

Local health departments should fax completed investigation form to regional DSHS office. Regional DSHS offices should fax completed investigation form to 512-776-7616.

Services Health Services Regiona			
Shiga Toxin-Producing <i>Escherichia coli</i> (E. coli Hemolytic Uremic Syndrome (HUS) Investigation		DSHS specimen ID:	DSHS specimen ID:
Outbreak related? Outbreak code: Patient's name:		CASE □ CONFIRMED □ PROBABLE STATUS: □ NOT A CASE □ OUT OF STATE □ EPI-LINKED (NBS ID):	ATUS: NOT A CASE DUT OF
Last First			· · · · · ·
Address: County: Z		Reported by:	
Phone/Email ()	-	Phone: () Date reported://_	, ,
DOB:// Age: Sex: Male Fema		Investigated by:	
Race: ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ Nativ	e American/Alaskan	Agency:	
☐ Unknown ☐ Other: Hispanic: ☐ Yes ☐	No □ Unknown	Phone: ()	
Occupation:		Email:	
Name and address for day care, early childhood development, or food s	ervice employment	Investigation start date:/	
CLINICAL DATA Symptom Or	nset:/	(*mark all that apply / Please submit medical records to	
Signs and symptoms (mark all that apply): ☐ Bloody diarrh	nea 🗆 Diarrhea	support the HUS diagnosis)	upport the HUS diagnosis)
☐ Fever (Max temp:) ☐ Vomiting ☐ Nausea	☐ Hemolytic uremic syndrome (HUS) (postdiarrhea		
	inal cramps or pain	☐ Acute anemia	
Other:		☐ Renal (kidney) injury or failure	
Hospitalized? ☐ Yes ☐ No ☐ Emergency room visit	only 🗆 Unknown	☐ Hematuria (blood in urine) ☐ Proteinuria (excess protein in urine)	
If yes, date of admission/ Date of disch	arge/	☐ Elevated creatinine Value:mg/c	
Name and location of hospital:		☐ Microangiopathic changes on peripheral blood smea	
☐ Did the patient die? Died on://		☐ Dialysis required	
Were hospital records/discharge summary sent to DSHS:] Yes □ No	□ Coagulopathy (platelets < 100,000)	
TREATMENT / PREDISPOSING CONDITIONS			
Antibiotics or antimotility drugs taken for this illness? ☐ Yes ☐ ☐	No Drug:	Start:// End://	Start://
Drug: Start://	/ Drug:	Start:// End://	Start://
☐ Antibiotic use within 30 days of onset? Please name:			
☐ Chronic medications? Please name:			
☐ Immunocompromised? If yes, with what?			
LABORATORY DATA	Collection date:/_		
	Laboratory name:		
*Sent to DSHS (state lab)? ☐ Yes ☐ No ☐ Unknown [
*No or Unknown - was the lab contacted to request isolate be s			
LAB RESULTS (mark all that apply)		·	
Isolation / Culture:	EIA / Antibody test:	PCR / Molecular Test:	PCR / Molecular Test:
□ Escherichia coli <u>only</u> (E. coli)	☐ Shiga toxin demonstra	ated / Shiga-	/ Shiga- ☐ stx1 ☐ stx2 ☐ eae
☐ E. coli O157 ("H" unknown or not H7) ☐ E. coli O157:H7	like toxin positive	□ hly □ ipaH □ uidA	□ hly □ ipaH □ uid#
☐ <i>E. coli</i> not O157 serotype:	☐ Negative / no toxin de	tected	ed □LT □ST
□ Other: □ No nother representation □ Not done	*PROBABLE status: Det	ection of Shiga ☐ Negative	n of Shiga □ Negative
□ No pathogens isolated □ Not done *CONFIRMED status: Isolation of <i>E. coli</i> O157:H7 or <i>E. coli</i> with	toxin by EIA / antibody tes	et and/or PFGE results:	J/or PEGE results:
evidence of Shiga toxin production	Amplification of either or b		
· '	Shiga toxin genes - stx1 a	nd stx2	t√2

DUDLIC HEALTH ISSUES (mark all that apply)	Did the case work at, visit o	r attend a day care	center, preschool, aged care, assisted		
PUBLIC HEALTH ISSUES (mark all that apply)	living or residential facility?	□ Yes □ No	If YES, provide details below:		
☐ Food employee:	Name of center/facility:				
Job description:	Were any other attendees or s	staff ill? ☐ Yes	□ No		
☐ Health care worker	Were they tested or investigat		□ No		
☐ Child care or preschool employee	Were they excluded from atter				
☐ Aged care/assisted living employee	Details:		•		
☐ Household/close contact with employee			receptions, parties)? ☐ Yes ☐ No		
in sensitive setting (HCW, childcare, food)					
Contact with diapered / incontinent person	Where, dates, foods:				
Other:	Were other attendees reported		□ No □ Unknown		
Description:	Details:				
PUBLIC HEALTH ACTIONS (mark all that apply)					
☐ Food employee exclusion - until 2 consecutive ne	egative stool samples returned a	s required by TAC §	229.163(d)		
☐ Child care inspection	☐ Restaurant inspection		ene education provided://		
☐ Trace-back investigation initiated ☐ Env	rironmental / food / water supply	testing:			
CONTACTS					
Is this case associated / epi-linked to another case?	Yes □ No Case	information:			
How many household contacts does the patient hav	/e? Hav	e any of these had a	a diarrheal illness? ☐ Yes ☐ No		
If YES, complete the following:					
Last: First:			-		
Last: First:					
Last: First:			•		
Last: First:	DOB://	Onset date:/	_/ Culture positive? Yes No		
Enter onset date in box and count back to determine probable exposure periods (within 7 days) - enter date. Days from onset -7 -4 -2 -1 Onset Date Variable (commonly 1-4 weeks, sometimes greater) See DSHS guidelines for exclusion criteria					
INVESTIGATION – EXPOSURE SOURCES					
☐ Case could not be interviewed (Three failed contains)	act attempts made OR language	e barrier) □ Part o	of outbreak (Outbreak questionnaire used)		
Interviewee: □ Case □ Surrogate □ Physician □ Other HCW □ Other: Interview date://					
TRAVEL					
Did the case travel out of the county, out of the state, out of the country or outside of usual routine during the exposure period?					
Out of: ☐ County ☐ State ☐ Country ☐ Routine					
Dates (start and end) and Locations:					
WATER EXPOSURES					
Water source exposure: Main source of drinking water:					
Did the case have access to any recreational water		☐ Personal swimm	ning pool		
Were these water sources treated / chlorinated?					
Names, dates, locations:					
		☐ Other:			

FOOD EXPOSURES – in the 7 days prior to illness (provide as much detail as possible and include locations/address of exposure or purchase)				
Ground beef exposure:				
Did the case handle or prepare ground beef at home ? ☐ Yes ☐ No ☐ Unsure				
Brand, when, how prepared (tacos, casserole, hamburger, rare):				
Did the case eat ground beef at home ? ☐ Yes ☐ No ☐ Unsure				
Brand, when, what (tacos), how prepared (rare):				
Did the case handle, prepare or eat pre-formed raw, pre-cooked or frozen <u>ground beef patties</u>? ☐ Yes ☐ No ☐ Unsure				
Brand, when, where, how prepared (rare):				
Did the case eat ground beef outside of home (at another's house, restaurant, food truck, fast food chain, social event or gathering)?				
☐ Yes ☐ No ☐ Unsure				
Where, what (tacos, burger), when, brand, how prepared (rare) :				
Other beef exposure:				
Did the case handle or prepare any <u>other beef products</u> at home (steak, sirloin, tri-tip)? ☐ Yes ☐ No ☐ Unsure				
What (steak), when, brand, how prepared (rare):				
Did the case eat any <u>other beef products</u> at home (steak, sirloin, deli meat, jerky, frozen meals)? ☐ Yes ☐ No ☐ Unsure				
What (steak, carne asada), where, when, brand, how prepared (rare):				
what (steak, same asada), where, when, brand, new propared (rais).				
Did the case eat any other beef products outside of home (at another's house, restaurants, food truck, fast food outlet, social event)?				
☐ Yes ☐ No ☐ Unsure				
What (steak), where, when, brand, how prepared (BBQ, rare):				
Other meat exposure:				
Did the case handle , prepare or eat <u>bison</u>? □ Yes □ No □ Unsure				
Where, what (steak, BBQ, sandwich), when, brand, how prepared (rare):				
Did the case handle, prepare or eat venison, elk, boar or any other game meat?				
□ Yes □ No □ Unsure				
What, where, when, brand, how prepared (steak, taco, rare):				
Did the case eat <u>dried or fermented meat</u> (jerky, pepperoni, salami, lunch meat, summer sausage)?				
☐ Yes ☐ No ☐ Unsure				
What, where, when, brand, how prepared (on pizza, in sandwich):				
Did the case handle, prepare or eat any other meat products (such as poultry, pork, lamb, goat)?				
□ Yes □ No □ Unsure				
What (chicken, turkey, lamb), where, when, brand, how prepared (roast, in sandwich):				

Dairy or juice exposure:
Did the case drink any <u>raw or unpasteurized milk</u> ? ☐ Yes ☐ No ☐ Unsure
Where, when, brand:
Did the case eat any <u>cheese or dairy products</u> made from <u>raw milk</u>? ☐ Yes ☐ No ☐ Unsure
What (queso fresco, queso blanco), where, when, brand:
Did the case eat any <u>artisanal or gourmet cheese</u> (feta, brie, camembert)?
Did the case drink any <u>raw, freshly squeezed or unpasteurized juice or cider</u> ? ☐ Yes ☐ No ☐ Unsure What, where, when, brand:
Lettuce and greens exposure:
Did the case <u>eat iceberg lettuce</u> (prepackaged, whole, shredded, in a salad, burger, sandwich)?
☐ Yes ☐ No ☐ Unsure Where, when, brand, how prepared, how packaged:
Thors, man, brand, non propared, non passaged.
Did the case <u>eat romaine lettuce</u> (prepackaged, whole, shredded, in a salad, burger, sandwich)?
☐ Yes ☐ No ☐ Unsure
Where, when, brand, how prepared, how packaged:
Did the case <u>eat spinach</u> (prepackaged, whole, shredded, in a salad, burger, sandwich)?
□ Yes □ No □ Unsure
Where, when, brand, how prepared, how packaged:
Did the case <u>eat other leafy greens</u> such as mesclun or red leaf lettuce (prepackaged, whole, shredded, in a salad, burger, sandwich)?
☐ Yes ☐ No ☐ Unsure
Where, when, brand, how prepared, how packaged:
Sprouts exposure:
Did the case <u>eat sprouts</u> (in a salad, sandwich)? ☐ Yes ☐ No ☐ Unsure
Where, when, what type, how prepared, how packaged:
Animal contact:
Did the case <u>visit a petting zoo</u> ? ☐ Yes ☐ No ☐ Unsure
What animals, where, when:
Did the case <u>visit, work or live on a farm with animals</u> ? ☐ Yes ☐ No ☐ Unsure
What animals, where, when:

Animal contact continued:				
Did the case visit a county/state fai	r, 4-H, livestock show o	or other events where	animals were present	or involved?
☐ Yes ☐ No ☐ Unsure				
What animals, where, when:				
Did the case have contact with any	animals of any kind or	visit a location whe	re animals where preser	<u>nt</u> ?
☐ Yes ☐ No ☐ Unsure				
What animals, where, when:				
Didd and the state of the state				
Did the case have <u>contact with anir</u> ☐ Yes ☐ No ☐ Unsure	nai reces (dried/peliets, r	manure, pet dropping	s, owi peliets for science p	projects)?
What, where, when, brand:				
Did the case have contact with animum ☐ Yes ☐ No ☐ Unsure	mal food products (pet o	chews, pet or livestoc	k food or feed, wet and dr	y foods)?
What, when, where, brands, packagi	na:			
Shopping locations where food wa	as nurchased or eaten a	nt·		
☐ Grocery store, supermarket ☐	<u>-</u>		☐ Ethnic market ☐ He	alth food store. co-op □ Fish market
☐ Butcher ☐ Farmers market, roa				•
Please list the grocery stores, marke	ts, warehouse clubs whe	re food is commonly բ	ourchased (or during expo	osure period) for food consumption:
Name, Address, Ph., Dates, Shoppe	r card #:			
Name, Address, Ph., Dates, Shoppe	r card #:			
Name, Address, Ph., Dates, Shoppe	r card #:			
Name, Address, Ph., Dates, Shoppe	r card #:			
Sources of food prepared outside	of home during exposu	re period:		
☐ National fast food chain	☐ Mexican	☐ Italian	☐ Seafood	☐ Jamaican, Cuban, Caribbean
☐ Steakhouse, grill	□ BBQ	□ Buffet	☐ Vegetarian, vegan	☐ Middle Eastern, Arabic, African
☐ Deli, sandwich shop	□ Diner, café	☐ Catered event	☐ Take-out	\square Asian (Chinese, Japanese, Indian)
☐ Breakfast, brunch	☐ School, institution	☐ Cafeteria (work,	school)	
☐ Other:				
List the names, food consumed, addresses, dates:				
, 				

OPEN ENDED FOOD HISTORY			
Recollection of the foods commonly e Start with the day of illness onset and w		onset:// TO//	_
Day 1 – Date of illness onset (Time of illness onset:	_ am/ pm
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	Other/Snacks
☐ Home or	☐ Home or	☐ Home or	
□ Out:	□ Out:	□ Out:	
Day 2 – Day prior to onset (,		
<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	Other/Snacks
☐ Home or	☐ Home or	☐ Home or	
□ Out:	□ Out:	□ Out:	
Day 3 - Second day prior to onset	(,)	
Breakfast	Lunch	Dinner	Other/Snacks
☐ Home or	☐ Home or	☐ Home or	
☐ Out:	□ Out:	□ Out:	
		`	
Day 4 – Third day prior to onset (_)	
Breakfast ☐ Home or	<u>Lunch</u> □ Home or	<u>Dinner</u> ☐ Home or	Other/Snacks
☐ Out:	□ Out:	□ Out:	
		_ out.	
Day 5 – Fourth day prior to onset			
<u>Breakfast</u>	Lunch		Other/Snacks
☐ Home or	☐ Home or	☐ Home or	<u> </u>
□ Out:	□ Out:	□ Out:	

Day 6 – Fifth day prior to onset (_		<u>')</u>	
Breakfast ☐ Home or	<u>Lunch</u> □ Home or	,	Other/Snacks
□ Out:	□ Out:	□ Out:	
Day 7 –Sixth day prior to onset (_	,	<u>'</u>)	
Breakfast ☐ Home or	<u>Lunch</u> □ Home or	<u>Dinner</u> ☐ Home or	Other/Snacks
□ Out:	□ Out:	□ Out:	
J			
Day 8 –Seventh day prior to onset	·	/)	
Breakfast	Lunch	, 	Other/Snacks
☐ Home or	☐ Home or	☐ Home or	
□ Out:	□ Out:	□ Out:	
Thank you for your assistance with	our investigation.		
Should we need to contact you again	, what would be the best phone no	umber to reach you? Ph: ()	-
What is a good alternate contact phore	ne number? Ph: (_)	
Do you have an email address we co	uld contact you on?		
ADDITIONAL COMMENTS:			