Typhoid fever
(including paratyphoid)

Agency:
Investigator: Phone number:

FOR STATE USE ONLY
Status: ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case
Reviewer initials:
Referred to another state:

CASE

Last name: ____ Date of Birth: __/__/__ Estimated? ☐ Age: ____
First and middle name: ____ Gender: ☐ Female ☐ Male ☐ Other ____
Maiden name: ____ Suffix: ____ Pregnant: ☐ Yes ☐ No ☐ Unk Est. delivery date: __/__/__
Address line: ____ Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Parent with partner ☐ Widowed
Zip: ____ City: ____ Race: ☐ American Indian or Alaskan Native ☐ Unknown ☐ Black or African American ☐ White ☐ Hawaiian or Pacific Islander ☐ Asian
State: ____ County: ____ Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
Facility phone: ( )- - Type: ____
Long-term care resident: ☐ Yes ☐ No ☐ Unknown
Parent/Guardian name: ____
Facility name: ____ Parent/Guardian phone: ( )- - Type: ____

EVENT

Diagnosis date: __/__/__ Onset date: __/__/__
Event outcome: ☐ Survived this illness ☐ Died from this illness ☐ Died unrelated to this illness ☐ Unknown
Outbreak related: ☐ Yes ☐ No ☐ Unknown
Outbreak name: ____
Exposure setting: ____
Epi-linked: ☐ Yes ☐ No ☐ Unk To whom: ____
Location acquired: ☐ In USA, in reporting state ☐ In USA, outside reporting state ☐ Outside USA ☐ Unknown
State: ____ Country: ____

Healthcare provider information

Last name: ____
First name: ____
Provider title: ☐ ARNP ☐ MD ☐ DO ☐ NP ☐ PA
Facility name: ____
Address line 1: ____
Address line 2: ____
Zip code: ____ City: ____
State: ____ County: ____
Phone : ( )- - Type: ____

LABORATORY FINDINGS

Laboratory: ____ Accession #: ____ Collection date: __/__/__
Date received: __/__/__ Specimen source: ____ Test type: ____
Result type: ☐ Preliminary ☐ Final Result date: __/__/__ Result: ☐ Positive ☐ Negative
Organism: ***Salmonella*** Type (e.g. serotype): ☐ *Typhi* ☐ Paratyphi B ☐ Paratyphi A ☐ Paratyphi C

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OCCUPATIONS

Interpret 'occupation' very loosely and consider every person to have at least one 'occupation'.

Occupation type: ____________ Job title: ____________
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ____________
Date worked from: __/__/__ Address: ____________
Date worked to: __/__/__ Zip code: ____________
Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ________ State: ____ County: ______
Date removed: __/__/__ Phone: ( )- - Type:
Handle food: ☐ Yes ☐ No ☐ Unknown
Attend or provide child care: ☐ Yes ☐ No ☐ Unknown
Attend school: ☐ Yes ☐ No ☐ Unknown
Work in a lab setting: ☐ Yes ☐ No ☐ Unknown
Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

Occupation type: ____________ Job title: ____________
Worked after symptom onset: ☐ Yes ☐ No ☐ Unknown Facility name: ____________
Date worked from: __/__/__ Address: ____________
Date worked to: __/__/__ Zip code: ____________
Removed from duties: ☐ Yes ☐ No ☐ Unknown City: ________ State: ____ County: ______
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Handle food: ☐ Yes ☐ No ☐ Unknown
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Work in a lab setting: ☐ Yes ☐ No ☐ Unknown
Work in a health care setting: ☐ Yes ☐ No ☐ Unknown
Direct patient care duties in lab or health care setting: ☐ Yes ☐ No ☐ Unknown
Health care worker type:

HOSPITALIZATIONS

Was the case hospitalized? ☐ Yes ☐ No ☐ Unknown

Hospital: ____________ Isolated at entry: ☐ Yes ☐ No ☐ Unk Isolation type (entry): ______
Admission date: __/__/__ Discharge date: __/__/__ Days hospitalized: ______
Currently isolated: ☐ Yes ☐ No ☐ Unk Current isolation type:

OTHER DEMOGRAPHIC INFO

Citizenship: ______________________ ☐ Unknown

CLINICAL INFO & DIAGNOSIS

Was the patient ill with typhoid or paratyphoid fever? ☐ Yes ☐ No ☐ Unk
Removed "Date of onset" associated with above question. No need for it.

Fever: ☐ Yes ☐No ☐ Unk Fever onset date: __/__/__ Duration: ____ Hours/Days
Highest known fever: ____ C/F Rash or rose spots: ☐ Yes ☐No ☐ Unk Onset date: __/__/__

Symptoms:
☐ Abdominal cramps ☐ Anorexia ☐ Chills
☐ Diarrhea ☐ Fever ☐ Headache
☐ Malaise ☐ Muscle weakness ☐ Nausea
☐ Rash ☐ Splenomegaly ☐ Visible bloody diarrhea
☐ Vomiting

OTHER LAB FINDINGS

PFGE Pattern (stool specimen from patient)
Was PFGE performed: ☐ Yes ☐ No ☐ Unk

IA-Xbal Pattern		IA-BlnI Pattern		CDC-Xbal Pattern		CDC-BlnI Pattern	

Was antibiotic sensitivity testing performed? ☐ Yes ☐ No ☐ Unk
If Yes, was the organism resistant to:
Ampicillin ☐ Yes ☐ No ☐ Unk
Chloramphenicol ☐ Yes ☐ No ☐ Unk
Tremthoprim-sulfamethozazole ☐ Yes ☐ No ☐ Unk
Floroquinolones ☐ Yes ☐ No ☐ Unk

