Contact precautions should be used while case is symptomatic.
- For hospitalized patients, contact precautions in the handling of feces, contaminated clothing and bed linen.

IV. Epidemic Measures

- Report at once to the Chief Medical Health Officer any group of cases of acute diarrheal disorder, even in the absence of specific identification of the causal agent using the [Outbreak Notification Report and Summary Form](#).
- Investigate water, food, and milk supplies, and use general sanitation measures.
- Prophylactic administration of antibiotics is not recommended.
- Publicize the importance of handwashing after defecation; provide soap and individual paper towels in public venues if otherwise not available.

Prevention Measures

Refer to the [Enteric Introduction and General Considerations](#) section of the manual that highlights topics for client education that should be considered as well as provides information on high-risk groups and activities.

¹ <http://publications.gov.sk.ca/documents/11/96181-infection-control-manual-child-care-centres.pdf>.

Education

- Educate the public about the importance of personal hygiene including handwashing, safe food handling and safe drinking water.
- Educate about control of flies to decrease contamination of food.
- Encourage breastfeeding of infants and young children as breastmilk is protective.
- Educate parents about the importance of keeping children with diarrheal illness home from daycares.
- Educate about safe recreational water sources and the importance of avoiding swallowing water from ponds, lakes, or untreated pools.
- Educate about safe sexual practices and those that permit fecal-oral contact.

Revisions

Date	Change
September 2018	<ul style="list-style-type: none">• Clarified the purpose for notification of cases to public health• Incorporated an Epidemiology and Occurrence placeholder into the chapter.• Incorporated standardized Shigellosis Data Collection Worksheet and User Defined Form.• Rearranged and updated the style into the new format of the Manual.

References

- American Academy of Pediatrics. (2015). *Red book: 2015 Report of the Committee on Infectious Diseases* (30th ed.). Elk Grove Village, IL: Author.
- British Columbia Centre for Disease Control. (2013). *Communicable disease control: Enteric cases and their contacts. Exclusion from high risk settings*. Retrieved August, 2018 from http://www.bccdc.ca/NR/rdonlyres/56C97580-5A9C-41C5-8F22-3818337C55A5/0/EntericCasesandtheirContacts_May2013.pdf.
- Heymann, D. L., (Ed.). (2015). *Control of communicable diseases manual* (20th ed.). Washington, DC: American Public Health Association.
- Massachusetts Department of Public Health (2018). Bureau of Infectious Disease and Laboratory Sciences Retrieved August, 2018 from <https://www.mass.gov/doc/shigellosis-2018/download>
- National Disease Surveillance Centre. (2004). *Preventing foodborne disease: A focus on the infected food handler*. Retrieved August, 2018 from <http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Foodbornellness/Publications/File,871,en.pdf>.
- PHLS Advisory Committee on Gastrointestinal Infections. (2004). Preventing person to person spread following gastrointestinal infections: Guidelines for public health physicians and environmental health officers. *Communicable Disease and Public Health*, 7(4): 362-384. Retrieved March 2014 from <http://new.wales.gov.uk/ecolidocuments/NPH/NPH.01132.pdf>
- Public Health Agency of Canada. (2008). Case definitions for communicable diseases under national surveillance. *Canada Communicable Disease Report (CCDR)*, 35S2, November 2009. Retrieved August, 2018 from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/09vol35/35s2/Shigell-eng.php>.

Shigellosis Data Collection Worksheet

Please complete all sections.

Panorama QA complete: Yes No
Initials: _____

Panorama Client ID: _____
Panorama Investigation ID: _____

A) CLIENT INFORMATION

LHN -> SUBJECT -> CLIENT DETAILS -> PERSONAL INFORMATION

Last Name:	First Name: and Middle Name:	Alternate Name (Goes by):
DOB: YYYY / MM / DD Age: _____	Health Card Province: _____ Health Card Number (PHN): _____	Preferred Communication Method: (specify - i.e. home phone, text): Email Address: <input type="checkbox"/> Work <input type="checkbox"/> Personal
Phone #: <input type="checkbox"/> Primary Home: <input type="checkbox"/> Mobile contact: <input type="checkbox"/> Workplace:		
Place of Employment/School:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Alternate Contact: _____ Relationship: _____ Alt. Contact phone: _____	Address Type: <input type="checkbox"/> No fixed <input type="checkbox"/> Postal Address <input type="checkbox"/> Primary Home <input type="checkbox"/> Temporary <input type="checkbox"/> Legal Land Description Mailing (Postal address): Street Address or FN Community (Primary Home): Address at time of infection if not the same:	

