Salmonellosis surveillance form

hpsc

A. PATIENT DETAILS

CIDR EVENT ID | HSE ID

HSE area | LHO | County

Patient forename | Patient surname

Patient address | GP name & address

Phone | GP Phone

Work address | Hospital name | Hospital number

School/ college address | Notified by

Date notified to public health

B. SOCIODEMOGRAPHIC DETAILS

Sex: Female ☐ Male ☐ Date of Birth | Age (years)

Country of birth

Ethnicity:
White Irish ☐ | White Irish Traveller ☐ | White Other ☐
Black African ☐ | Black Other ☐
Asian Chinese ☐ | Asian Other ☐
Other/ mixed ethnicity ☐ | Unknown ☐

C. CLINICAL DETAILS

	Yes	No	Unk
Symptomatic?	☐	☐	☐
Illness ongoing?	☐	☐	☐

Onset date
Illness duration (days)

	Yes	No	Unk
Diarrhoea (>2 loose stools in 24hrs)	☐	☐	☐
Bloody diarrhoea	☐	☐	☐
Vomiting	☐	☐	☐
Nausea	☐	☐	☐
Abdominal pain	☐	☐	☐

	Yes	No	Unk
Fever	☐	☐	☐
Headache	☐	☐	☐
Myalgia	☐	☐	☐
Rash	☐	☐	☐

Other symptom, please specify

Patient admitted to hospital? ☐ Yes ☐ No ☐ Unk

Date of admission to hospital | Date of discharge

D: MICROBIOLOGICAL DETAILS

Serotype

Phage type

PFGE code

MLVA - - - -

E. RISK GROUPS

Risk groups: *Please tick if patient is in any of the following risk groups*

☐ **Group 1:** *High risk food handlers (e.g. those whose work involves touching unwrapped foods that will not undergo further heat treatment)*

☐ **Group 2:** *Health care, pre-school nursery or other staff who have direct contact or contact through serving food, with highly susceptible patients or people in whom an intestinal infection would have particularly serious consequences*

☐ **Group 3:** *Children <5 years of age attending nurseries, playgroups or other similar groups*

☐ **Group 4:** *Older children and adults who are unable to implement good standards of personal hygiene*

☐ **Not in risk group**

Contact with person with GI symptoms in 3 days prior to onset? ☐ Yes ☐ No ☐ Unk

Specify nature of contact with person with GI symptoms:
Household ☐ | School/College ☐ | Work ☐
Social ☐ | Healthcare setting ☐ | Other ☐

E. TRAVEL DETAILS

	Yes	No	Unk
Travel outside ROI 3 days prior to onset ?	☐	☐	☐

Foreign travel country 1

Foreign travel accommodation details 1

Foreign travel departure date 1

Foreign travel return date 1

Foreign travel country 2

Foreign travel accommodation details 2

Foreign travel departure date 2

Foreign travel return date 2

	Yes	No	Unk
Travel within ROI 3 days prior to onset	☐	☐	☐

Irish travel accommodation details 1

Travel within Ireland departure date 1

Travel within Ireland return date 1

Irish travel accommodation details 2

Travel within Ireland departure date 2

Travel within Ireland return date 2

	Yes	No	Unk	
Were any of the other guests ill?	☐	☐	☐	If yes, how many other guests were ill? ☐☐☐

F. FOOD DETAILS

If case is infant, did they consume infant formula/baby food? ☐ Yes ☐ No ☐ Unk

Specify infant formula/baby food details

Did case eat outside home 3 days prior to onset? ☐ Yes ☐ No ☐ Unk

Specify location &food eaten outside home 3 days prior to onset

Details of shops where food eaten in 3 days prior to onset was purchased

G. WATER DETAILS

Drinking water: *(Tick all that apply)* Public (mains) supply ☐ Private well ☐ Group scheme (LA supply) ☐ Group scheme (private supply) ☐ Other (e.g. bottled) ☐ Unknown ☐

Water treatment: Treated ☐ Untreated ☐

Recent water supply problems? ☐ Yes ☐ No ☐ Unk

H. ANIMAL CONTACT DETAILS

Contact with pet animals 3 days prior to onset? ☐ Yes ☐ No ☐ Unk

Specify pet contact

Contact with zoo animals 3 days prior to onset? ☐ Yes ☐ No ☐ Unk

Specify zoo contact

Contact with farm animals 3 days prior to onset? ☐ Yes ☐ No ☐ Unk

Specify farm animal contact

Contact with pet food 3 days prior to onset? ☐ Yes ☐ No ☐ Unk

Specify pet food contact

I. TRANSMISSION DETAILS

Any foods/suspected sources found positive for *Salmonella*? ☐ Yes ☐ No ☐ Unk

Specify details of foods/sources positive for *Salmonella*

Suspected mode of transmission Foodborne ☐ Waterborne ☐ Person-person ☐ Animal contact ☐ Unknown ☐

Specify other mode of transmission