

Appendix K



NATIONAL SINGLE VTEC CASE TRAWLING QUESTIONNAIRE



GENERAL INFORMATION

Case reference number _____ Community Care Area _____

Notifier name _____ Date notification

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Interview: Personal ☐ Telephone ☐ Other ☐ Specify other _____

Who was interviewed: Patient ☐ Spouse ☐ Parent ☐ Other ☐ Specify other _____

Name of interviewer: _____ Date of interview

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PATIENT DETAILS

First Name _____ Surname _____

Date of Birth

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 Age _____ Sex Male ☐ Female ☐

Home Address _____ Home telephone no. _____

Other address (for visitors to the area, please record address of holiday accommodation)

Mobile or other contact telephone no. _____

GP _____ GP phone no. _____

LABORATORY INFORMATION

Organism _____

Laboratory result: Positive ☐ Negative ☐ Pending ☐

Case category (see note 1) Confirmed ☐ Probable ☐ Suspected ☐

Diagnostic laboratory _____

Confirmatory laboratory _____

Date of result

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Hospital number _____

The information returned in this questionnaire will be treated in strict confidence

SECTION 1 CLINICAL DETAILS

Symptomatic Yes ☐ No ☐ Date of onset of illness

Symptoms	Yes	No	Not known
Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bloody diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Still ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consulted with GP: Yes ☐ No ☐ Not known ☐ Date

Attended hospital: Yes ☐ No ☐ Not known ☐ Date

Admitted to hospital: Yes ☐ No ☐ Not known ☐ Date

If **Yes** hospitalised, name consultant and hospital

Date of admission Date of discharge

SECTION 2 OCCUPATION AND RISK CATEGORY DETAILS

Occupation (includes retired, unemployed, housewife, student, school pupil, pre-school)

Risk Group (see note 2) 1 ☐ 2 ☐ 3 ☐ 4 ☐ No identifiable risk ☐

If in risk group, place of employment/ education/childcare

If in risk group, address of employment/ education/childcare (include department or class as appropriate)

Patient absent from school/work/ childcare: Yes ☐ No ☐ Not Known ☐

If **yes**, date of last attendance

SECTION 3 TRAVEL

Any history of international travel in 10 days prior to onset? Yes ☐ No ☐ Not Known ☐

If **yes**, state destination

Date of departure Date of return

Any persons in traveling party ill Yes ☐ No ☐ If **yes**, give details

SECTION 4 ANIMAL AND ENVIRONMENTAL EXPOSURE

Do you live on a farm? Yes ☐ No ☐

In the 10 days before you became ill, did you:

Visit any open farms/petting zoos Yes ☐ No ☐ Not known ☐
Visit or stay at any other farms Yes ☐ No ☐ Not known ☐

If **yes**, please give the name and address of the premises _____

Do you work or have hobbies which result in regular contact with animals? Yes ☐ No ☐ Not Known ☐

If **yes**, please give details _____

Do you have any pets, e.g. kittens, cats, puppies, dogs, budgies, rabbits, terrapins etc? Yes ☐ No ☐

If **yes**, please specify _____

Were any of your pets ill with diarrhoea or vomiting in the 10 days before you became ill? Yes ☐ No ☐ Not Known ☐

If **yes**, please specify (e.g. kittens, cats, puppies, dogs, rabbits, terrapins, etc) _____

Does your pet have access to farmland? Yes ☐ No ☐ Not Known ☐

If **yes**, please give details _____

Do you handle raw meat outside of the home? Yes ☐ No ☐ Not known ☐

In the 10 days before you became ill, have you taken part in any of the following rural activities (please tick all that apply)?

Hiking	<input type="checkbox"/>	Outdoor swimming or other water activities	<input type="checkbox"/>
Camping	<input type="checkbox"/>	Walking through farmland	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	Other outdoor activity	<input type="checkbox"/>

If so, please give details _____

In the 10 days before you became ill, have you taken part in any of the following activities (please tick all that apply)?

Field sports, e.g. football	<input type="checkbox"/>	Close contact with a child under 5, e.g. toileting, feeding, nappy changing	<input type="checkbox"/>
Handled soil, manure or sewage	<input type="checkbox"/>		
Attended a swimming pool	<input type="checkbox"/>		

If **yes**, please give details _____

SECTION 5 DRINKING WATER

What is your **usual** water supply?

Public (mains) supply	<input type="checkbox"/>	Group scheme (LA supply)	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Private well	<input type="checkbox"/>	Group scheme (private supply)	<input type="checkbox"/>	Other, e.g. bottled water	<input type="checkbox"/>

Please give details highlighting if there is more than one source _____

Have there been any recent water supply problems? Yes ☐ No ☐ Not known ☐

If **yes**, please give details _____

Is tap water filtered by domestic water filter? Yes ☐ No ☐ Not known ☐

If **yes**, how often is the filter changed? _____

Have you drunk water from a supply other than the above in the 10 days prior to becoming ill? Yes ☐ No ☐ Not known ☐

Public (mains) supply	<input type="checkbox"/>	Group scheme (LA supply)	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Private well	<input type="checkbox"/>	Group scheme (private supply)	<input type="checkbox"/>	Other, e.g. bottled water	<input type="checkbox"/>

If **yes**, please give details _____

In the 10 days prior to becoming ill, did you drink from a spring, stream or lake? Yes ☐ No ☐ Not known ☐

If **yes**, please give details _____

SECTION 6 FOOD HISTORY

In the **7 DAYS** before you became ill, can you tell me what you ate?

	DAY OF ONSET Date: _____		1 DAY BEFORE ONSET Date: _____		2 DAYS BEFORE ONSET Date: _____	
Breakfast: [Prompt: cereal with milk, toast with butter, eggs, bacon, porridge with hot milk etc.]						
If meal was eaten out, details						
Lunch [Prompt: pre made/deli sandwiches, fillings, soups, ate out, dishes etc.]						
If meal was purchased/pre-made/eaten out, details:						
Dinner [Prompt: eating out, fish, meat, dessert etc.]						
Please specify restaurant, or where main ingredients were bought:						
Snacks Detail brand if known [Prompt: biscuits, sweets, chocolate bars, ice creams etc.]	Type	Time	Type	Time	Type	Time

	3 DAYS BEFORE ONSET Date: _____		4 DAYS BEFORE ONSET Date: _____		5 DAYS BEFORE ONSET Date: _____		6 DAYS BEFORE ONSET Date: _____	
Breakfast:								
If meal was eaten out, details:								
Lunch								
If meal was purchased/pre-made/eaten out, details:								
Dinner								
Please specify restaurant, or where main ingredients were bought:								
Snacks Detail brand if known	Type	Time	Type	Time	Type	Time	Type	Time

FOOD PREPARATION AND EATING OUT

Did you handle any of the following foods while preparing a meal or snack in the 10 days before you became ill?

Raw beef	<input type="checkbox"/>	Raw poultry	<input type="checkbox"/>
Raw fish	<input type="checkbox"/>	Raw pork	<input type="checkbox"/>
Raw lamb	<input type="checkbox"/>	Raw vegetables (especially root vegetables)	<input type="checkbox"/>

In the 10 days before you became ill, have you eaten at any of the following locations (please tick all that apply)?

Your home	<input type="checkbox"/>	Someone else's home	<input type="checkbox"/>
A barbecue	<input type="checkbox"/>	A picnic	<input type="checkbox"/>
A restaurant/hotel	<input type="checkbox"/>	A public house	<input type="checkbox"/>
A work/school canteen	<input type="checkbox"/>	A burger restaurant	<input type="checkbox"/>
A street/market stall	<input type="checkbox"/>	Other fast food outlets (e.g. kebab shops, fish & chip shops)	<input type="checkbox"/>

Please give details _____

DAIRY PRODUCTS

Is it likely that you consumed any of the following milk types in the 10 days before you became ill?

Pasteurised milk	<input type="checkbox"/>	Goats milk	<input type="checkbox"/>
Unpasteurised milk (direct from a dairy farm)	<input type="checkbox"/>	Other	<input type="checkbox"/>

Is it likely that you ate any cheese in the 10 days before you became ill? Yes ☐ No ☐ Not known ☐

If **yes**, what types/brands of cheese did you eat? _____

Were any made from unpasteurised milk? Yes ☐ No ☐ Not known ☐

If **yes**, what types/brands of cheese did you eat? _____

Is it likely that you ate any other dairy products, e.g. yoghurt, fromage frais, yoghurt drinks, etc., in the 10 days before you became ill? Yes ☐ No ☐ Not known ☐

If yes, what types/brands did you eat? _____

Please give details of the premises where you purchased/obtained milk and dairy products

BEEF

Did you eat any beef or any food containing beef
in the 10 days before you became ill?

Yes

☐

No

☐

Not known

☐

In the 10 days before you became ill, have you eaten any of the following (please tick all that apply)?

Ready made baby food containing beef?

☐

Beefburgers or hamburgers

☐

If **yes**, were burgers red or pink in the centre?

☐

Dishes made of minced beef (e.g. meatloaf,
meatballs, cottage pie, lasagne)?

☐

Cold roast beef, e.g. in sandwiches or salads?

☐

Hot roast beef?

☐

Beef steak?

☐

Other dishes containing beef?

☐

If **yes**, please specify the dish(es) _____

OTHER MEAT

In the 10 days before you became ill, have you eaten any of the following (please tick all that apply)?

Sausages?

☐

Lamb (e.g. lamb chops, roast lamb)?

☐

Pork (e.g. pork chops, roast pork)?

☐

Chicken?

☐

Turkey meat?

☐

Cold cooked meats (e.g. ham, salami, etc)?

☐

Other foods containing meat?

☐

Please give details of premises where you purchased raw and cooked meats _____

FRUIT AND VEGETABLES

In the 10 days before you became ill, have you eaten any of the following (please tick all that apply)?

Raw fruit

☐

If **yes**, were they washed under running water/peeled prior to consumption?

☐

Raw vegetables (e.g. in salads or garnishes)

☐

If **yes**, were they washed under running water/peeled prior to consumption?

☐

Juice made from raw fruit or vegetables

☐

If **yes**, were fruit/vegetables washed under running water/peeled prior to juicing?

☐

Please give details of premises where you purchased fruit and vegetables _____

SECTION 7 ASSOCIATED CASES AND CONTACTS

Did anyone else in the household suffer with gastrointestinal illness (i.e. diarrhoea or vomiting) in the 10 days prior to or anytime after onset of your illness?

Yes ☐ No ☐ Not known ☐

Did you have contact with anyone else with gastrointestinal illness (i.e. diarrhoea or vomiting) in the 10 days prior to onset of your illness?

Yes ☐ No ☐ Not known ☐

List all household contacts (ill and well) and all contacts who were ill

Name	Age	Sex	Relationship	Symptoms	Date of onset of symptoms if any	Occupation/School

Please tick if any of the following applies to any other household members or close contact

Handles/prepares food for others outside of the home
Handles raw meat in the course of their work
Has contact with soil, manure or sewage
Has difficulty implementing satisfactory levels of hygiene

☐
☐
☐
☐

Works with animals
Is a health care worker
Attends/works in a creche or preschool facility

☐
☐
☐

If **yes**, please give details

FOLLOW-UP INVESTIGATION/ADVICE

Were any work or school restrictions recommended for case or contacts

Yes ☐

No ☐

Not known ☐

If **yes**, please specify _____

Was the patient advised of appropriate precautions

Yes ☐

No ☐

Not known ☐

If **yes**, how? Telephone ☐ Factsheet ☐ Letter ☐ In Person ☐

Were any food, water or environmental samples taken for microbiological analysis?

Yes ☐

No ☐

Not known ☐

If **yes**, please give details _____

Were faecal specimens requested from any household or other contacts?

Yes ☐

No ☐

Not known ☐

If **yes**, please give details _____

Any other information and any other actions taken _____

CONCLUSIONS**Suspected source of infection**

Meat eaten at home

Meat eaten out, if **yes**, comment _____

Water supply

Direct or indirect contact with animals or their faeces

Contact with an infected person

Abroad

Unknown

Other Please specify _____

Food if known or suspected _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CHECKLIST FOR INTERVIEWER

Where relevant and with permission, has veterinary officer been informed of case?

Yes ☐

Not relevant ☐

Has form been faxed to the following?

SMO

Yes ☐

No ☐

Not known ☐

PEHO

Yes ☐

No ☐

Not known ☐

Dept. of Public Health

Yes ☐

No ☐

Not known ☐

CHECKLIST FOR PUBLIC HEALTH DEPT.

Has case been notified on CIDR?

Yes ☐

No ☐

Not known ☐

Has enhanced surveillance data been updated on CIDR?

Yes ☐

No ☐

Not known ☐

Note 1: VTEC case definition**Clinical description**

Clinical picture compatible with VTEC infection, e.g. diarrhoea (often bloody) and abdominal cramps. Illness may be complicated by haemolytic uraemic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP). Cases may also be asymptomatic.

Laboratory criteria for diagnosis

One of the following:

- Isolation of verocytotoxin-producing *E. coli*
- Serological confirmation in patients with HUS or TTP
- For probable cases: detection of genes coding for Stx1/Stx2 production

Case classification

Suspected: A case of HUS or TTP of possible infective aetiology

Probable: A laboratory confirmed isolate without clinical information or a case where the genes coding for Stx1/Stx2 production have been detected or a case with clinical symptoms that has an epidemiological link

Confirmed: A clinically compatible case that is laboratory confirmed

Note 2: Groups that pose a special risk of spreading VTEC infection

Certain groups, when carriers of VTEC organisms, are considered to pose an increased risk of spreading infection (3), and will require a risk assessment to determine what school/work restrictions need to be imposed.

Group 1 High-risk foodhandler: one whose work involves touching unwrapped foods to be consumed raw or without further cooking or other forms of treatment

Group 2 Health care, preschool 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 under 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 -for example those with learning disabilities or special needs; and people in circumstances where hygienic arrangements may be unreliable, for example, temporary camps housing displaced persons. Under exceptional circumstances children in infant schools may be considered to fall into this group.