B) INVESTIGATION INFORMATION

LHN-> SUBJECT SUMMARY-> ENTERIC ENCOUNTER GROUP ->CREATE INVESTIGATION

Disease Summary Classification:	Date	Classification:	Date	LAB TEST INFORMATION:
CASE		CONTACT		Date specimen collected:
<input type="checkbox"/> Confirmed	YYYY / MM / DD	<input type="checkbox"/> Contact	YYYY / MM / DD	YYYY / MM / DD
<input type="checkbox"/> Does Not Meet Case Definition	YYYY / MM / DD	<input type="checkbox"/> Not a Contact	YYYY / MM / DD	Specimen type:
<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Person Under Investigation	YYYY / MM / DD	<input type="checkbox"/> Blood
<input type="checkbox"/> Probable	YYYY / MM / DD			<input type="checkbox"/> Urine
				<input type="checkbox"/> Stool

Disposition:

FOLLOW UP:

- | | | | |
|--|----------------|---|----------------|
| <input type="checkbox"/> In progress | YYYY / MM / DD | <input type="checkbox"/> Complete | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Declined | YYYY / MM / DD | <input type="checkbox"/> Not required | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Lost contact | YYYY / MM / DD | <input type="checkbox"/> Referred - Out of province | YYYY / MM / DD |
| <input type="checkbox"/> Incomplete - Unable to locate | YYYY / MM / DD | (specify where) | |

REPORTING NOTIFICATION

Name of Attending Physician or Nurse:

Location:

Physician/Nurse Phone number:

Date Received (Public Health): YYYY / MM / DD

Type of Reporting Source: Health Care Facility Lab Report Nurse Practitioner Physician Other _____

C) DISEASE EVENT HISTORY

INVESTIGATION->DISEASE SUMMARY (UPDATE)->DISEASE EVENT HISTORY

Staging: Acute Carrier

Shigellosis Data Collection Worksheet

Please complete all sections

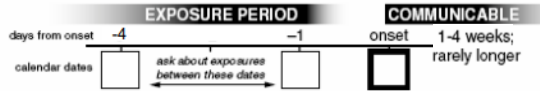
Panorama Client ID: _____
Panorama Investigation ID: _____

D) SIGNS & SYMPTOMS

INVESTIGATION->SIGNS & SYMPTOMS

Description	Yes Date of onset	Date of recovery	Description	Yes Date of onset	Date of recovery
Abdominal – cramping	YYYY / MM / DD	YYYY / MM / DD	Hemolytic uremic syndrome (HUS)	YYYY / MM / DD	YYYY / MM / DD
Asymptomatic	YYYY / MM / DD	YYYY / MM / DD	Nausea	YYYY / MM / DD	YYYY / MM / DD
Dehydration	YYYY / MM / DD	YYYY / MM / DD	Pain - abdominal	YYYY / MM / DD	YYYY / MM / DD
Diarrhea	YYYY / MM / DD	YYYY / MM / DD	Seizures	YYYY / MM / DD	YYYY / MM / DD
Diarrhea – bloody	YYYY / MM / DD	YYYY / MM / DD	Sepsis (e.g. bactremia, septicemia, etc.)	YYYY / MM / DD	YYYY / MM / DD
Diarrhea – mucousy	YYYY / MM / DD	YYYY / MM / DD	Tenesmus	YYYY / MM / DD	YYYY / MM / DD
Diarrhea – watery	YYYY / MM / DD	YYYY / MM / DD	Vomiting	YYYY / MM / DD	YYYY / MM / DD
Fever	YYYY / MM / DD	YYYY / MM / DD			
Other Signs & Symptoms if applicable					

Enter onset date in heavy box.
Count back to figure the probable exposure period.



Note: Exposure period for *S. dysenteriae* is up to one week.

E) INCUBATION AND COMMUNICABILITY

LHN-> INVESTIGATION->INCUBATION & COMMUNICABILITY

Incubation for Case (period for acquisition):	
Earliest Possible Exposure Date: YYYY / MM / DD	Latest Possible Exposure Date: YYYY / MM / DD
Exposure Calculation details:	
Communicability for Case (period for transmission):	
Earliest Possible Communicability Date: YYYY / MM / DD	Latest Possible Communicability Date: YYYY / MM / DD
Communicability Calculation Details:	

F) RISK FACTORS N—No, NA—Not asked, U—Unknown

LHN-> SUBJECT->RISK FACTORS

DESCRIPTION	Yes	N, NA, U	Start date	Add'l Info
Contact - Daycare			YYYY / MM/DD	
Contact - Persons with diarrhea/vomiting			YYYY / MM/DD	
Contact to a known case (Add'l Info)			YYYY / MM/DD	
Immunocompromised - Related to disease or treatment	TE		YYYY / MM/DD	
Occupation – Child care worker	TE		YYYY / MM/DD	
Occupation – Food handler	TE		YYYY / MM/DD	
Occupation – Health Care Worker – IOM Risk Factor	TE		YYYY / MM/DD	
Travel - Outside of Canada (Add'l Info)	AE		YYYY / MM/DD	
Travel - Outside of Saskatchewan, but within Canada (Add'l Info)	AE		YYYY / MM/DD	
Water - Bottled water			YYYY / MM/DD	
Water - Private well or system (Add'l Info)			YYYY / MM/DD	
Water - Public water system (Add'l Info)			YYYY / MM/DD	
Water - Untreated water (Add'l Info)			YYYY / MM/DD	
Water (Recreational) - Pond, stream, lake, river, ocean			YYYY / MM/DD	
Water (Recreational) - Private (swimming pool/whirl pool)			YYYY / MM/DD	
Water (Recreational) - Public (swimming/paddling pool/whirl pool)			YYYY / MM/DD	
Other risk factor (Add'l Info)			YYYY / MM/DD	

Shigellosis Data Collection Worksheet

Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

G) USER DEFINED FORM (SEE ATTACHED)

LHN-> INVESTIGATION-> INVESTIGATION DETAILS -> LINKS AND ATTACHMENTS -> SHIGELLOSIS FORM

H) TREATMENT

LHN-> INVESTIGATION-> MEDICATIONS->MEDICATIONS SUMMARY

Medication (<i>Panorama = Other Meds</i>) : _____	
Prescribed by: _____	Started on: YYYY / MM / DD

I) INTERVENTIONS

INVESTIGATION->TREATMENT & INTERVENTIONS->INTERVENTION SUMMARY

Intervention Type and Sub Type:	
Assessment: <input type="checkbox"/> Assessed for contacts Investigator name: _____ YYYY/ MM/DD	Outbreak Declared YYYY / MM / DD Investigator name: _____
Communication: <input type="checkbox"/> Other communication (See Investigator Notes) YYYY / MM / DD Investigator name: _____ <input type="checkbox"/> Letter (See Document Management) YYYY / MM / DD Investigator name: _____	Public Health Order: <input type="checkbox"/> Other (specify) _____ YYYY/ MM/DD Investigator name: _____
General: Investigator name <input type="checkbox"/> Disease-Info/Prev-Control YYYY/ MM / DD <input type="checkbox"/> Disease-Info/Prev-Cont/Assess'd for Contacts YYYY/ MM / DD	Other Investigation Findings: <input type="checkbox"/> Investigator Notes <input type="checkbox"/> Document Management
Education/counselling: Investigator name <input type="checkbox"/> Prevention/Control measures YYYY/ MM/DD <input type="checkbox"/> Disease information provided YYYY/ MM/DD	Referral: Investigator name <input type="checkbox"/> Canadian food inspection agency YYYY/ MM/DD <input type="checkbox"/> Primary care provider YYYY/ MM/DD
Exclusion: Investigator name <input type="checkbox"/> Daycare YYYY/ MM/DD <input type="checkbox"/> Preschool YYYY/ MM/DD <input type="checkbox"/> School YYYY/ MM/DD <input type="checkbox"/> Work YYYY/ MM/DD	Testing: Investigator name <input type="checkbox"/> Stool testing recommended (e.g. for follow-up) YYYY/ MM/DD
Immunization: <input type="checkbox"/> Eligible Immunization recommended YYYY/ MM/DD Investigator name: _____	

Date	Intervention subtype	Comments	Next follow-up Date	Initials
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	
YYYY / MM / DD			YYYY / MM / DD	

Shigellosis Data Collection Worksheet

Please complete all sections

Panorama Client ID: _____
Panorama Investigation ID: _____

J) OUTCOMES

LHN-> INVESTIGATION-> OUTCOMES

- | | | | | | |
|---|----------------|---|----------------|--|----------------|
| <input type="checkbox"/> Not yet recovered/recovering | YYYY / MM / DD | <input type="checkbox"/> ICU/intensive medical care | YYYY / MM / DD | <input type="checkbox"/> Hospitalization | YYYY / MM / DD |
| <input type="checkbox"/> Recovered | YYYY / MM / DD | <input type="checkbox"/> Intubation /ventilation | YYYY / MM / DD | <input type="checkbox"/> Unknown | YYYY / MM / DD |
| <input type="checkbox"/> Fatal | YYYY / MM / DD | <input type="checkbox"/> Other _____ | YYYY / MM / DD | | |

Cause of Death: (if Fatal was selected) _____

K) EXPOSURES

Acquisition Event

LHN-> INVESTIGATION-> EXPOSURE SUMMARY-> ACQUISITION QUICK ENTRY

Acquisition Event ID: _____

Exposure Name: _____

Acquisition Start YYYY / MM / DD **to Acquisition End:** YYYY / MM / DD

Location Name: _____

Setting Type

- Travel
 Exposure or consumption of potentially contaminated food or water
 Most likely source

