Foodborne Surveillance Investigation Form

NEW MEXICO DEPARTMENT OF HEALTH

Infectious Disease Epidemiology Bureau
1190 St. Francis Drive, N1350
P.O. Box 26110
Santa Fe, NM 87502-6110
Phone: (505) 827-0006
Fax: (505) 827-0013

NM-EDSS Patient ID:

MMWR Week:

MMWR Year:

Case Status (Required for Notification):
☐ Confirmed
☐ Not a case
☐ Probable
☐ Suspect
☐ Unknown

Investigator name:	Investigator phone:	ID EPI Contact:
Interview date: / /	Date received by ID EPI: / /	

Call attempts

Date/time:	Date/time:
Date/time:	Date/time:
Date/time:	Date/time:

Basic Demographic Data

Patient Name (last, first):		DOB: / /	
Sex: ☐ Male ☐ Female	Is the patient deceased? ☐ Yes ☐ No	If YES, Date of Death: / /	
Address (street):			
City:	County:	State:	ZIP:
Phone # (Home):	Phone # (Work):	Phone # (Cell):	
Ethnicity:	Please complete attached Ethnicity and Race questions		
Race:	Please complete attached Ethnicity and Race questions		

EMERGENCY Reporting (IMMEDIATE reporting required, call ID EPI at 505-827-0006)	**ROUTINE Reporting** (Report within 24 hours)		
☐ Typhoid fever (*Salmonella* Typhi) (use both CDC form 52.5 and this foodborne surveillance form)	☐ Campylobacteriosis	☐ STEC	☐ Yersiniosis
	☐ Salmonellosis	☐ Giardiasis	
	☐ Shigellosis	☐ Cryptosporidiosis	

Investigation Summary

Jurisdiction: ☐ NE ☐ NW ☐ SE ☐ SW ☐ Metro ☐ NW Tribal ☐ Tribal ☐ Central

Investigation Start Date: / /	Investigation Status: Remember to select "Closed" in NM-EDSS when data entry completed

Investigator (Name of local or regional office):

Reporting Source

Date of Report (Date first reported to NMDOH): / /	Reporting Source (Lab or facility name):
Earliest Date Reported to County (Region): / /	Earliest Date Reported to State: / /

Epidemiologic

Is this patient associated with a day care facility? ☐ No ☐ Unknown ☐ Yes

Is this patient a food handler? ☐ No ☐ Unknown ☐ Yes

Confirmation Method: ☐ Clinical diagnosis (non-lab confirmed) ☐ Epi linked ☐ Lab confirmed ☐ Unknown

Patient name: **DOB:** / /

Symptoms (Condition Specific Custom Fields)

Did you experience any symptoms as a result of your infection with [Organism name]? ☐ No ☐ Unknown ☐ Yes

(If no, Skip to **Day Care** section)

If yes, Did you have diarrhea? ☐ No ☐ Unknown ☐ Yes

Did you have bloody diarrhea? ☐ No ☐ Unknown ☐ Yes

Did you have a fever? ☐ No ☐ Unknown ☐ Yes

List other symptoms here (optional):

Clinical

Were you hospitalized overnight for this illness? ☐ No ☐ Unknown ☐ Yes If yes, Hospital name: _____

Admit Date: _____/ _____ / _____ Discharge Date: _____ / _____ / _____ Duration of stay (days): _____

Were you transferred to another hospital for this illness? ☐ No ☐ Unknown ☐ Yes If yes, Hospital name: _____

Admit Date: _____/ _____ / _____ Discharge Date: _____ / _____ / _____ Duration of stay (days): _____

At any part of the hospitalization, did you stay in an Intensive Care or Critical Care Unit? ☐ No ☐ Unknown ☐ Yes

When did you first feel ill? (Illness onset date): _____ / _____ / _____ When did you feel recovered? (Illness end date): _____ / _____ / _____