TREATMENT

Antibiotics prescribed? ☐ Yes ☐ No ☐ Unknown

Antibiotic: ________
Date started: ___/___/___
Dose: ________
Unit: ☐ mg ☐ ml ☐ IU
# of days: ____ # of times a day: ____
Route: ________

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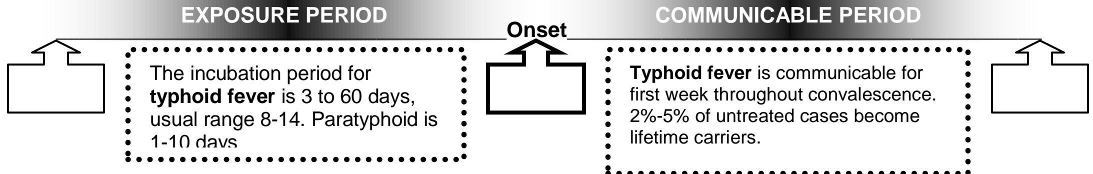
INFECTION TIMELINE

Enter onset date in dark-line box. Enter dates for start of exposure period and start and end of communicable period.



The incubation period for **typhoid fever** is 3 to 60 days, usual range 8-14. Paratyphoid is 1-10 days

Typhoid fever is communicable for first week throughout convalescence. 2%-5% of untreated cases become lifetime carriers.

RISK FACTORS/TRAVEL

Vaccinated for typhoid fever within 5 years of onset: ☐ Yes ☐ No ☐ Unknown

Date vaccinated: ___/___/___
Lot #: ________
Vaccine type: ☐ Killed typhoid shot ☐ Oral Ty21a or Vivotif four pill series ☐ ViCPS or Typhim Vi shot
Manufacturer: ________

Date vaccinated: ___/___/___
Lot #: ________
Vaccine type: ☐ Killed typhoid shot ☐ Oral Ty21a or Vivotif four pill series ☐ ViCPS or Typhim Vi shot
Manufacturer: ________

Number of vaccinations: ____

Risk Factors/Travel Information – *In the 60 days prior to onset of symptoms had the case:*

Traveled within Iowa? ☐ Yes ☐ No ☐ Unk City in Iowa: ________ Departure date: ___/___/___ Return date: ___/___/___

Traveled within U.S.? ☐ Yes ☐ No ☐ Unk State: ____ City: ________ Departure date: ___/___/___ Return date: ___/___/___

Traveled outside U.S.? ☐ Yes ☐ No ☐ Unk Country: ________ Departure date: ___/___/___ Return date: ___/___/___

Lived outside of the United States? ☐ Yes ☐ No ☐ Unknown

Country: ________ Date of most recent return or entry to the U.S.: ___/___/___

Country: ________ Date of most recent return or entry to the U.S.: ___/___/___

Country: ________ Date of most recent return or entry to the U.S.: ___/___/___

What was the purpose of the international travel?

☐ Business
☐ Tourism
☐ Visiting relatives or friends
☐ Immigration to U.S.
☐ Other ________

Visited restaurants? ☐ Yes ☐ No ☐ Unknown

If Yes, complete the table below: *County and address are missing from this table*

Restaurant	City/State/Zip	Date visited	Foods eaten	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Attended Group Gatherings (e.g. weddings, parties)? ☐ Yes ☐ No ☐ Unknown

If Yes, complete the following table:

Location of gathering	City/State/Zip	Date visited	Foods eaten	Others ill?
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk
		/ /		☐ Yes ☐ No ☐ Unk

Contact with foreign travelers: ☐ Yes ☐ No ☐ Unknown **Contact with human excreta:** ☐ Yes ☐ No ☐ Unknown

Dietary Information – *In the 60 days prior to onset of symptoms did the case consume the following:*

Seafood

Shellfish: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	
List all source/types:		List all brand names:	

Unpasturized products

Unpasteurized milk: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	
List all source/types:		List all brand names:	
Unpasteurized juice: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	
List all source/types:		List all brand names:	
Other unpasteurized products: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	
List all source/types:		List all brand names:	

Fruits and vegetables

Raw fruits: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	
List all source/types:		List all brand names:	
Raw vegetables: ☐ Yes ☐ No ☐ Unk	From dates consumed: / /	To dates consumed: / /	
List all source/types:		List all brand names:	

Animal Exposures – *In the 60 days prior to the onset of symptoms did the case have the following exposures:*

Check all that apply

Visit or live on a farm: ☐ Yes ☐ No ☐ Unknown
Exposed to manure: ☐ Yes ☐ No ☐ Unknown
Farm animal contact: ☐ Yes ☐ No ☐ Unknown Animals:
Reptile contact: ☐ Yes ☐ No ☐ Unknown ☐ Iguana ☐ Lizard ☐ Turtle ☐ Snake ☐ Other ____________________
Reptile lived with case: ☐ Yes ☐ No ☐ Unknown

CONTACTS

Number of people living in case's household: _____

Are there close contacts of the case with similar symptoms: ☐ Yes ☐ No ☐ Unknown

Close contacts with similar symptoms and/or exposures

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case:		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

If this contact is a case create a new event and/or case for this contact.

Name	DOB	Gender	Address/Phone
	/ /	☐ Male ☐ Female	Zip code: Phone: - -

Relationship to case:		List symptoms	Symptom onset date	Same exposures	Is contact a case?
☐ Spouse ☐ Child ☐ Sibling ☐ Roommate ☐ Parent/ guardian	☐ Sexual contact ☐ Family member (non-household) ☐ Friend/acquaintance ☐ Contact- work/school/etc ☐ Unknown/Other		/ /	☐ Restaurant ☐ Gatherings ☐ Food ☐ Animal ☐ Water	☐ Yes ☐ No

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NOTES: