



TMHS REF:

Enhanced Typhoid and Paratyphoid Surveillance Questionnaire

This form is for local use and for national surveillance of **laboratory confirmed** cases of typhoid and paratyphoid. It should be used in conjunction with *Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers. Commun Dis Public Health* 2004; 7(4): 362-384.

Please tick boxes or write in the space(s) provided and use for one case only. Additional guidance about this questionnaire is available on the HPA website at http://www.hpa.org.uk/infections/topics_az/gastro/menu.htm **(USE BLACK OR DARK BLUE BIRO/PEN)**

FORM COMPLETION DETAILS

1.1 Form completed by: 1.2 Date of completion:/...../.....
1.3 Organisation: 1.4 Tel No (inc STD code):
1.5 Name and address of HPU dealing with case:

1.6 Has this case been statutorily notified? Y N U

1.7 REFERENCE NUMBER ALLOCATED BY HPU (Mandatory):

PATIENT DETAILS

2.1 Forename:..... 2.2 Surname:.....

2.3 Patient address:.....

..... 2.4 Postcode:

2.5 Tel No (home): 2.6 Mobile:

2.7 GP name: 2.8 GP Tel No:

2.9 GP surgery address:

2.10 Name and address of work place/school/college/care location if applicable (including tel no):

.....

.....

2.11 Sex: M F U 2.12 Date of birth:...../...../..... or 2.13 Age (yrs)

2.14 Country of birth: 2.15 If not UK born, please state date of first entry to UK/...../.....

2.16 Ethnic background (please choose one):

White: British Irish Other **Black or Black British:** Caribbean African Other

Asian or Asian British: Indian Pakistani Bangladeshi Other

Mixed: White and black Caribbean White and black African White and Asian Other

Chinese: **Other ethnic group** **Unknown:**

ILLNESS DETAILS

- 3.1 Organism: S. Typhi S. Paratyphi A / B / C (circle A, B, or C)
 Mixed (Please state)
- 3.2 Onset date of first symptoms (eg fever, headache):/...../.....
- 3.3 Patient admitted to hospital? Y N U 3.4 If YES, in UK or abroad? Y N U
- 3.5 Date of admission to hospital:/...../..... 3.6 Date of discharge:/...../.....
- 3.7 Antibiotic therapy given? Y N U
- 3.8 If YES, please indicate which: (tick any that apply)
 Ciprofloxacin Chloramphenicol Ceftriaxone
 Co-trimoxazole Amoxicillin Azithromycin
 Other Please state:
 Unknown
- 3.9 Outcome (tick one): Died Recovered Still ill Unknown
- 3.10 If recovered, have negative stool specimens been obtained according to the standard guidelines? Y N U
- 3.11 If YES, please give date of last clear stool sample/...../.....

LABORATORY INFORMATION For TMHS/LEP use only

- 4.1 Reported to THMS by: HPU LEP Both 4.2 Date reported to TMHS:/...../.....
- 4.3 Confirmed by LEP? Y N If YES: 4.4 LEP REFERENCE:
- 4.5 Specimen type: Stool Blood Other State
- 4.6 Earliest specimen date:/...../..... (dd/mm/yy) 4.7 Current region source lab:
- 4.8 Phage type:
- 4.9 Designation (if known): Case (organisms isolated from blood/faeces and presence of clinical symptoms)
 Excreter (excreting organisms for less than 1 year)
 Carrier (excreting organisms for more than one year)

Resistance/susceptibility markers:	Resistant	Susceptible	Intermediate	MIC (if appropriate) (mg/L)
4.10 Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.11 Co-trimoxazole	<input type="checkbox"/>	<input type="checkbox"/>		
4.12 Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/>		
4.13 Chloramphenicol	<input type="checkbox"/>	<input type="checkbox"/>		
4.14 Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	
4.15 Azithromycin	<input type="checkbox"/>	<input type="checkbox"/>	
4.16 Nalidixic Acid	<input type="checkbox"/>	<input type="checkbox"/>		

RISK GROUP

5.1 Does the patient fall into any of the following risk groups for ongoing transmission of infection? **Please tick relevant box.**

Group A: Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.

- Someone with learning difficulties
- Someone who needs assistance with toilet and washing
- Involved in work/activity that entails possible contact with human faeces (eg cleaner, sewage worker, changing nappies)
- Involved in any other work or activity where toilet and hand washing facilities are inadequate (eg working outside most of the day)

Group B: Children who attend pre-school groups or nursery.

Group C: People whose work involves preparing or serving unwrapped foods not subjected to further heating.

- A food handler (eg involved in cooking, preparing, serving, manufacturing)

Group D: Clinical and social care staff in high risk care facilities who have direct contact with susceptible patients or person in whom an enteric fever could have particularly serious consequences.

- A professional healthcare worker (eg doctor, nurse, social care)
- Someone who works (paid or unpaid) with vulnerable people in institutional settings (eg hospitals, school, pre school, care homes)

None of the above

Don't know

FOREIGN TRAVEL

6.1 In the 3 weeks before becoming ill, did the patient arrive in or return to the UK from **abroad**?

Y N U Please tick one

If **YES**, please continue with the questions in this section, if **NO** please proceed to next section

6.2 Date left UK:/...../.....

6.3 Date returned to/arrived in UK:/...../.....

6.4 Main reason for travel (choose one):

- | | | | |
|--------------------------------|--------------------------|---------------------|--------------------------|
| Holiday – package | <input type="checkbox"/> | Study | <input type="checkbox"/> |
| Holiday – independent | <input type="checkbox"/> | New entrant into UK | <input type="checkbox"/> |
| Business | <input type="checkbox"/> | Foreign visitor | <input type="checkbox"/> |
| Visiting friends and relations | <input type="checkbox"/> | | |
| Unknown | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | | |

6.5 Countries visited with dates of travel (list all and please also give town if available):

a) Country(ies)	b) Region(s)/town(s)	Date(s) of travel	
		c) Depart UK	d) Return to UK

6.6 Accommodation while abroad

Stayed mainly (>50%): Hotel Campsite Hostel B&B
(Choose one) Family/friend's home Other/mixed

6.7 If the patient has returned to the UK in the 3 weeks before onset of symptoms, was pre-travel health advice sought for this trip before he/she left the UK? Y N U N/A

6.8 If **YES**, where was the main source of advice obtained? (Choose one)

GP/practice nurse Travel clinic Tour operator Internet Friends and relatives
Pharmacist Unknown Other

6.9 Has the patient ever received typhoid vaccine? Y N U **6.10** Date last received:/...../.....

6.11 If **YES**, which vaccine? Injected (eg Typhim Vi) Oral (eg Vivotif Berna) Unknown

6.12 Advice about food and water hygiene received? Y N U

6.13 If **YES**, main source: Written (eg leaflet) In person by health professional Electronic (eg website)
(Choose one) Other Please indicate:

6.14 Hygiene advice followed? All the time (100%) Some of the time (<50%)
(Choose one) Most of the time (50-99%) Not at all (0%)

LINKED CASES and EXPOSURES WITHIN THE UK

7.1 Is this case part of an outbreak in the UK? Y N U

7.2 If **YES**, is this case: Index case Contact of a known case Unknown

7.3 If this case is the index case, please give number of secondary cases if known:

7.4 Outbreak setting:
Family/household
General

7.5 Please list HPU reference numbers of those involved in the same outbreak:

.....
.....

Please use the additional sheet at the back of this form to list relevant contacts **(for local purposes only)**

7.6 In the 3 weeks before becoming unwell did the patient have any unusual exposures eg time spent away from home **within the UK**, attendance at parties, receptions or buffets, meals taken at restaurants/cafes/fast food outlets, consumption of water from non-treated source, or freshwater activities (eg swimming/canoeing)?

Y N U

If **YES**, please give details including relevant dates.....
.....
.....
.....
.....

CONTACTS For local use only:

Household/significant contacts*: List everyone who lives in the same accommodation or shares the same kitchen, bathroom or toilet.

Name & Contact details (if different from the case)	DOB/ Age	Relationship (ie household/ Significant other)	Similar exposure as case? (ie travel with case, or eaten with case) If yes, describe.	Does the contact fall into one of the risk groups (as on page 2) If yes give details?	Exclusion Required? YES/NO	Contact advised of exclusion? YES/NO

* Significant contact is defined as household/workplace/school contact and/or those who have been exposed to the similar circumstances as the case ie travelled with the case. In some instances the link may not be as obvious, for example close friends/family members who eat regularly with the case could be defined as a significant contact or colleagues who prepare and eat food with the case at a catering establishment.