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| 1. **Patient Details**
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**ENHANCED SURVEILLANCE FORM TO BE COMPLETED FOR CONFIRMED AND PROBABLE SHIGELLOSIS CASES**

**CIDR EVENT ID**  **HSE ID** 

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| **Public Health Area:** Choose an item. **Patient Surname:** **Patient address:** **Eircode:** **Phone:** **Notified by:** **Country of birth:** **Ethnicity:** Choose an item.**If other Ethnicity, please specify:** | **County:** Choose an item.**Patient** **Forename:** **GP name/address:** **GP Phone:**  **Hospital name:** **Hospital number:**  |

**Date notified to Public Health Area:** dd/mm/yyyy.

 **Sex:**  Choose an item.  **DOB:** dd/mm/yyyy **Age (years):** 

**Sexual Orientation (adult males only):** Choose an item.

**If other sexual orientation, please specify** 

**If sexual orientation is gbMSM, is case HIV positive?** Choose an item.

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| 1. **CLINICAL DETAILS**
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**Onset date:** dd/mm/yyyy **Illness duration (days):** 

**Patient admitted to hospital?** Choose an item.

**Date of admission to hospital:** dd/mm/yyyy **Date of discharge from hospital:** dd/mm/yyyy

**Reason for admission to hospital:** Choose an item. **Outcome:** Choose an item.

**If died, date of death:**  dd/mm/yyyy **If died, cause of death:** 

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| 1. **RISK GROUPS**
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**Risk groups (see note 2):** Please tick if patient is in any of the following risk groups

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| [ ]  **Group 1**: High risk foodhandler | [ ]  **Group 2**: Healthcare/childcare staff |
| [ ]  **Group 3**: Child ≤5 attending CCF  | [ ]  **Group 4**: Learning or physical disability  |
| [ ]  **Not in risk group** |  |

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For Groups 1-4, name and location of workplace/CCF/setting:

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| 1. **CONTACTS AND ASSOCIATED CASES**
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**Any GI illness among household contacts?** Choose an item.

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| Details of contact type: |

**Any GI illness among other close contacts, e.g. CCF, healthcare setting, sexual contact** Choose an item.

**Where did contact acquire diarrhoea?**

[ ]  Contact acquired diarrhoea in *shigella* endemic country

[ ]  Contact acquired diarrhoea in Ireland [ ]  Contact’s source of diarrhoea unknown

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| 1. **EXPOSURES OF INTEREST**
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**Does case work in a clinical microbiology laboratory?**  Choose an item.

**Any travel outside ROI In week prior to onset (including to Northern Ireland)?** Choose an item.

**If YES, foreign travel country 1:** 

**Date of departure to country 1:** dd/mm/yyyy **Date left country 1:** dd/mm/yyyy

**If YES, foreign travel country 2:** 

**Date of departure to country 2:** dd/mm/yyyy **Date left country 2:** dd/mm/yyyy

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| 1. **LABORATORY RESULTS**
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Laboratory results are received through CIDR laboratory reporting. When each new laboratory result is received, the core CIDR variables Case Classification, Organism and Interpreted Overall Lab Result should be reviewed and updated as appropriate. Where antibiogram data are received, the free-text shigellosis specific enhanced question should be completed.

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| 1. **CONCLUSIONS**
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**Is case travel-related?** Choose an item.

**Suspected mode of transmission:** Choose an item. **Other:** 

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| **NOTE: If the patient identifies as gbMSM and has no other obvious or likely food or water source,** **please also complete the Shigellosis Sexual Exposure Incident/Cluster Investigation Form** |

1. **CASE DEFINITION**
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**Shigellosis (Shigella species)**

Clinical criteria

Any person with at least one of the following four: Diarrhoea, Fever, Vomiting, Abdominal pain

Laboratory criteria

For a confirmed case:

- Isolation of Shigella spp. from a clinical specimen

For a probable case:

- Detection of Shigella spp. nucleic acid in a clinical specimen in the absence of subsequent culture confirmation

Epidemiological criteria

At least one of the following two:

- Human to human transmission

- Exposure to a common source

Case classification

A. Possible case

NA

B. Probable case

Any person meeting the clinical criteria and with an epidemiological link

OR

Any person meeting the clinical criteria and laboratory criteria for a probable case

C. Confirmed case

Any person meeting the clinical and the laboratory criteria for a confirmed case

Current from: 18 July 2018