# Enteric Fever Case Investigation Form

## INTERVIEWER DETAILS

**1. Interviewer name:** **2. Date of interview:** DD / MM / YYYY

**3. Interviewer phone no.:** **4. Department:**

## PATIENT DETAILS

**5. First name & Surname:**

**6. DOB/(Age):** **7. Gender:** ☐ Male ☐ Female

**8. Phone no.:**

**9. Place of residence (in the last month before illness):**

**Town/City:** **District:** **Province:**

**10. Occupation:** **11. Place of Work:**

**11.1 For children: Name of crèche/school attended:**

**12. Works in a food handling trade?** ☐ Yes ☐ No

**13. Works in a child/elderly/health care-giving setting?** ☐ Yes ☐ No

## DISEASE PRESENTATION

**14. Date of onset?** DD / MM / YYYY

**15. Symptoms/Signs:** (tick all that apply)

☐ Fever ☐ Vomiting ☐ Abdominal Cramps ☐ Malaise/Fatigue

☐ Headache ☐ Constipation ☐ Myalgia ☐ Respiratory symptoms (e.g. cough)

☐ Nausea ☐ Diarrhoea ☐ Rose Spots (red macules/rash)

☐ Hepatomegaly (enlarged liver) ☐ Splenomegaly (enlarged spleen)

☐ Other, Specify: _____

**16. Complications** (tick all that apply)**:** ☐ Intestinal bleed ☐ Intestinal perforation ☐ Renal failure

☐ Encephalopathy (altered mental state eg confusion, loss of consciousness, seizures)

**17. Outcome**: ☐ Recovered /Discharged ☐ Still ill /Still admitted ☐ Died Date of death: DD / MM / YYYY

## CLINIC/HOSPITAL DETAILS

**18. Name of the clinician:** **19. Phone no.:**

**20. Facility name:** **21. Date of 1st consultation:** DD / MM / YYYY

**22. Name of referring facility (if applicable):**

**23. Admitted to hospital?** ☐ Yes ☐ No

## LABORATORY INVESTIGATIONS

**24. Date of specimen collection:** DD / MM / YYYY

**25. Lab name:** **26. Lab number:**

**27. Test/s performed for enteric fever diagnosis: (tick all that apply)** ☐ Blood Culture ☐ Stool Culture

☐ Other, specify:_____

**28. Follow up testing:** (tick all tests performed)

☐ Stool Culture 1 Date collected:_____ Result:: ☐ Pos ☐ Neg

☐ Stool Culture 2 Date collected:_____ Result:: ☐ Pos ☐ Neg

☐ Stool Culture 3 Date collected:_____ Result:: ☐ Pos ☐ Neg

☐ Additional/other follow-up tests, give details: _____

**HIV STATUS and ART**

**29. What is the current HIV status**? ☐ HIV-infected ☐ HIV-uninfected ☐ HIV-unexposed uninfected ☐ HIV-exposed uninfected ☐ Unknown

**30: Currently on Anti-retroviral therapy (ART)?** ☐ Yes ☐ No ☐ Unknown

**If yes, date of initiation of ART :** DD/MM/YY ☐ Unknown

**31. Is the patient currently taking cotrimoxazole prophylaxis?** ☐ Yes ☐ No ☐ Unknown

**EXPOSURE QUESTIONS**

**32. Have you travelled outside of your home town/city within 1 month before your illness started?** (include local and international travel) ☐ Yes ☐ No

**If yes, list all places/countries visited:** _____

**date departed:** DD / MM / YYYY **date returned:** DD / MM / YYYY

**33. Have you had any visitors from outside your home town/city within 1 month before illness onset?** (include local and international travel) ☐ Yes ☐ No

**If yes, where did they come from:** _____

**34. Have any of your close contacts or household members presented with similar illness to yours in the 1 month before your illness started?** ☐Yes ☐No

If yes, list names and contact details:

| Name | Phone no. | Address |
|---|---|---|
| | | |
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**35. Have you eaten at any of the following places within 1 month before your illness started?**

| Type | | Name/Address/Phone no. |
|---|---|---|
| Café / Restaurant | ☐ Yes ☐ No | |
| Street vendor | ☐ Yes ☐ No | |
| Fast food | ☐ Yes ☐ No | |
| Other, specify: | | |

**36. Gatherings: Have you attended any gatherings that included a meal (eg wedding, party, funeral) within 1 month before your illness started?** ☐ Yes ☐ No

**37. Housing type:** ☐Formal housing ☐Dwelling outside house ☐Informal settlement ☐Traditional house ☐Hostel/Institution

**38. Number of people living in the house:** _____

**39.Main source of water in the household:** ☐Tap inside ☐Tap outside ☐River/dam ☐Tank/Jojo ☐Borehole ☐Other (Specify)_____

**40: Is your water source:** ☐Private (only used by your family) ☐Communal (shared by multiple families known to you) ☐Public (shared by people known and unknown to you)

**41: Do you treat your water before drinking?** ☐Y ☐N

41.1: if yes, indicate how: ☐Boil ☐Chemical (Bleach/chlorine tablets) ☐Other (Specify)_____

**42. Main sanitation in the household:** ☐ Flush toilet ☐Chemical toilet ☐Latrine ☐Bucket ☐None
☐Other (Specify)_____

**43. Where is your toilet situated**? ☐ Inside ☐Outside ☐Other (Specify)_____
_____

**44: Is your toilet:** ☐Private (only used by your family) ☐Communal (shared by multiple families known to you)
☐Public (shared by people known and unknown to you)

**45: Do you have the following in your dwelling?**

**Fridge** ☐Yes ☐ No ☐ Unknown **Food Preparation area** ☐Yes ☐ No ☐ Unknown

**Freezer** ☐Yes ☐ No ☐ Unknown **Sink to wash hands** ☐Yes ☐ No ☐ Unknown

**Soap for handwashing at the sink** ☐Yes ☐ No ☐ Unknown

**46. Do you store water in your home?** ☐ Yes ☐ No
**If yes, in what type of container is water stored?** (tick all that apply)
☐ Plastic container ☐ Metal container ☐ Open container ☐ Closed container with lid

**How is water removed from the container?** (tick all that apply)
☐ With hands ☐ With a spoon/cup/jug ☐ With a tap ☐ Other, specify: _____

**47. Who prepares most of the meals in your home?** (name and relationship to case): _____
**Does he/she wash hands before preparing food?** ☐Yes ☐No
**Has he/she ever had a similar illness to yours?** ☐Yes ☐No

**48. Do you grow your own vegetables at home?** ☐Yes ☐No
**If yes, from where do you get the water for your vegetable garden?** _____
**What do you use to fertilise your vegetable garden?**_____

**Additional notes / comments / actions taken:**

## ENVIRONMENTAL ASSESSMENT

**45. List all environmental samples collected: (if applicable)**

| **Type of sample** (food/water/milk) | **Place / Address where collected** | **Lab no.** | **Result** |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |

**Name of lab(s) processing samples:** _____

## CONTACT TRACING

**1.Identify contacts at risk of infection, including: household members, care-givers of the case, and people who may have eaten the implicated food or water/beverages.**
**2. Investigate all contacts as per guidelines. List all below:**

| **Name** | **Age (years)** | **Sex (M/F)** | **History of enteric fever (Y/N)** | **Occupation** | **Physical address** | **Stool sample collected (Y/N)** | **Lab number/result** | **Referred for treatment (Y/N)** |
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