Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Protection Surveillance Centre
Enhanced Typhoid and Paratyphoid Investigative Form

hpsc

FORM COMPLETION DETAILS

Form completed by ____ Date of completion ____

HSE Region ____ Has this case been notified? Y ☐ N ☐ U ☐ CIDR Event ID ____

PATIENT DETAILS

Forename ____ **Surname** ____

Patient Address ____ **Telephone number (Home)** ____
Telephone number (Mobile) ____

GP Name ____ **GP telephone number** ____

GP surgery address ____

Sex M ☐ F ☐ U ☐ **Date of Birth** ____ **Age (Years)** ____

Ethnic background (please choose one)

Black African ☐ Black other ☐ Chinese ☐ Indian subcontinent ☐
Irish traveller ☐ Mixed Black ☐ Not known ☐ Other ☐

If Other, please specify _____

ILLNESS DETAILS

Organism: *S.* Typhi ☐ *S.* Paratyphi A ☐ *S.* Paratyphi B ☐ *S.* Paratyphi C ☐

Mixed ☐ Please state ____

Onset date of first symptoms (e.g. fever, headache) ____

Patient admitted to hospital? Y ☐ N ☐ U ☐ **If YES, in Ireland or abroad?** ____

Date of admission to hospital ____ **Date of discharge** ____

Antibiotic therapy given? Y ☐ N ☐ U ☐

If YES, please indicate which: (tick any that apply)
Ciprofloxacin ☐ Co-trimoxazole ☐ Azithromycin ☐
Ceftriaxone ☐ Amoxycillin ☐ Other ☐
Unknown ☐ Chloramphenicol ☐ Please state ____

Outcome (tick one) Died ☐ Recovered ☐ Still ill ☐ Unknown ☐

If recovered, have negative stool specimens been obtained according to the standard guidelines? Y ☐ N ☐ U ☐

If YES, please give date of last clear stool sample ____

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Protection Surveillance Centre
Enhanced Typhoid and Paratyphoid Investigative Form

hpsc

LABORATORY INFORMATION

Specimen Type: Stool ☐ Blood ☐ Other ☐ Please state _____

Earliest specimen date: _____ **Source laboratory:** _____ **Phage type:** _____

Designation (if known)

☐ Case (organisms isolated from blood/faeces and presence of clinical symptoms)
☐ Excreter (excreting organisms for less than 1 year)
☐ Carrier (excreting organisms for more than one year)

Resistance/susceptibility markers	**Resistant**	**Susceptible**	**Intermediate**	**MIC (if appropriate) (mg/L)**
Ciprofloxacin	☐	☐	☐	
Co-trimoxazole	☐	☐	☐	
Amoxycillin	☐	☐	☐	
Choramphenicol	☐	☐	☐	
Ceftriaxone	☐	☐	☐	
Azithromycin	☐	☐	☐	
Nalidixic Acid	☐	☐	☐	

RISK GROUPS

Does the patient fall into any of the following risk groups for ongoing transmission of infection?
Please tick relevant box

☐ 1. High-risk food handlers (e.g. those whose work involves touching unwrapped foods)

☐ 2. Health care, pre-school, childcare facility 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

☐ 3. Children under 5 years of age attending childcare facilities, nurseries, play groups or other similar groups

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

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Health Protection Surveillance Centre
Enhanced Typhoid and Paratyphoid Investigative Form

hpsc

FOREIGN TRAVEL

In the 3 weeks before becoming ill, did the patient arrive in or return to Ireland from **abroad**? Y ☐ N ☐ U ☐ Please tick one

If YES, please continue with the questions in this section, if NO please proceed to next section

Date left Ireland |_|_|_|_|_|_| **Date returned to/arrived in Ireland** |_|_|_|_|_|_|

Main reason for travel (choose one):

Holiday - package	☐	New entrant into Ireland	☐
Holiday - independent	☐	Foreign visitor	☐
Business	☐	Unknown	☐
Visiting friends and relations	☐	Other	☐
Study	☐	Please specify	_____

Countries visited with dates of travel (list all and please also give town if available)

Country(ies)	Region(s)/town(s)	Date(s) of travel	
		Depart Ireland	Return to Ireland
_____	_____	|_|_|_|_|_|_|	|_|_|_|_|_|_|
_____	_____	|_|_|_|_|_|_|	|_|_|_|_|_|_|
_____	_____	|_|_|_|_|_|_|	|_|_|_|_|_|_|
_____	_____	|_|_|_|_|_|_|	|_|_|_|_|_|_|

Accommodation while abroad

Stayed mainly (>50%) (choose one) Hotel ☐ Campsite ☐ Hostel ☐ B&B ☐ Family/friend's home ☐ Other/mixed ☐

If the patient has returned to Ireland in the 3 weeks before onset of symptoms, was pre-travel health advice sought for this trip before he/she left Ireland?

Yes ☐ No ☐ Unknown ☐ N/A ☐

If YES, where was the main source of advice obtained? (choose one)

GP/practice nurse	☐	Travel clinic	☐
Friends and relatives	☐	Pharmacist	☐
Tour operator	☐	Internet	☐
Unknown	☐	Other	☐

If Other, please specify _____

Has the patient ever received a typhoid vaccine? Y ☐ N ☐ U ☐ Date last received |_|_|_|_|_|_|

If YES, which vaccine? Injected (eg Typhim Vi) ☐ Oral (eg Vivotif Berna) ☐ Unknown ☐

Advice about food and water hygiene received? Y ☐ N ☐ U ☐

If YES, main source (choose one) Written (eg leaflet) ☐ Electronic (eg website) ☐ In person by health professional ☐ Other ☐

If Other, please specify _____

FOREIGN TRAVEL

Hygiene advice followed? (choose one)

All the time (100%) ☐ Some of the time (<50) ☐
Most of the time (50-99%) ☐ Not at all (0%) ☐

LINKED CASES and EXPOSURES WITHIN IRELAND

Is this case part of an outbreak? Y ☐ N ☐ U ☐

If YES, is this case: Index case ☐ Contact of a known case ☐ Unknown ☐

If this case is the index case, please give number of secondary cases if known: ☐

Outbreak setting: Family/household ☐ General ☐

Please list CIDR outbreak identifier ☐

In the 3 weeks before becoming unwell, did the patient have any unusual exposures e.g. time spent away from home within Ireland, attendance at parties, receptions or buffets, meals taken at restaurants/cafes/ fast food outlets, consumption of water from non-treated source, or freshwater activities (eg swimming/ canoeing)?

Y ☐ N ☐ U ☐ If YES, please give details including relevant dates:

OTHER RELEVANT INFORMATION

HSE - Health Protection Surveillance Centre (HPSC)
25-27 Middle Gardiner Street, Dublin 1, Ireland

Tel + 353 1 8765 300
Fax + 353 1 8561 299

www.hpsc.ie