How long did your illness last? (Illness duration): _____ days

[*If patient is female of childbearing age*] Are you pregnant? ☐ No ☐ Unknown ☐ Yes

[**Investigator:** Did the patient die from this illness? ☐ No ☐ Unknown ☐ Yes

In the 6 months prior to this illness onset, were you diagnosed or treated for: (Check all that apply)

☐ Diabetes ☐ Cancer (include leukemia / lymphoma) ☐ Abdominal / Bowel related Surgery* (excludes C-sections)

Treatment (Condition Specific Custom Fields)

Were you treated with antibiotics for this illness? ☐ No ☐ Unknown ☐ Yes

If yes, When did you start the antibiotics? _____ / _____ / _____

What antibiotic(s) were you treated with? _____

In the 30 days prior to illness onset. Did you take any of the following:

Antibiotics? ☐ No ☐ Unknown ☐ Yes ; What antibiotic(s)? _____

Antacids? ☐ No ☐ Unknown ☐ Yes ; What antacid(s)? _____

Probiotics? ☐ No ☐ Unknown ☐ Yes

Patient name:	**DOB: / /**

[Investigator: Please note, if patient attends or works at a daycare or is a food handler, review exclusion criteria with patient. After interview is complete, contact ID EPI **immediately** at 505-827-0006 to have the epidemiologist on-call follow-up with the daycare facility or food service establishment regarding additional illnesses and exclusion criteria. Document the date and time of this phone call to ID EPI in the General Comments section of NM-EDSS Investigation screen.]

Day Care

Do you attend daycare? ☐ No ☐ Unknown ☐ Yes If yes, Last date attended: _____ / _____ / _____

Do you work at a daycare? ☐ No ☐ Unknown ☐ Yes If yes, Last date worked: _____ / _____ / _____

Do you live with a daycare attendee? ☐ No ☐ Unknown ☐ Yes

If yes to any of the above, What type of daycare? ☐ Adult day health care ☐ Adult day social care ☐ Alzheimer's specific day care ☐ Child care center ☐ Child care provided by relative, friend, neighbor ☐ In-home caregiver

Name, address and phone # of daycare: _____

Is food prepared at this daycare? ☐ No ☐ Unknown ☐ Yes

Does this daycare care for diapered persons? ☐ No ☐ Unknown ☐ Yes

Food Handler

Do you work as a food handler or prepare food for others outside your home? ☐ No ☐ Unknown ☐ Yes

If yes, Did you work as a food handler after the onset of your illness? ☐ No ☐ Unknown ☐ Yes

If yes, Last date worked: _____ / _____ / _____

Where do you work as a food handler? _____

Now, unless otherwise specified, I'm going to ask you some questions about events that may have occurred in the 7 days before you became ill [or the 7 days before specimen was collected if patient was asymptomatic] *so that would be from* [7 days prior to onset date]: _____ / _____ / _____ to [Onset date]: _____ / _____ / _____. *It may be helpful for you to look at a calendar or daily planner for these questions. Would you like to get one?*

Travel History

Did you travel anywhere in the **7 days** before your illness (including within NM)? ☐ No ☐ Unknown ☐ Yes

If yes, Purpose of travel: (check all that apply) ☐ Business ☐ Migration ☐ Visiting relatives/friends ☐ Tourism ☐ Other (specify): _____

Destination 1: _____

Mode of Travel: ☐ airplane ☐ bus ☐ car ☐ cruise ship ☐ train Arrival date: _____ / _____ / _____ Departure date: _____ / _____ / _____

Destination 2: _____

Mode of Travel: ☐ airplane ☐ bus ☐ car ☐ cruise ship ☐ train Arrival date: _____ / _____ / _____ Departure date: _____ / _____ / _____

Destination 3: _____

Mode of Travel: ☐ airplane ☐ bus ☐ car ☐ cruise ship ☐ train Arrival date: _____ / _____ / _____ Departure date: _____ / _____ / _____

If more than 3 destinations, specify details here: _____

Did you travel outside the United States in the **6 MONTHS** before your illness onset? ☐ No ☐ Unknown ☐ Yes

Countries visited? _____

Did any Household members travel outside the United States in the **6 MONTHS** before your illness onset? ☐ No ☐ Unknown ☐ Yes

Countries visited? _____

Patient name: **DOB:** / /

Drinking Water Exposure

Did you reside in a home with a septic system seven days before your illness? ☐ No ☐ Unknown ☐ Yes

What was the source of tap water at your home in the 7 days before your illness? ☐ Don't use tap water ☐ Municipal, city or county ☐ Private well ☐ Unknown ☐ Other (specify):

If a Private Well, How is well water treated at your home? ☐ Both filtered and disinfected ☐ Disinfected ☐ Filtered ☐ Neither filtered nor disinfected ☐ Unknown

What was the source of tap water at your work or school in the 7 days before your illness? ☐ Don't use tap water ☐ Municipal, city or county ☐ Private well ☐ Unknown ☐ Other (specify):

If a Private Well, How is well water treated at your work or school? ☐ Both filtered and disinfected ☐ Disinfected ☐ Filtered ☐ Neither filtered nor disinfected ☐ Unknown

Did you drink any untreated water in the 7 days before your illness (e.g. river while camping)? ☐ No ☐ Unknown ☐ Yes

If yes, Where did you drink untreated water? _____

Recreational Water Exposure

Did you have contact with a recreational water source, like the ocean, a lake, river or pool, in the 14 days before or after your illness, or during your illness?

☐ No ☐ Unknown ☐ Yes

If yes, What type of recreational water source? (check all that apply) ☐ Hot spring ☐ Hot tub, whirlpool, Jacuzzi or spa ☐ Interactive fountain ☐ Lake, pond, river or stream ☐ Ocean ☐ Recreational water park ☐ Swimming pool ☐ Other (specify): _____

Name and location of recreational water source: _____

REQURED: Date _____ / _____ / _____

REQURED: Was the water contact within 7 days of illness onset? ☐ No ☐ Unknown ☐ Yes

FOR CRYPTOSPORIDIOSIS CASES: Please report even a single case with pool exposure to (Do not leave messages, give messages directly to a person.):
505-768-2632 if case was at a facility in Albuquerque or Bernalillo County
505-248-7613 if case was at an IHS facility
EHB Statewide Pool Program director (575-258-3272 or cell 575-937-8388) for all other cases
If not able to contact the EHB Pool Program Director contact the relevant EHB District Manager:

	OFFICE	CELL
District I:	505-222-9500	505-240-0277
District II:	505-476-9109	505-490-0910
District III:	575-388-1934	575-574-4804

Animal Contact (*In the 7 days before your illness*)

Did you have contact with any animals, including pets or at a farm or petting zoo? ☐ No ☐ Unknown ☐ Yes

If yes, What type(s) of animal? (check all that apply) ☐ Cat ☐ Cattle ☐ Chicken ☐ Dog ☐ Goats ☐ Lizard ☐ Rodent ☐ Sheep ☐ Turkey ☐ Pocket Pet (if checked, enter Pocket Pet under other) ☐ Turtle ☐ Unknown ☐ Other (specify):_____

Where did you have contact with these animals (name and location)? _____

Did you have contact with a pet that had diarrhea? ☐ No ☐ Unknown ☐ Yes

Visit, work, or live on farm, ranch, petting zoo, or other setting that has animals? ☐ No ☐ Unknown ☐ Yes

Have any contact with any live poultry (e.g., chickens, turkeys, hens, etc.)? ☐ No ☐ Unknown ☐ Yes

Have any contact with a bird, not including live poultry such as chickens or turkeys? ☐ No ☐ Unknown ☐ Yes

Have any contact with any cattle, goats, or sheep? ☐ No ☐ Unknown ☐ Yes

Have any contact with any pigs? ☐ No ☐ Unknown ☐ Yes

Did you acquire a pet in the 7 days before your illness? ☐ No ☐ Unknown ☐ Yes

Patient name:	**DOB:** / /

Underlying Conditions

Do you have any underlying health conditions? ☐ No ☐ Unknown ☐ Yes [**Investigator**: If no underlying condition, select "None" in NM-EDSS]

If yes, What underlying health conditions? _____

Related Cases

Do you know anyone who had a similar illness in the 7 days before or after your illness? ☐ No ☐ Unknown ☐ Yes

If yes, Who had a similar illness and when were they ill? _____

Contact info for ill contacts: _____

In the seven days before your illness did you have a household member or a close contact with diarrhea? ☐ No ☐ Unknown ☐ Yes

[**Investigator**: To enter details of related cases into NM-EDSS, use General Comments field in NM-EDSS Investigation screen.]

Questions for men 17 or older

During the past 12 months, have you had sex with only males, only females, or with both males and females?

☐ Males only ☐ Females only ☐ Both males and females ☐ Unknown ☐ Refused to answer

Do you consider yourself to be:

☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Other ☐ Refused to answer

Thinking back to the 3 months before you were diagnosed with this illness, how many MEN did you have sex with during that time?

_____

Have you ever been told by a healthcare provider that you have HIV?

☐ No ☐ Unknown ☐ Yes ☐ Refused

Grocery Stores and Restaurants (Condition Specific Custom Fields)

Where did you shop for groceries eaten during the 7 days before your illness (name & location)? _____

Did you eat in any restaurants during the 7 days before your illness? ☐ No ☐ Unknown ☐ Yes

If yes, Collect the following information for all restaurants (If at all possible, **please get dates** of meals):

Restaurant 1 name and location: _____ Date of meal: ____ / ____ / ____

List foods eaten: _____

Restaurant 2 name and location: _____ Date of meal: ____ / ____ / ____

List foods eaten: _____

Restaurant 3 name and location: _____ Date of meal: ____ / ____ / ____

List foods eaten: _____

If more than 3 restaurants, specify details here: _____

Did you attend any gatherings during the 7 days before your illness, like a wedding, feast day, fiesta or potluck? ☐ No ☐ Unknown ☐ Yes

If yes, Date of event: ____ / ____ / ____ Name, type and location of event: _____

If more than one event, specify details here: _____

Patient name: **DOB: / /**

Now I'm going to read a list of foods and beverages you may have consumed during the 7 days before your illness. For each one, tell me whether you ate the item by saying "Yes" or "No." Answer "Yes" if you ate the item by itself or as part of another dish.

Food Exposures (*In the 7 days before illness, did you/your child…*)

Eat or drink any dairy products (e.g., milk, yogurt, cheese, ice cream, etc.)? ☐ No ☐ Unknown ☐ Yes

Eat or drink any pasteurized cow's or goat's milk? ☐ No ☐ Unknown ☐ Yes

Eat any soft cheese (brie, cream cheese, queso fresco, etc.)? ☐ No ☐ Unknown ☐ Yes

If yes, please list _____

Drink unpasteurized milk? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Eat any unpasteurized soft cheese (queso fresco, etc.)? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Eat unpasteurized cheese or yogurt? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Eat or drink any other dairy products that were raw or unpasteurized (e.g., ice cream made from raw milk)? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Drink unpasteurized cider or juice? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Eat Fresh fruits or berries ☐ No ☐ Unknown ☐ Yes

