

**SPINACH O157:H7 OUTBREAK**

proxy?

Phone(s) \_\_\_\_\_

Use this form to collect information on people who contact your health department to report illness occurring in the 1–10 days following consumption of spinach. Use a separate sheet for each person who reports illness. Our primary purpose is to identify people who may have information that will help us pinpoint the specific brands, products, and lot codes that were contaminated. Secondly, persons who meet a not-yet-determined case definition will be flagged and reported as presumptive cases. Currently ill callers should be referred to their regular physician for advice. To reduce the risk of secondary transmission, provide basic hygiene education to all callers. O157 can be excreted for 1–3 weeks after symptoms resolve—sometimes even longer....

The questions are geared towards people who consumed bagged product—with luck only 1 kind! Write comments as necessary to clarify atypical situations. Fax completed forms to ACDP: 971.673.1100. No cover page needed.

Age \_\_\_\_\_ Sex  M  F State \_\_\_\_\_ County \_\_\_\_\_ Interviewed by \_\_\_\_\_ on \_\_\_\_\_

**EXPOSURES** (All questions refer to the 10 days before onset. The incubation period can range from 1–10 days; most commonly 2–7.)

	<b>Y</b>	<b>?</b>	<b>N</b>	<b>SPINACH etc.</b>		<b>Y</b>	<b>?</b>	<b>N</b>	<b>SPECIFIC PRODUCT INFO</b>
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat any fresh strawberries?		A	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any leftover packaging? UPC _____ (bar code #; see illustration, verso) "Best by"/Lot codes _____
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat bagged salad items of any kind?		B	<input type="checkbox"/>	<input type="checkbox"/>	Any leftover spinach from open bag?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat any bagged item with lettuce?		C	<input type="checkbox"/>	<input type="checkbox"/>	Any unopened bag purchased at same time? Package size (e.g., 5 oz., 10 oz., "big") <b>Ask the rest of these questions only as needed to help pinpoint specific product. If you have the UPC, skip it.</b>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you remember eating spinach of any kind?		D	<input type="checkbox"/>	<input type="checkbox"/>	Do you recall the brand(s) of spinach you had?
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did you eat any prepackaged spinach product? P <input type="checkbox"/> bagged Q <input type="checkbox"/> clamshell R <input type="checkbox"/> _____		E	<input type="checkbox"/>	<input type="checkbox"/>	Dole
				_____ times On how many occasions did you eat packaged spinach products in the 10 days before onset?		F	<input type="checkbox"/>	<input type="checkbox"/>	Popeye
				Where did you eat the spinach?		G	<input type="checkbox"/>	<input type="checkbox"/>	Fresh Express
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	own home		H	<input type="checkbox"/>	<input type="checkbox"/>	Earthbound Organics
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	other private setting		I	<input type="checkbox"/>	<input type="checkbox"/>	_____
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	restaurant		J	<input type="checkbox"/>	<input type="checkbox"/>	Was it specifically marked as "baby spinach"?
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____		K	<input type="checkbox"/>	<input type="checkbox"/>	Was it specifically marked as "organic"?
				_____ pack(s) How many different [spinach] packages did you eat from during the 10 days before you got sick?		L	<input type="checkbox"/>	<input type="checkbox"/>	Was it a mixed product, such as "salad mix" or "spinach and red leaf"? <i>If needed, describe packaging label/name/color</i>
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	if >1 package, were they all the same kind?		M	<input type="checkbox"/>	<input type="checkbox"/>	Is the receipt available from your purchase? Item UPC _____ If no UPC, get other info from receipt date _____ time _____ terminal _____ store # _____ transaction _____
				_____ people How many people ate spinach from bag 1?		N	<input type="checkbox"/>	<input type="checkbox"/>	If no receipt, did you pay with credit card? transaction # _____
				_____ people How many people ate spinach from bag 2? <input type="checkbox"/> N.A.		O	<input type="checkbox"/>	<input type="checkbox"/>	Pay with debit card? transaction # _____
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did any others who ate the spinach become ill?		P	<input type="checkbox"/>	<input type="checkbox"/>	Used a store "shopper card" card # _____ <i>To be safe, get permission (in writing by fax or email) for us to have stores look up records based on shopper card or similar information.</i>
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the spinach re-washed before consumption?					
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was any of the spinach eaten raw?					
N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was any eaten cooked?					
				On what dates(s) did you consume the spinach raw? date 1 _____ time 1 _____ date 2 _____ time 2 _____ <input type="checkbox"/> N.A. date 3 _____ time 3 _____ <input type="checkbox"/> N.A.					
<b>POINT OF SALE INFO</b>				Date of Purchase _____ Time _____ Store Name _____ Store Location or # _____					

**This page is only for people who got sick. Discard or ignore for those who did not become ill.**

Let me read you a list of symptoms. For each one, give me a "yes" or "no." Did you have any...

Y	?	N	SIGNS AND SYMPTOMS	Y	?	N	
H	<input type="checkbox"/>	<input type="checkbox"/>	headache	L	<input type="checkbox"/>	<input type="checkbox"/>	shaking chills
N	<input type="checkbox"/>	<input type="checkbox"/>	nausea	D	<input type="checkbox"/>	<input type="checkbox"/>	any diarrhea or loose stools
V	<input type="checkbox"/>	<input type="checkbox"/>	vomiting	3	<input type="checkbox"/>	<input type="checkbox"/>	if yes to diarrhea, did you have 3 or more loose stools in any 24-hour period?
M	<input type="checkbox"/>	<input type="checkbox"/>	myalgia (muscle aches)	B	<input type="checkbox"/>	<input type="checkbox"/>	any blood in stools
C	<input type="checkbox"/>	<input type="checkbox"/>	abdominal (stomach, belly) cramps	Z	<input type="checkbox"/>	<input type="checkbox"/>	other _____
T	<input type="checkbox"/>	<input type="checkbox"/>	unusual fatigue (feeling tired)				
F	<input type="checkbox"/>	<input type="checkbox"/>	fever (if yes, <input type="checkbox"/> subjective or _____° (max.)				

**ONSET AND DURATION**

Get precise answers for onset times. Without a date **and time**, it's hard to make a decent epi curve. Estimates are OK. Prompt as needed: "What is your best guess of the time?" Don't let them get away with vague stuff like "morning" or "after midnight." Be careful with times such as "midnight" or early morning hours—which day do they mean? By "2am Friday night," for example, do they really mean Saturday morning? Keep probing until it is unambiguous. Write down what they mean—not what they say. Midnight exactly is graphed as 11:59 pm.

August 2006							September 2006							
S	M	Tu	W	Th	F	S	S	M	Tu	W	Th	F	S	
			1	2	3	4	5						1	2
6	7	8	9	10	11	12		3	4	5	6	7	8	9
13	14	15	16	17	18	19		10	11	12	13	14	15	16
20	21	22	23	24	25	26		17	18	19	20	21	22	23
27	28	29	30	31				24	25	26	27	28	29	30

On what date did you first feel sick? \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d)

[If applicable] On what day did you start having the vomiting or diarrhea (whichever came first)? \_\_\_\_/\_\_\_\_/\_\_\_\_ (m/d)

Note: the point here is to capture the onset time of some "hard" symptom, in case they had a "soft" prodrome.

[If applicable] At what time did the vomiting or diarrhea begin? [PRESS FOR A SPECIFIC TIME!!!]

\_\_\_\_ am     noon     \_\_\_\_ pm     midnight (end of day)

Are you still having any diarrhea now?     yes     no

If no, how long did the diarrhea last?    \_\_\_\_ minutes    \_\_\_\_ hours    \_\_\_\_ days

Overall, over how long a time did you feel ill?\*    \_\_\_\_ minutes    \_\_\_\_ hours    \_\_\_\_ days

\*If symptoms were intermittent, get the spread from beginning to end. For example, if they were sick on Monday, Wed, and Friday, but felt OK on Tuesday and Thursday, mark "5 d", not 3.

**MISCELLANY** (check all that apply; provide details [names, dates, phone numbers, etc.] at right.)

Y	?	N	Did you...	
W	<input type="checkbox"/>	<input type="checkbox"/>	miss work or school?	if yes, how many days? ____
P	<input type="checkbox"/>	<input type="checkbox"/>	see any clinician?	if yes, whom?
E	<input type="checkbox"/>	<input type="checkbox"/>	visit an ER?	if yes, specify
S	<input type="checkbox"/>	<input type="checkbox"/>	give a stool specimen?	if yes, when/to whom <input type="checkbox"/> to PHL <input type="checkbox"/> to private lab _____
H	<input type="checkbox"/>	<input type="checkbox"/>	get admitted to hospital overnight?	hospital _____ admitted ____/____/____ discharged ____/____/____

For persons who sound like they might meet a presumptive case definition (e.g., bloody diarrhea or diarrhea and cramps for >2 days) make sure you get all the info needed to file a normal presumptive case report. Having a standard form at hand is the easiest way to do this. At the very least, collect the following:

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation/Grade \_\_\_\_\_ Worksite/School \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_



The UPC code can be used to uniquely identify the product, including package size. It may appear on cash register receipts. You don't need the leading and trailing small digits; for example, the code in the picture is 4538880014.