Transmission Events

LHN -> INVESTIGATION-> ESPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> QUICK ENTRY

Transmission Event ID	Exposure Name	Setting type	Date/Time	# of contacts
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (FOOD PREP)		
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (FOOD PREP)		
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (FOOD PREP)		
		<input type="checkbox"/> Health care setting <input type="checkbox"/> Food service establishment <input type="checkbox"/> Household <input type="checkbox"/> Private Function (FOOD PREP)		
	Shigella Contacts – Inv ID# _____	<input type="checkbox"/> Multiple Settings	YYYY / MM / DD to YYYY / MM / DD	

L) TOTAL NUMBER OF CONTACTS

LHN -> INVESTIGATION-> EXPOSURE SUMMARY -> TRANSMISSION EVENT SUMMARY -> TE HYPERLINK -> UNKNOWN/ANONYMOUS CONTACTS

Anonymous contacts: _____ (total number of individuals exposed)

Initial Report completed by:		Date initial report completed: YYYY / MM / DD
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Shigellosis Routine Questionnaire - August 2018



Loading...

Record type:

Record ID:

Record Name:

In this form the answers (Yes, Probably, No, and Don't know) are from the perspective of the person being interviewed. "Probably" can be used if the client thinks he/she may have eaten this food or usually eats this food, but is unsure if it was eaten during the period in question.

Diet and Allergies

[Show/Hide](#)

Are you a vegetarian? Yes
 No
 Don't know
 Not asked

Do you have any food Allergies / avoidances / special diet? Yes
 No
 Don't know
 Not asked

If yes, specify details

Food Exposures

[Show/Hide](#)

In the 4 days (7 days for S. dysenteriae) prior to onset, did you eat...

Any raw oysters or shellfish? Yes
 Probably
 No
 Don't know
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any fresh herbs? Yes
 Probably
 No
 Don't know
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any raw vegetables? Yes
 Probably
 No
 Don't know



None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Any lettuce or salad?

Yes
 Probably
 No
 Don't know
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

Unpasteurized soft cheese?

Yes
 Probably
 No
 Don't know
 None of the Above

If yes, specify details (E.g., where consumed, type, brand, location)

4 Day Food History

[Show/Hide](#)

Please try to remember what you have eaten in the 4-day period before you started feeling sick. We will start with the day (or day before) you got sick and work backwards. (If a meal was eaten out, specify where they ate and what was eaten)

Please ask about: prepared in-home or eaten out; if in-home - variety/brand, how prepared, where bought/eaten, routine meals

Day 1

Day 1 date?

9/25/2018

Breakfast

Home or out?

Home
 Out

Details

Lunch

home or out?

Home
 Out

Details



	<input type="text"/>
Dinner	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<input type="text"/>
Snacks	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<input type="text"/>
Day 2	
Day 2 date?	<input type="text" value="9/25/2018"/>
Breakfast	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<input type="text"/>
Lunch	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<input type="text"/>
Dinner	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<input type="text"/>
Snacks	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<input type="text"/>



Day 3

Day 3 date?

9/25/2018

Breakfast

home or out?

- Home
- Out

Details

Lunch

home or out?

- Home
- Out

Details

Dinner

home or out?

- Home
- Out

Details

Snacks

home or out?

- Home
- Out

Details

Day 4

Day 4 date?

9/25/2018

Breakfast

home or out?

- Home
- Out

Details

Lunch

home or out?

- Home



	<input type="radio"/> Out
Details	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Dinner	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Snacks	
home or out?	<input type="radio"/> Home <input type="radio"/> Out
Details	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Social Functions [Show/Hide](#)

Yes

In the 4 days (7 days for *S. dysenteriae*) prior to onset, did you attend any social functions (e.g. parties, weddings, showers, potlucks, community events)?

No

Don't know

Not asked

Click the Add button to add social event/function details

Add

Restaurants [Show/Hide](#)

Yes

In the 4 days (7 days for *S. dysenteriae*) prior to onset, did you attend any restaurants (including take-out, cafeteria, bakery, deli, kiosk)?

No

Don't know

Not asked

Click the Add button to add restaurant details

Add

Grocery Stores [Show/Hide](#)

Yes

In the past 4 days (7 days for *S. dysenteriae*) prior to onset, did you visit grocery stores for foods consumed during the incubation period?

No

Don't know

Not asked

Click the Add button to add grocery store details

Add

**Loyalty card/store issued card (for outbreak investigation only)**[Show/Hide](#)

This section is only for use in some specific outbreak situations, with client consent. It is not a routine question for sporadic cases.

Has the client given consent (written or verbal)?

Yes
 No
 Not applicable

Loyalty card details (names and numbers)

Interviewer Details and Notes[Show/Hide](#)

Interviewer Name

Interview date

Any special notes regarding this interview

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