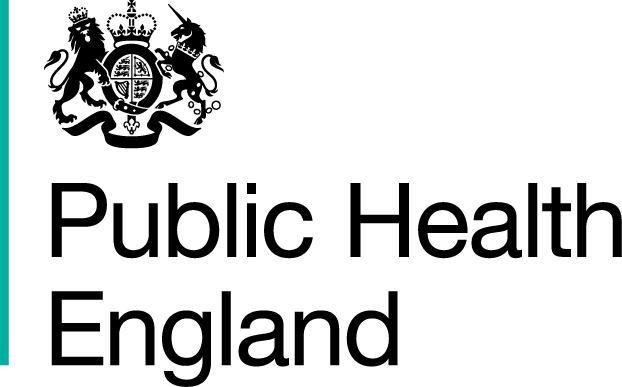
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**FOOD AND WATER BORNE**

**INVESTIGATION FORM**

**ALL SECTIONS MUST BE COMPLETED (USE NOT APPLICABLE IF NECESSARY)**

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| **PHE/ EHO USE ONLY** | | | | | | | | | |
| **Causative Organism:** | | Salmonella |  | Shigella |  | Giardia |  |  | |
|  | | | | | | | | | |
|  | Cryptosporidium | |  | Food Poisoning |  | Other |  | |  |
|  |  | |  |  |  | (Please specify) | | |
| **NB: E.coli O157, Listeria, Typhoid and Paratyphoid investigations must be completed on the specific enhanced surveillance forms.** | | | | | | | | | |

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| **Investigating Officer:** | **Local Authority:** | **Local Authority Ref:** |
| **Date LA notified:** | **LA notified by:** | **Date Questionnaire completed:** |
| **Questionnaire completed by:** \***visit / telephone / post** | | |

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| 1. **PERSONAL DETAILS** | | | | | | | | | | |
| First Name: |  | | | | Surname: | |  | | | |
| Address: |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | Postcode: |  | |
| Telephone Home: |  | | Work: |  | | | | Mobile: |  | |
| Date of Birth |  | | Sex: | \*Male/Female | | | |  | | |
| GP & Surgery Name: |  | | | | | | | | | |
| GP Address: |  | | | | | | | | | |
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| 1. **OCCUPATION/SCHOOL** | | | | | | | | |
| **Occupation**: |  | Address: |  | | | | | |
| Does any work you undertake (including voluntary) involve you handling food/drink? \*Yes/No | |  |  | | | | | |
| Do you work in a healthcare setting? \*Yes/No | |  |  | | | | | |
| **School/Nursery**: |  | Address: |  | | | | | |
| Date last attended Work/School? |  |  |  | | | | | |
|  | | | | | | | | |
|  |  |  | Risk Group:1 | 1D | 2C | 3B | 4A | None |
|  |  |  | 1 Please see page 4 for risk groups **EHO/PHE Use Only** | | | | | |

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| 1. **SYMPTOMS** | | | | | | | | |
| Onset Date: |  | | Time: |  | Duration of Symptoms: | |  | \* Recovered/Still Unwell |
| Symptoms: nausea / vomiting / diarrhoea / abdominal pain / fever / other – please specify | | | | | | | | |
|  |  | | | | | | | |
| Was GP consulted? | | \*Yes/No | | Was sample requested? | | \*Yes/No | | |
| Admitted to hospital? | | \*Yes/No | | Date of admission/discharge | |  | | |
| Name of hospital: | |  | | | | | | |
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| 1. **RISK FACTORS** Further comments for any section can be added on page 4 - Additional Information | | | | | | |
| **4.1 Contact with a person with similar illness** in the 10 days before onset of symptoms? \*Yes/No | | | | | | |
| **Travel History** Please include **UK and Overseas** travel within 10 days before onset of symptoms | | | | | | EH action taken |
| Dates of travel: | |  | | | |  |
| Country(ies): | |  | | | |
| Resort name: | |  | | | |
| Hotel/Campsite name: | |  | | | |
| Flight Details (if relevant) | | | | | |
|  | | | | | |  |
| **4.2 Food History** Please include food history in the 5 days before onset of symptoms | | | | | |  |
| Eating Out / ‘Take Away’ Food / BBQs | | | | | |
| Date | Venue (including address) | | | | Food consumed |
|  |  | | | |  |
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| Food eaten prepared at home including any of the following: eggs / chicken / salads / spices / herbs / snack food e.g. sausage rolls / tinned foods / preserved foods e.g. jams | | | | | |
| Date | Food type | | | | Where purchased |  |
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| Have you consumed any unpasteurised food products (e.g. raw milk, cheese, etc.)? \*Yes/No  Details: date / food type / where purchased | | | | | |  |
|  | | | | | |
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| **4.3 Water** | | | | | |  |
| Household water supplier: | | |  | | |
| Has water from boreholes/private water supply been consumed, in the 10 days before onset of symptoms if YES, please detail:  Have you consumed any bottled water? \*Yes/No | | | | | |
| Details: Date of consumption / product details | | | | | |
|  | | | | | |
| **4.4 Leisure Activities / Hobbies** | | | | | | EH action taken |
| Details of any water contact / water sports / outdoor hobbies in 10 days before onset of symptoms  e.g. swimming, canoeing, fishing, splash pools, paddling, gardening, allotments, etc. | | | | | |  |
| Date | Venue (including address) | | | Activity | |
|  |  | | |  | |
|  |  | | |  | |
|  | | | | | |  |
| **4.5 Animals and Pets** | | | | | |  |
| Detail any contact with animals in the 10 days before onset of symptoms  e.g. pets, farm animals, wild animals, petting farms/zoos, etc. | | | | | |
| Date | Venue (including address) | | | Activity | |
|  |  | | |  | |
|  |  | | |  | |
| Did any of the animals show signs of illness? \*Yes/No | | | | | |

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| 1. **HOUSEHOLD CONTACTS** | | | | | | | |
| Name | Address | DOB | Risk Group  \*Yes / No | Symptoms  \*Yes / No | Relationship to case | Action taken  Sample taken Exclusion | |
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| --- | --- |
| **Permission to contact for further details if necessary:** | \*Yes/No |
| **Hygiene advice given:** | \*Yes/No |
| **Case advised that this information may be shared with other stakeholders as part of the surveillance of GI infections for public health purposes:** | \*Yes/No |

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| **RISK GROUPS**  **Group A (4):** Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school. Particular consideration should be given as to whether individual infant-school-aged children (aged 6 or 7 years) are able to satisfactorily observe good personal hygiene.  **Group B (3):** All children aged 5 years old or under who attend school, pre-school, nursery or other similar child care or minding groups.  **Group C (2):** People whose work involves preparing or serving unwrapped food to be served raw or not subjected to further heating.  **Group D (1):** Clinical, social care or nursery staff who work with young children, the elderly, or any other particularly vulnerable persons, and whose activities increase the risk of transferring infection via the faeco-oral route. Such activities include helping with feeding, or handling objects that could be transferred to the mouth. |

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| **EXCLUSION:**  **General exclusion advice:** 48 hours once symptom free  **Specific exclusion advice: -** Non-Sonnei Shigella – discuss need for exclusion/clearance with HPA,   * Cryptosporidium and Giardia - refrain from swimming for a further 14 days once symptom free |
| **ADDITIONAL INFORMATION** |