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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**
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| 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**
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| **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? |  |  |  |
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|  |  |  | 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**
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| 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
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| **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) |
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| **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/NoDetails: 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 |
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| **4.5 Animals and Pets** |  |
| Detail any contact with animals in the 10 days before onset of symptomse.g. pets, farm animals, wild animals, petting farms/zoos, etc. |
| Date | Venue (including address) | Activity |
|  |  |  |
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| Did any of the animals show signs of illness? \*Yes/No |

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| 1. **HOUSEHOLD CONTACTS**
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| Name | Address | DOB | Risk Group\*Yes / No | Symptoms\*Yes / No | Relationship to case | Action takenSample 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
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| **ADDITIONAL INFORMATION** |