

A. PATIENT DETAILS

CIDR EVENT ID

HSE ID

HSE area

 LHO

County

Patient forename

Patient surname

Patient address

GP name & address

Eircode

Phone

GP Phone

Notified by

Hospital name

Date notified to Dept. Public Health

Hospital number

How was case first identified?

Lab/clinical notification (index) ☐

PH contact tracing ☐

If index, criterion for reporting:

Clinical HUS w/o lab evidence or epi link ☐

E. coli isolated with vt result pending ☐

Unknown ☐

Faeces positive for vt genes by PCR ☐

VTEC strain isolated ☐

Sex:

Female ☐

Male ☐

Date of Birth

Age (years)

B. CLINICAL DETAILS

Symptomatic? ☐ Yes ☐ No ☐ Unk
Illness ongoing? ☐ Yes ☐ No ☐ Unk

Onset date
Illness duration (days)

Diarrhoea (≥ 3 loose stools in 24hrs)

☐ Yes ☐ No ☐ Unk

Vomiting

Fever

Nausea

Abdominal pain

Bloody diarrhoea

☐ Yes ☐ No ☐ Unk

HUS

☐ Yes ☐ No ☐ Unk

If YES HUS, onset HUS

Patient admitted to hospital?

☐ Yes ☐ No ☐ Unk

Date of admission to hospital

Date of discharge

Name of hospital of admission

C. RISK GROUPS

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

☐ Group 1: ☐ Group 2: ☐ Group 3: ☐ Group 4: ☐ Not in risk group

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

Did case attend in 10 days prior to onset of symptoms?

☐ Yes ☐ No ☐ Unk

Did case attend any day after onset of symptoms?

☐ Yes ☐ No ☐ Unk

Date of last attendance

D. CONTACTS AND ASSOCIATED CASES

Any GI illness among household contacts?

☐ Yes ☐ No ☐ Unk

Any GI illness among other close contacts, e.g. CCF contacts?

☐ Yes ☐ No ☐ Unk

Any household contacts in risk groups 1-4:

☐ Yes ☐ No ☐ Unk

Details:

E. HOME AND HOME ENVIRONMENT

Is home located in a rural or urban area?

*Rule of thumb: urban living defined as anyone living in a town of greater than c. 1500 people and rural being all others

☐ Rural

☐ Urban

☐ Unknown

Does case live on a farm?

☐ Yes

☐ No

☐ Unk

Does case work on a farm?

☐ Yes

☐ No

☐ Unk

Is case cared for on a farm?

☐ Yes

☐ No

☐ Unk

Does any household contact have exposure to livestock, manure, sewage or slurry?

☐ Yes

☐ No

☐ Unk

If YES, lives/works/cared for on farm, tick types of farming practiced:

☐ Dairy

☐ Sheep

☐ Poultry

☐ Beef farming

☐ Goats

☐ Pigs

Details:

F. RECENT ACTIVITIES

In the 10 days prior to onset:

Did case (i) visit any open farms/petting zoos, (ii) attend an agricultural event, e.g. horse show or (iii) visit or stay at any other private farms?

☐ Yes

☐ No

☐ Unk

Name(s), location(s), and date(s) for premises visited

Did case engage in outdoor recreational activities, e.g. hillwalking, open water swimming, water sports, beach?

☐ Yes

☐ No

☐ Unk

Location of activity(s) and date(s):

Did case attend any sporting event/mass gathering event/match/concert/festival?

☐ Yes

☐ No

☐ Unk

Name(s), location(s) and dates of event(s):

G. EATING AND DRINKING

In the 10 days prior to onset:

Did case eat outside home (including takeaway, market stall, wedding, etc?)

☐ Yes

☐ No

☐ Unk

Specify location & food eaten

Details of shops (supermarkets and local food stores) where food eaten in 10 days prior to onset was purchased

Did case eat any of the following foods?

Unpasteurised milk?

☐ Yes

☐ No

☐ Unk

Details:

Unpasteurised cheese?

☐ Yes

☐ No

☐ Unk

Details:

Undercooked burgers?

☐ Yes

☐ No

☐ Unk

Details:

Salad leaves?

☐ Yes

☐ No

☐ Unk

Details:

Sprouted seeds?

☐ Yes

☐ No

☐ Unk

Details:

Raw fruit/vegetables?

☐ Yes

☐ No

☐ Unk

Details:

Home drinking water:

☐

Public (mains) supply

☐

Group scheme (public supply)

☐

Other (e.g. bottled)

☐

Private well

☐

Group scheme (private supply)

☐

Unknown

If group scheme/private supply/well, are other homes/premises served by this supply?

☐ Yes

☐ No

☐ Unk

If YES, give details:

Other than home water supply, did case drink any other water, e.g. at work, at home of a friend, in restaurant, water fountain, stream, holy well?

☐ Yes

☐ No

☐ Unk

If YES, give details:

H. TRAVEL DETAILS

Travel within ROI 10 days prior to onset

☐ Yes ☐ No ☐ Unk

Irish travel details, including accommodation

Travel within Ireland: date left home

Travel within Ireland: date arrived home

Were any of the other guests ill?

☐ Yes ☐ No ☐ Unk

If yes, how many other guests were ill?

Travel outside ROI 10 days prior to onset (including to Northern Ireland) ?

☐ Yes ☐ No ☐ Unk

Foreign travel country

Foreign travel details, including accommodation

Foreign travel: date left home

Foreign travel: date arrived home

Were any of the other guests ill?

☐ Yes ☐ No ☐ Unk

If yes, how many other guests were ill?

END OF INTERVIEW

I. CONCLUSIONS -OFFICE USE ONLY

Case classification (note 1):

☐ Confirmed ☐ Probable ☐ Possible

Case description (note 3):

☐ (Co)primary ☐ Secondary ☐ Not classifiable, e.g. asymptomatic

Outbreak code, if relevant

Outcome

☐ Recovered ☐ Recovering ☐ Still ill ☐ Lost to follow-up

☐ Long-term sequelae ☐ Died ☐ Unknown ☐ Not specified

If DIED, was VTEC cause of death?

☐ Yes ☐ No ☐ Unk

If LONG-TERM SEQUELAE, give details

Any foods/waters/suspected sources found positive for VTEC?

☐ Yes ☐ No ☐ Unk

Details microbiological findings for food/water/environmental samples

Suspected mode of transmission

☐ Foodborne ☐ Waterborne ☐ Person-person ☐ Animal/Environmental contact ☐ Unknown

If OTHER, specify

Comments

J. 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*, and enhanced CIDR variables *Criteria for diagnosis*, *Serogroup* and *Verotoxin gene(s)* should be reviewed and updated as appropriate.

K. DEFINITIONS

Note 1: VTEC case definition

Clinical criteria

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

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

C. Confirmed case

Any person meeting the clinical and the laboratory criteria

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. It does not include supermarket checkout operators or those employed exclusively in the handling of packaged goods, delivery and the wholesale/retail sale of fruit or vegetables.

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, childminders, 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.

Note 3: Case description

Primary case: The individual who introduces the disease into a group or the population (not necessarily the index case or the first case diagnosed)

Secondary case: Case whose date of onset is more than one incubation period (4d) after the primary case or whose risk factor is believed to be "exposure to a primary case"

Asymptomatic case: a person identified through contact screening procedures that does not have any symptoms consistent with VTEC infection. They are still notified as a case (as they are shedding bacteria). An asymptomatic case will not have an onset date.