Eat any fresh (unfrozen) berries? ☐ No ☐ Unknown ☐ Yes

Eat any frozen berries? ☐ No ☐ Unknown ☐ Yes

Eat any fresh cantaloupe? ☐ No ☐ Unknown ☐ Yes

Eat any watermelon? ☐ No ☐ Unknown ☐ Yes

If other berries and fruits, please list _____

Eat any fresh vegetables or salads ☐ No ☐ Unknown ☐ Yes

Eat any fresh, raw lettuce? ☐ No ☐ Unknown ☐ Yes

Eat any fresh (unfrozen), raw spinach? ☐ No ☐ Unknown ☐ Yes

Eat any fresh, raw tomatoes? ☐ No ☐ Unknown ☐ Yes

Eat any sprouts? ☐ No ☐ Unknown ☐ Yes

If other vegetable, please list _____

Eat any fresh (not dried) herbs (basil, cilantro, parsley)? ☐ No ☐ Unknown ☐ Yes

If yes, please list _____

Eat any eggs? ☐ No ☐ Unknown ☐ Yes

Eat any eggs made outside of home, at a business such as a restaurant, deli, fast food, take-out, or catered event? ☐ No ☐ Unknown ☐ Yes

Eat any eggs that were runny or raw, or uncooked foods made with raw eggs? ☐ No ☐ Unknown ☐ Yes

Eat Poultry? ☐ No ☐ Unknown ☐ Yes

Eat Chicken or any foods containing chicken? ☐ No ☐ Unknown ☐ Yes

Eat any chicken at home that was purchased fresh (refrigerated)? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Eat any chicken at home that was frozen when purchased? ☐ No ☐ Unknown ☐ Yes

Purchased from _____ Brand _____ Purchase date ____ / ____ / ____

Eat any chicken make outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event? ☐ No ☐ Unknown ☐ Yes

Eat any ground chicken? ☐ No ☐ Unknown ☐ Yes

Patient name: **DOB: / /**

Food Exposures (*cont.)*

Eat any turkey or any foods containing turkey?		☐ No ☐ Unknown ☐ Yes
Eat any turkey made outside of home at a business such as a restaurant, deli, fast food, take-out, or catered event?		☐ No ☐ Unknown ☐ Yes
Eat any ground turkey?		☐ No ☐ Unknown ☐ Yes
Did you or anyone in household handle raw poultry?		☐ No ☐ Unknown ☐ Yes
Eat beef or any foods containing beef?		☐ No ☐ Unknown ☐ Yes
Eat any beef make outside of home at a business such as a restaurant, deli, fat food, take-out, or catered even?		☐ No ☐ Unknown ☐ Yes
Eat any ground beef?		☐ No ☐ Unknown ☐ Yes
Purchased from _____	Weight/Brand _____	Purchase date ____ / ____ / ____
Eat any ground beef that was undercooked or raw?		☐ No ☐ Unknown ☐ Yes
Did you or anyone in household handle raw beef?		☐ No ☐ Unknown ☐ Yes
Eat any veal?		☐ No ☐ Unknown ☐ Yes
Eat any pork or any foods containing pork?		☐ No ☐ Unknown ☐ Yes
Eat any lamb or mutton?		☐ No ☐ Unknown ☐ Yes
Eat any liver pate?		☐ No ☐ Unknown ☐ Yes
Eat any raw or undercooked liver?		☐ No ☐ Unknown ☐ Yes
Eat any fish or fish products?		☐ No ☐ Unknown ☐ Yes
Eat any fish or fish products that was raw or undercooked (e.g., sushi, sashimi)?		☐ No ☐ Unknown ☐ Yes
Eat any seafood (e.g., crab, shrimp, oysters, clams, etc.)?		☐ No ☐ Unknown ☐ Yes
Eat any seafood that was raw or undercooked (e.g., raw oysters, clams, etc.)?		☐ No ☐ Unknown ☐ Yes
Did you or anyone in household handle raw fish or seafood?		☐ No ☐ Unknown ☐ Yes
Eat shellfish?		☐ No ☐ Unknown ☐ Yes
Eat Jerky?		☐ No ☐ Unknown ☐ Yes
Recent consumption of suspect or recalled foods?		☐ No ☐ Unknown ☐ Yes

Please list _____

Binational Case Question (in Custom Fields section of Investigation)

During the incubation and/or infectious period of the patient's disease, did the patient visit, travel in, or live in Mexico or any other foreign country? (**Refer to Incubation Period Table to determine time period of interest**) ☐ No ☐ Unknown ☐ Yes

If yes, specify country: _____

During the incubation and/or infectious period of the patient's disease, did the patient have contact with anyone who visited, traveled in or lived in Mexico or any other foreign country? (**Refer to Incubation Period Table to determine time period of interest**) ☐ No ☐ Unknown ☐ Yes

If yes, specify country: _____

Now I would like to ask you some questions about your (or your child's) race and ethnicity. These questions are important for helping us know what diseases are affecting different groups of New Mexicans. Again, all the information you provide is strictly confidential.

Ethnicity (in Patient tab of Investigation)

Do you consider yourself (or your child) to be any of the following:

Hispanic or Latino or Chicano? ☐ No ☐ Yes

If the answer is not "Yes/No," or the patient responds with a question (e.g., "my mother is from Mexico and my father is of German descent from Wisconsin, so what does that make me?"), counter with a statement such as **"how do you identify yourself (or your child)?"**

If alternate response given ("I don't know" or "I can't tell you" or "It's none of your business"), **leave blank and go to Q2.**

Patient name: **DOB: / /**

Race (in Patient tab of Investigation)

What race or races do you consider yourself (or your child) to be? You may select more than one (**ask the patient to respond to each option**):

White	☐ No	☐ Yes	
American Indian or Alaskan Native	☐ No	☐ Yes	
Black or African American	☐ No	☐ Yes	
Asian	☐ No	☐ Yes	
Native Hawaiian or Pacific Islander	☐ No	☐ Yes	
Another race I didn't mention	☐ No	☐ Yes	Specify another race: _____
Don't know	☐ No	☐ Yes	

If the respondent still answers "**Hispanic**" (or another Hispanic category) to the race question, ask the following: **"Would you say White Hispanic, American Indian Hispanic, Black/African-American Hispanic or Asian Hispanic?"** Or reassure the patient by saying **"People can be White Hispanic, American Indian Hispanic, Black/African-American Hispanic or Asian Hispanic. How would you identify yourself (or your child)?"** The race should then be coded based on White, American Indian, Black/African-American or Asian. If the respondent won't commit, leave blank.

Tribal Affiliation (in Patient tab of Investigation)

If American Indian or Alaskan Native, what is your (or your child's) tribal affiliation? _____

If American Indian or Alaskan Native, do you (does your child) currently live on the reservation or pueblo at least part of each week? ☐ No ☐ Yes

Country of Birth (in Patient tab of Investigation)

In which country were you (was your child) born? _____

Primary Language (in Patient tab of Investigation)

What is the patient's (guardian's) primary language? _____

Occupation (in Patient tab of Investigation)

What is your (your child's) occupation? ☐ Child Care Worker ☐ Food Handler ☐ Healthcare Practitioner ☐ Student ☐ Teacher ☐ Unemployed ☐ Other

If other occupation, specify: _____

Name of employer or school: _____

[**Investigator**: Use these bullets as a starting point for educating the patient on proper food handling and hand hygiene.]

- Thoroughly cook raw meat and poultry, wash raw fruits and vegetables thoroughly
- Keep raw meat and poultry separate from produce, cooked foods, and ready-to-eat foods
- Wash hands, knives, cutting boards and other surfaces that have been in contact with raw meat and poultry
- Avoid eating unpasteurized dairy products and juices
- Wash hands after contact with animals and after using the restroom
- Don't prepare food for others when you have diarrhea. If patient is a food handler, he/she should stay home from work until symptoms have resolved (see exclusion criteria).
- If patient attends or works at a daycare, he/she should stay home until symptoms have resolved (see exclusion criteria).
- Avoid using recreational water sources (e.g., pool) until your diarrhea subsides.

Thank you for your time. That's all the questions I have for you. Do you have any questions for me?

Administrative

General Comments: