NCIMS ID: _____

NSW Shigellosis Questionnaire

NSW Health

Date of notification:		NCIMS ID:	
Date of interview:		Interviewer:	
Person interviewed (if not case):		NCIMS updated:	
High risk group* (see section 6): *Includes food handlers, healthcare workers, institutional residents, childcare workers, children in childcare, men who have sex with men		Is there an epi link to a confirmed case? NCIMS ID of epi-linked case:	☐ Yes ☐ No _____
Case status:	☐ Confirmed ☐ Probable ☐ Excluded		
Probable source:			

The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness. We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others. The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent.

SECTION 1: DEMOGRAPHIC DATA			
Surname:		Other names:	
Date of birth:		Age:	
Current gender:	☐ Female ☐ Male ☐ Non-binary ☐Another term (specify):		
Sex at birth:	☐ Female ☐ Male ☐ Another term (specify):		
Parent/carer name (if applicable):			
Street address:		Suburb:	
		Postcode:	
Home Tel:		Work Tel:	
Mobile:		Email:	
Country of birth:		Language spoken at home:	
Interpreter required?	☐ Yes → **Language:** _____ ☐ No		

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Are you of Aboriginal and/or Torres Strait Islander origin?	☐ Yes, Aboriginal but not Torres Strait Islander ☐ Yes, Torres Strait Islander but not Aboriginal ☐ Yes, Both Aboriginal and Torres Strait Islander ☐ Not Indigenous ☐ Unknown ☐ Not stated	➔ **If yes, refer to response plan Section X**
Occupation (full-time or part-time work, voluntary activities) / school / childcare:	☐ Child in childcare/pre-school ☐ High-risk occupation* (**includes healthcare workers, food handlers, childcare workers, sex workers*) 🡻 **Record additional details in Section 6**	☐ Child at home ☐ Student - primary: _____ ☐ Student – secondary: _____ ☐ Student - other: _____ ☐ Occupation - other: _____

SECTION 2: TREATING DOCTOR / HOSPITAL and LABORATORY

Name of treating doctor:		Telephone:	
Address:		Facility type:	☐ Hospital ☐ GP ☐ S100 GP ☐ Sexual health clinic
Consent given by Doctor to interview:	☐ No ☐ Yes	Date:	
Emergency department visit for illness?	☐ No ☐ Yes	Date of visit(s):	
Admitted for illness?	☐ No ☐ Yes	Date admitted :	
Hospital:		Hospital MRN:	
Case deceased?	☐ No ☐ Yes	If yes: Date of death:	
Treated for illness?	☐ No ☐ Yes	If yes: ☐ Rehydration ☐ Antibiotics: _____ ☐ Other, please describe: _____	
Test requested:	☐ PCR ☐ Culture	Specimen collection date:	Specimen type: ☐ Stool ☐ Blood ☐ Urine ☐ Other
Test Results:	☐ PCR+ ☐ Culture	Serotype:	Sub-type:

Antibiotic resistance:			
Azithromycin:	☐ Resistant	☐ Susceptible	☐ Not tested
Amp/Amoxycillin:	☐ Resistant	☐ Susceptible	☐ Not tested
Ceftriaxone:	☐ Resistant	☐ Susceptible	☐ Not tested
Cotrimoxazole:	☐ Resistant	☐ Susceptible	☐ Not tested
Ciproflozacin:	☐ Resistant	☐ Susceptible	☐ Not tested
Norfloxacin:	☐ Resistant	☐ Susceptible	☐ Not tested

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SECTION 3: CLINICAL

Onset date of illness:	Duration : ____ days ____ hrs ☐ Ongoing diarrhoea		
Did [you/case] experience any of these following symptoms associated with the illness?			
Fever: ☐ Y ☐ N ☐ DK	If case reported fever: ☐ Temperature recorded _____ °C ☐ DK / temperature not taken		
Diarrhoea: ☐ Y ☐ N ☐ DK	Bloody stools: ☐ Y ☐ N ☐ DK	Vomiting: ☐ Y ☐ N ☐ DK	Headache: ☐ Y ☐ N ☐ DK
Abdo pain: ☐ Y ☐ N ☐ DK	Nausea: ☐ Y ☐ N ☐ DK	Lethargy: ☐ Y ☐ N ☐ DK	Joint/Muscle pain: ☐ Y ☐ N ☐ DK
Other: ☐ Y ☐ N ☐ DK ➔	If yes, please specify: _____		
Do you have any medical conditions which affect your immune system or are you on any medications that affect your immune system?	☐ Yes ☐ No ☐ Unknown		

EXPOSURE PERIOD

I am going to ask some questions about what [you/the case] did before [you/the case] got sick, including some questions that are specifically about the 7 days before the start of [your/the case's] illness.

Some of these questions are quite personal – please do not answer them if you would prefer not to.

The first day of illness was (day and date)	Seven days before this was (day and date)

It is often helpful to have a calendar or diary in front of you to help you remember what you did during this time.

SECTION 4: RISK FACTORS DURING EXPOSURE PERIOD

If case identifies as ***Aboriginal or Torres Strait Islander****:* Were you living in or did you visit a small, rural or remote Aboriginal community in the 7 days before your illness began?	☐ Yes ☐ No ☐ Unknown	**See public health actions in section 6**

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Did you travel during any part of your exposure period?	☐ Yes - Domestic travel where: ☐ Yes -International travel where: ☐ No ☐ Unknown	Departure date(s): *Note: if multiple places, specify arrival and departure dates for each location*	Return date(s):

Did you have contact (such as sharing a household, sharing a bathroom or sharing food) with anyone who had recently travelled?	☐ Yes ➔ ☐ No ☐ Unknown	What type of contact?	☐ Household ☐ Shared a bathroom ☐ Shared food
		☐ Domestic travel ☐ International travel	Places visited:
		Relationship of traveller to case:	
		Did the traveller have any symptoms similar to you?	☐ Yes – approx. onset date ☐ No
Did you have contact (such as sharing a household, sharing a bathroom or sharing food) with a person known or suspected to have a similar illness?	☐ Yes ➔ ☐ No ☐ Unknown	What type of contact?	☐ Household ☐ Shared a bathroom ☐ Shared food
		Relationship of person to case:	
Did you have any sexual contact in the 7 days before your illness began?	☐ Yes ➔ ☐ No ☐ Unknown	Gender of the person?	☐ Female ☐ Male ☐ Non-binary ☐ Another term (specify): _____
		Relationship of person to case:	☐ Regular partner ☐ Casual partner ☐ Both ☐ Multiple partners
		Did any sexual partners report similar symptoms prior to your encounter?	☐ Yes - approx. onset date ☐ No

If **yes** to being **MSM** from above complete the next **2** questions			
Did you visit any sex on premises venues?	☐ Yes ☐ No ☐ Unknown	Name/s of venue?	

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Have you had a recent STI check-up?	☐ Yes ☐ No (If not recent - Shigella is very easy to catch and is often a sexually transmitted disease. We recommend discussing getting an STI screen with your regular health professional)

Likely source of infection identified: ☐ **Yes ➔ Skip section 5: Possible food sources**
☐ **No ➔ Continue**

SECTION 5: POSSIBLE FOOD SOURCES

Exposure period (between 1 and 7 days prior to onset of illness):
_____ to _____

Food premise type	Details	Where (name and location)	When (date) and what (food consumed)
Cafes, restaurants, bars	☐ Yes ☐ No ☐ Unknown		
Bakeries	☐ Yes ☐ No ☐ Unknown		
Takeaways, including from service stations, fast food outlets, etc.	☐ Yes ☐ No ☐ Unknown		
Farmers Markets or other market stalls	☐ Yes ☐ No ☐ Unknown		
Direct from farms	☐ Yes ☐ No ☐ Unknown		
Continental deli or specialty grocer (e.g. Asian supermarkets)	☐ Yes ☐ No ☐ Unknown		
Any other imported foods not specified above?	☐ Yes ☐ No ☐ Unknown		
Social gatherings, such as: festivals, weddings, parties, religious events work conferences?	☐ Yes ☐ No ☐ Unknown		

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Dined at someone else's home?	☐ Yes ☐ No ☐ Unknown		

SECTION 6: HIGH RISK GROUPS AND EXCLUSION

☐ **Works in a high risk group OR attends a high risk setting, continue;**	☐ **No high risk group AND does not attend a high risk setting, skip this section.**
If yes, tick all that apply: ☐ Commercial food handler ☐ Lives or works in institutional setting ☐ Healthcare worker ☐ Childcare worker ☐ Child in childcare or pre-school ☐ Child in primary school	Institution type: ☐ Hospital ☐ Aged care facility ☐ Mental health facility ☐ Hostel/boarding house ☐ Correctional facility ☐ Military facility ☐ Other - specify:

Name of institution:		Telephone:	
Address:		Fax:	
Contact person:		Email:	

Attended workplace/institution while symptoms were present or within 48 hours of last diarrhoea:	☐ Yes ➔ Dates: ☐ No * If yes contact Communicable disease branch
Information and advice on shigellosis provided to premises/institution/childcare centre/pre-school?	☐ Yes ➔ Date provided: ☐ No ☐ N/A
☐ **Lives in or visited a small, rural/remote Aboriginal community**	Public health unit to conduct a risk assessment and, where appropriate, undertake actions with environmental health and Aboriginal health organisations/Aboriginal health unit.
☐ **Sex worker**	Sex workers should not engage in sex while infectious and should inform recent sexual contacts to watch out for symptoms and undergo testing for shigellosis if symptoms develop

EXCLUSION

If case is a food handler, health care worker, child in childcare or pre-school or childcare worker:
EXCLUDE until at least 48 hours after diarrhoea ceases.
Cases should be informed infectivity may continue beyond official cut-off date

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Exclusion discussed with case/guardian	☐ Yes ➔ Date: ☐ No ☐ N/A
Exclusion letter sent	☐ Yes ➔ Date: ☐ No ☐ N/A
Other public health actions	Specify:
Information sent to workplace/preschool/childcare	☐ Yes ➔ Date: ☐ No ☐ N/A

ISOLATION
If case is a resident of an institution e.g. aged care facility, residential care unit, correctional facility, etc.: As far as practicable, **ISOLATE** from well residents until at least 48 hours after diarrhoea ceases. Please note: Cases should be informed infectivity may continue beyond official cut-off date

SECTION 7: EDUCATION (ALL CASES)	
Provide information on the nature of the infection and mode of transmission. Education should include information about hygienic practices, particularly hand washing.	
Hygiene and preventing transmission discussed	☐ Yes ☐ No ☐ N/A
Information brochure provided to case	☐ Yes ➔ Date sent: ☐ No ☐ N/A
If MSM, inform sexual contacts to watch out for symptoms and undergo testing for shigellosis if symptoms develop	☐ Yes ☐ No ☐ N/A
Privacy information requested by case:	☐ Yes ➔ Date sent: ☐ No ☐ N/A
Isolation and restrictions **Whilst infectious (until 48 hours after diarrhoea ceases), we advise you to:**	
Not prepare or handle food for other people	☐ Informed ☐ N/A

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Practice good hand hygiene	☐ Informed ☐ N/A
Not have sex	☐ Informed ☐ N/A
Not provide personal care to others	☐ Informed ☐ N/A
Not attend preschool, childcare, school or high risk work	☐ Informed ☐ N/A
Not share utensils, towels or personal items with others	☐ Informed ☐ N/A
If living in a residential, aged care, correctional or similar facility: Isolate yourself as much as possible	☐ Informed ☐ N/A
Not swim for 2 weeks after the diarrhoea has stopped	☐ Informed ☐ N/A

If it is necessary, may we please contact you again?	☐ Yes ☐ No

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SECTION 8: CONTACT MANAGEMENT

Contacts are not subject to enforced exclusions.
Contacts that experience symptoms consistent with shigellosis should be encouraged to seek medical advice and testing for diagnostic purposes.

Symptomatic contacts not in a high risk group should be advised about exclusion while diarrhoea is present.
Symptomatic contacts in a high risk group should be excluded while awaiting microbial results, with further management in accordance with those results (otherwise until at least 48 hours after symptom resolution).

Persons considered to be **contacts** include:

- immediate family, household members and sexual partners, including people who stayed and shared their primary bathroom facilities with the case
- persons who consumed food not subjected to further cooking that was prepared by the case
- if the case is a food handler, other food handlers in the same establishment
- if the case is in nappies, persons who provided direct care to the case
- if the case attends childcare or preschool, other children and adults in the same classroom or care group

Cases should be encouraged to inform their contacts about the risk, provide them with a Fact Sheet and recommend to get tested if they develop symptoms.

Name of Interviewer: _____

Signature: _____ Date:

SECTION 9: ATTEMPTS TO CONTACT CASE

Date	Time (HH:MM)	Comments

NCIMS ID: _____

SECTION 10: INVESTIGATION NOTES