**ENHANCED SURVEILLANCE FORM TO BE COMPLETED FOR CONFIRMED AND PROBABLE SHIGELLOSIS CASES**

**Please note:** **Items marked with a † are for local use only and are not collected on CIDR.**

|  |
| --- |
| 1. **Patient Details**
 |

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

|  |  |
| --- | --- |
| **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.

|  |
| --- |
| 1. **CLINICAL DETAILS**
 |

**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:** 

|  |
| --- |
| 1. **RISK GROUPS**
 |

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

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

|  |
| --- |
|  |

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

|  |
| --- |
| 1. **EXPOSURES OF INTEREST**
 |

**Does case work in a clinical microbiology laboratory?**  Choose an item.

**Any travel outside ROI in the 7 days 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

**Travel within ROI in the 7 days prior to onset**†Choose an item.

**Irish travel accommodation details**† ****

**Travel within Ireland departure date**† **Click or tap to enter a date.**

**Travel within Ireland return date**† Click or tap to enter a date.

**Attended communal sports facilities?**†Choose an item.  **If yes, please give details**† ****

**Attended festival/event**†Choose an item.

**If yes, please give details**† ****

**In the 7 days prior to symptom onset:**

**Did the case eat outside of the home? (including takeaway, market stall, wedding, etc.)** †Choose an item.

**Specify location and food eaten**†

**Details of shops (supermarkets and local food stores) where food eaten was purchased in the 7 days prior to symptoms onset**† 

**Did the case eat any of the following**†**:**

**Bought sandwiches/wraps** Choose an item. **Details** 

**Under cooked meat** Choose an item. **Details** 

**Processed or cured meat** Choose an item. **Details** 

**Pre-packaged ready to eat foods** Choose an item. **Details** 

**Fish/shellfish** Choose an item. **Details** 

**Unpasteurised products** Choose an item. **Details** 

**Salad/leaves/fresh herbs** Choose an item. **Details** 

**Raw fruit/vegetables/juice** Choose an item. **Details** 

**Any specific dietary products** Choose an item. **Details** 

**List suspect food items**†:

**If case is infant, did they consume infant formula/baby food?** †Choose an item.

**If Yes, specify infant formula/baby food details**†**:** 

**Water exposures in the 7 days prior to symptom onset:**

**Home drinking water (please tick all that apply):** †

**Public (mains) supply** [ ]  **Group scheme (public supply)** [ ]  **Private well** [ ]

**Group scheme (private supply)** [ ]  **Unknown** [ ]

**If the group scheme/private well/well, are other homes/premises served by this supply?** †Choose an item. **If yes, give details**†**:** 

**Water treatment (tick as appropriate)** †**: Treated** [ ]  **Untreated** [ ]  **Unknown** [ ]

**Recent water supply problem?** †Choose an item. **Details**

**Other than home water supply, did case drink any other water, e.g. at home, at someone else’s home, in a restaurant, water fountain, stream, holy well?** † Choose an item.

**If Yes, give details**†**:** 

**Exposure to flood water or sewage**†**:** Choose an item. **Details**

|  |
| --- |
| 1. **CONTACTS AND ASSOCIATED CASES**
 |

**Any GI illness among household contacts?** Choose an item.

|  |
| --- |
| 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: Choose an item.

**List of all household contacts whether ill or well and all contacts who are ill**†**.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name & Address** | **DOB** | **Gender** | **Relationship to case** | **Diarrhoea & Vomiting (Y/N)**  | **Date of Onset** | **Occupation/school/****creche/health care setting address** | **Handles raw food/meat outside the home (Y/N)** | **Clearence /screen** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

|  |
| --- |
| 1. **LABORATORY RESULTS**
 |

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.

|  |
| --- |
| 1. **ADDITIONAL DETAILS**
 |

**Was case treated with an antibiotic for this infection?**†Choose an item.

**If yes, please enter the antibiotic name**† ****

|  |
| --- |
| 1. **CONCLUSION**
 |

**Is case travel-related?** Choose an item.

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

|  |
| --- |
| 1. **CASE DEFINITION**
 |

**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 as of: 22 January 2019*