
 VTEC Enhanced Surveillance Report Form 																													
Demographic Details:																													
Initials <input type="text"/> <input type="text"/> <input type="text"/> DOB <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age (yrs) <input type="text"/> <input type="text"/> <input type="text"/> Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> Not Known <input type="checkbox"/>	County of Residence <input type="text"/> Investigating HSE Region <input type="text"/>																												
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If you have direct access to CIDR, please enter these enhanced data.

If you do not have direct access to CIDR, please forward this form to the HSE-### Dept. of Public Health (Fax: #####) who will enter the data on CIDR

Epidemiological and Environmental Investigations	
Food:	
Any suspected food item?	<input style="width: 100%;" type="text"/>
Any consumption of unpasteurised milk or cheese?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Were food samples taken for testing?	<input style="width: 100%;" type="text"/>
Results of food testing	<input style="width: 100%;" type="text"/>
Environmental and Direct Animal Contact:	
Any contact with farm animals or their faeces?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
If YES , was this contact Regular , e.g. lives / works on a farm <input type="checkbox"/> or Once off , e.g. visit to a pet farm <input type="checkbox"/>	
Any history of recreational contact with farmland e.g. swimming in lakes, camping, hillwalking etc.	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Were environmental samples taken for testing?	<input style="width: 100%;" type="text"/>
Results of environmental sample testing	<input style="width: 100%;" type="text"/>
Drinking Water:	
Is drinking water suspected?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Suspected Water Source:	
Public <input type="checkbox"/>	Group water scheme (LA supply) <input type="checkbox"/> Other <input type="checkbox"/>
Private Well <input type="checkbox"/>	Group water scheme (Private supply) <input type="checkbox"/> Not Known <input type="checkbox"/>
Was water sample taken for testing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Results of water testing	<input style="width: 100%;" type="text"/>
Is this the cases usual water source	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
If NO , specify usual water source	
Public <input type="checkbox"/>	Group water scheme (LA supply) <input type="checkbox"/> Other <input type="checkbox"/>
Private Well <input type="checkbox"/>	Group water scheme (Private supply) <input type="checkbox"/> Not Known <input type="checkbox"/>
Travel:	
Any history of foreign travel in 10 days prior to onset?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
If yes, state destination	<input style="width: 100%;" type="text"/>
Date of Departure <input style="width: 100px;" type="text"/>	Date of Return <input style="width: 100px;" type="text"/>
Associated Cases:	
Any associated cases in time, place or person?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
If YES , please give details	<input style="width: 100%;" type="text"/>
Does the case fall into any of the risk groups (See page 3) that pose a special risk of spreading infection?	
Group 1 <input type="checkbox"/>	Group 2 <input type="checkbox"/> Group 3 <input type="checkbox"/> Group 4 <input type="checkbox"/> No identifiable risk <input type="checkbox"/>
Additional Comments: <input style="width: 100%;" type="text"/>	
Name of Reporting Doctor <input style="width: 150px;" type="text"/>	Position held <input style="width: 150px;" type="text"/>
Date of Completion <input style="width: 100px;" type="text"/>	
Objectives of National VTEC Surveillance:	
<ul style="list-style-type: none"> To detect clusters or outbreaks of VTEC infection that may not be apparent at regional level. To demonstrate trends in incidence and case fatality rates over time. To disseminate VTEC human infection surveillance data to all those who need to know. 	

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Verotoxigenic *Escherichia coli* infection case definition(Verotoxin producing *Escherichia coli*)**Clinical criteria****VTEC**

Any person with at least one of the following three:

- Diarrhoea
- Abdominal pain
- Haemolytic-uraemic syndrome (HUS)

HUS

Any person with acute renal failure AND at least one of the following two:

- Microangiopathic haemolytic anaemia
- Thrombocytopenia

Laboratory criteria

At least one of the following three:

- Isolation of an *E. coli* strain that produces verotoxin or harbours *vt1* or *vt2* gene(s)
- Direct detection of *vt1* or *vt2* gene(s) nucleic acid (without strain isolation)
- Detection of free verotoxin in faeces

Only for HUS the following can be used as laboratory criterion to confirm VTEC:

- E. coli* serogroup-specific (LPS) antibody response

Isolation of a VTEC strain and additional characterisation by serotype, phage type, *eae* genes, and subtypes of *vt1/vt2* should be performed if possible.**Epidemiological criteria**

At least one of the following two:

- Human to human transmission
- Exposure to a common source

Case classification**A. Possible case**

Any person meeting the clinical criteria for HUS (see note 1)

B. Probable case

Any person meeting the clinical criteria for VTEC and with an epidemiological link OR a laboratory confirmed case not meeting the clinical criteria, e.g. asymptomatic (see note 2)

C. Confirmed case

Any person meeting the clinical and the laboratory criteria

Note 1: A person whose presentation meets the definition of HUS above, but whose condition is demonstrated to have been caused by another infectious agent, is not notifiable as a possible case of VTEC. Where that alternative infectious disease is notifiable, notification should be made according to that case definition.

Note 2: Where no clinical information is available, laboratory confirmed cases should be notified as confirmed cases

Groups that pose a special risk of spreading VTEC infection

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 crèches, nurseries, play groups, 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.

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