

**STRICTLY  
CONFIDENTIAL**

**Duty Room Contact Details**

Tel: 0300 555 0119

Email: [pha.dutyroom@hscni.net](mailto:pha.dutyroom@hscni.net)

**Out Of Hours Details**

Tel: 028 9040 4045

(Ask for Public Health Doctor on-call)

**Surveillance of *Escherichia coli* O157 Infection**

District Council \_\_\_\_\_ Group Reference Number (if applicable) \_\_\_\_\_

Health & Social Care Trust \_\_\_\_\_

Date of Notification: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Date Completed: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) Time Completed: \_\_\_:\_\_\_ (24 hour clock)

**Interview type:**

Face to Face

Telephone

Other

If other please specify \_\_\_\_\_

**Interview location:**

Home

Hospital

Other

If other please specify \_\_\_\_\_

**Environmental Health Officer Details: (please print)**

Name: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Section 1: CASE DETAILS**

1.1 Forename(s): \_\_\_\_\_

1.2 Surname: \_\_\_\_\_

1.3 Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1.4 Postcode: \_\_\_\_\_

1.5 Telephone Number: (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(Work) \_\_\_\_\_

1.6 Gender: Male  Female

1.7 Date of Birth: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

1.8 Age (if child): \_\_\_\_\_ Years \_\_\_\_\_ Months

1.9 GP's name: \_\_\_\_\_

1.10 Surgery Address: \_\_\_\_\_

**(IF CASE IS A CHILD)**

1.11 Name of Parent / Guardian: \_\_\_\_\_

## Section 2: OCCUPATION

2.1 Occupation of Case: *(if adult)* \_\_\_\_\_

2.2 *If case is a child:* Occupation of Father: \_\_\_\_\_

Occupation of Mother: \_\_\_\_\_

2.3 Risk Groups: Does anyone in the household **(including the case)**

- work as a food handler*
- handle raw meat in a professional capacity (e.g. butcher, chef, abattoir worker)*
- work in or attend a childcare setting (e.g. nursery, playgroup)*
- child under 5 years of age*
- work in healthcare setting (e.g. nurse, doctor)*
- have difficulty maintaining personal hygiene*
- undertake work which involves contact with farm animals*
- undertake work which involves contact with faeces (e.g. sewage work, laboratory work)*

If yes, please provide details (including name, address, telephone number of work/school/nursery etc):

2.4 Date last attended work/school/nursery/playgroup: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

2.5 Date returned to work/school/nursery/playgroup: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

## Section 3: ILLNESS

3.1 Onset of symptoms: date \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) Time: \_\_\_:\_\_\_ (24 hour clock)

3.2 Were any of the following symptoms experienced due to illness?

Symptom	Yes	No	Ongoing	Date ended (dd/mm/yyyy)
Diarrhoea (3 or more loose stools in 24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Abdominal pain (cramps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Fever (feeling hot & cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Blood in Stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Other (please specify)				

3.3 Visited GP as a result of this illness? Yes  No

3.4 Attended hospital or casualty department as a result of this illness? Yes  No

3.5 Admission to hospital as a result of this illness? Yes  No

*If 'yes':* Date & time of admission: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) \_\_\_:\_\_\_ (24 hour clock)

Date of discharge: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)

Hospital name: \_\_\_\_\_ Ward: \_\_\_\_\_

## Section 4: MEDICAL DETAILS

4.1 Were there any acute or significant health problems in the two weeks before the illness?

Yes  No  Not sure

*If 'yes' or 'not sure', please provide details:*

4.2 Any pre-existing health or long term medical conditions before illness (*E. coli* infection)?  
(e.g. heart problems, diabetes etc)

Yes  No  Not sure

*If 'yes' or 'not sure', please provide details:*

## Section 5: TRAVEL FACTORS

5.1 Travel **outside** Northern Ireland requiring overnight stay in past 4 weeks?

Yes  No

*If 'yes' please specify*

Countries visited: \_\_\_\_\_

Town/resort: \_\_\_\_\_

Accommodation: \_\_\_\_\_

Date & time of departure: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) \_\_\_:\_\_\_ (24 hour clock)

Date & time of return: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy) \_\_\_:\_\_\_ (24 hour clock)

5.2 Travel **within** Northern Ireland requiring overnight stay in past 4 weeks?

Yes  No

*If 'yes' please specify*

Town/resort: \_\_\_\_\_

Accommodation: \_\_\_\_\_

5.3 Any other person in the same travel party ill?

Yes  No  *If 'yes' please provide details in appendix 1.*

5.4 Time spent outside usual work or home setting, which did not include a night away from home (e.g. visiting beaches, country parks etc)

*If 'yes' please provide details e.g. location and date*

## Section 6: HOUSEHOLD DETAILS

- 6.1 How many people lived/were staying overnight in the household in the 8 days before the onset of the illness?

Adults: \_\_\_\_\_

Children: \_\_\_\_\_

**Fill in Contact Sheet**

- 6.2 Did any children under five years of age visit the household in the 8 days before the onset of illness?

Yes

No

Not sure

*If 'yes' please give their name, address and telephone numbers:*

- 6.3 Did anyone in the household suffer from diarrhoea in the 8 days before onset of illness?

Yes

No

Not sure

*If 'yes' please give their name, address and telephone numbers and how long symptoms lasted:*

## Section 7: OTHER CONTACTS

- 7.1 Was any household with children under five years of age visited in the 8 days before illness?

Yes

No

Not sure

*If 'yes' please give their name, address and telephone numbers:*

- 7.2 Was there contact with anyone outside the household who was suffering from diarrhoea in the 8 days before illness (e.g. colleagues, friends etc)?

Yes

No

Not sure

*If 'yes' please give their name, address and telephone numbers and when they were ill:*

## Section 8: EXPOSURE TO FOOD RISKS (Please complete Appendix 2)

8.1 Were any of the following **RAW** foods handled, or brought into the household in the 8 days before illness?

	Yes	No	<i>If yes, where was it bought from?</i>
Beef	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pork/bacon	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	_____

8.2 Were any of the following **COOKED** food items consumed in the 8 days before illness?

	Yes	No	<i>If yes, where was it bought from?</i>
Beef	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chicken	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pork/bacon	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other meat	<input type="checkbox"/>	<input type="checkbox"/>	_____

8.3 Were any foods which contained **RAW** or **UNDERCOOKED MEAT**, consumed in the 8 days before illness?

<i>If 'yes' please tick</i>	Raw	Undercooked	RTE	<i>If RTE, where and when</i>
Beef Burger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Minced beef dish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cold roast Beef (eg sandwich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hot roast beef	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Beef Steak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dishes containing calf/ox liver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other beef dishes not listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sausages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Venison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pork/bacon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**RTE = ready to eat**

8.4 Any **FRUIT/VEGETABLES** consumed in the 8 days before illness?

	Consumed		<i>If consumed please tick all that apply</i>			
	Yes	No	<i>Raw</i>	<i>Cooked</i>	<i>Washed</i>	<i>Unwashed</i>
Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.5 Were any **DAIRY PRODUCTS** consumed in the 8 days before illness?

	Yes	No	<i>If 'yes' please provide details and where it was bought from</i>
Pasteurised milk (delivered) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pasteurised milk (shop bought)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-pasteurised milk	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goat's milk	<input type="checkbox"/>	<input type="checkbox"/>	_____
Yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hard cheese	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soft cheese	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fromage frais	<input type="checkbox"/>	<input type="checkbox"/>	_____
Butter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cream	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	_____

8.6 Was any food consumed in the following **SETTINGS** in the past 8 days?

	Yes	No	<i>If 'yes' please provide details &amp; location</i>
Picnic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Barbecue	<input type="checkbox"/>	<input type="checkbox"/>	_____
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	_____
Someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work or school canteen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hotel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Takeaway	<input type="checkbox"/>	<input type="checkbox"/>	_____
Street market/stall	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public House	<input type="checkbox"/>	<input type="checkbox"/>	_____
Large function	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Section 9: WATER EXPOSURE

9.1 Were any of the following consumed in the 8 days before the illness?

	Yes	No
Mains	<input type="checkbox"/>	<input type="checkbox"/>
Private water (eg spring well)	<input type="checkbox"/>	<input type="checkbox"/>
Bottled water	<input type="checkbox"/>	<input type="checkbox"/>
Filtered water	<input type="checkbox"/>	<input type="checkbox"/>
Unboiled river/stream/lake water	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>

9.2 Is it possible water was swallowed during recreational activities (e.g. swimming, canoeing)?

Yes  No

*If 'yes' please give details:*

9.3 Number of glasses of water consumed daily? (approx) \_\_\_\_\_

9.4 Any recent water supply problems?

Yes  No  Not sure

*If 'yes' please provide details:*

## Section 10: RECREATIONAL ACTIVITIES/EXPOSURE

10.1 Participation/Exposure in the following activities in the 8 days before the illness?

	Yes	No	<i>If yes please provide details of where</i>
Swim in Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	
Swim outdoors (e.g. sea, river)	<input type="checkbox"/>	<input type="checkbox"/>	
Beach	<input type="checkbox"/>	<input type="checkbox"/>	
Sailing	<input type="checkbox"/>	<input type="checkbox"/>	
Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	
Windsurfing	<input type="checkbox"/>	<input type="checkbox"/>	
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	
Walking through Farmland	<input type="checkbox"/>	<input type="checkbox"/>	
Other Outdoor/Water activities	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 11: ANIMAL EXPOSURE

11.1 Contact with any **wildlife species**? (e.g. mice, deer, wild birds etc)

Yes  No

*If 'yes' please provide details:*

11.2 Contact with any **pets**?

Yes  No

*If 'yes' please specify which animal exposed to:*

11.3 If answered 'yes' to 11.1 or 11.2 were any of the animals ill with vomiting or diarrhoea before illness?

Yes  No  Not sure

*If 'yes' please provide details:*

11.4 **Live on a farm?**

Yes  No

*If 'yes' please specify which animal exposed to:*

11.5 **Visit to a farm/petting zoo** in 8 days before illness?

Yes  No

*If 'yes' please specify which animal exposed to:*

Name of farm/petting zoo: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

Date of visit: \_\_\_/\_\_\_/\_\_\_ (dd/mm/yyyy)



11.6 Were any of the animals handled ill?

Yes  No

*If 'yes' please provide details:*

11.7 Were hands washed immediately after handling the animals?

Yes  No  Not sure

Was food consumed whilst there?

Yes  No  Not sure

*If 'yes' please provide details:*

11.8 Any contact made with raw **animal products or organs**?

Yes  No  Not sure

*If 'yes' please specify from the following:*

Abattoir  Market   
Butcher  Other  (please give details) \_\_\_\_\_

11.9 Does the case have any contact with the following?

Please give details (including if it was work related)

Soil  \_\_\_\_\_  
Manure  \_\_\_\_\_  
Sewage  \_\_\_\_\_

*If the case is a child please provide occupation of parents* \_\_\_\_\_

11.10 Any other household member in contact with the following: (indicate any/all animals regularly in contact with)

Cattle   
Sheep   
Pigs   
Horses/ponies   
Goats   
Poultry   
Fowl   
Other  Please specify: \_\_\_\_\_

Please use the box below to record any other additional information that the EHO or the case / contact(s) consider relevant but which is NOT captured elsewhere on the form.

**Suspect Source**

Foodborne

Contracted abroad

Waterborne

Unknown/unsure

Zoonotic

Please specify if other suspected source not on above list \_\_\_\_\_

### Follow up Actions for Index Case

	Yes	No	
Faecal samples recommended:	<input type="checkbox"/>	<input type="checkbox"/>	
Food samples recommended:	<input type="checkbox"/>	<input type="checkbox"/>	
Infection control advice given:	<input type="checkbox"/>	<input type="checkbox"/>	
Employer contacted if requested:	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, give date of contact ___/___/____(dd/mm/yyyy)</i>
DVO informed if appropriate:	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, give date of notification ___/___/____(dd/mm/yyyy)</i>
Exclusion recommended:	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion letter required?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, give date of request ___/___/____(dd/mm/yyyy)</i>

### Follow up Actions for Contacts

*If yes to any of the following, please provide details below*

Screening recommended	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Exclusion recommended	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Exclusion letter(s) requested	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Infection control advice given	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

### Discussion with Duty Room (if applicable)

### Details of Follow up Actions

*If appropriate*

- Officers alerted re: involvement outside district council area
- Visit to alleged premises



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Hours prior to onset of illness	Breakfast	Lunch	Evening meal	Snack/drink/other
0 – 24 hrs  Day: _____  Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)
24 - 48 hrs  Day: _____  Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)
48 – 72 hrs  Day: _____  Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)

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<b>Hours prior to onset of illness</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Evening meal</b>	<b>Snack/drink/other</b>
3 – 4 days Day: _____ Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)
4 - 5 days Day: _____ Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)
5 – 6 days Day: _____ Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)

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<b>Hours prior to onset of illness</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Evening meal</b>	<b>Snack/drink/other</b>
6 – 7 days Day: _____ Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)
7 - 8 days Day: _____ Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)
8 – 9 days Day: _____ Date: ___/___/___ (dd/mm/yyyy)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)	Time ___:___ (24 hr clock)





## APPENDIX 3

### Guidance notes

**Working Diagnosis:** The term “alleged food poisoning” is usually sufficient where there is no clear identification of the organism.

**Source of Notification:** Should be identified. It different from case e.g. relative, employer etc, note relationship and obtain contact details if possible.

**Personal Details:** It is essential to include the state of birth in addition to age as it is the date of birth which is used for laboratory identification of persons. If possible obtain the telephone number of GP. Indicate the District Council area in which the patient lives in the space below the GP details.

**Occupational Details:** Information is sought on high-risk occupations e.g. food handling, nursery nurses, child minders, residential/nursing home staff etc. Prompt young people/school children specifically with regard to part-time work. In addition to asking where someone works try to find out what their duties are and if they have any direct contact with foodstuffs and the nature of their contact. Where the case is a food handler, advise them to consult their GP regarding the submission of samples and for advice on when they can return to work.

**Clinical Information:** Include other symptoms/if any, in addition to those listed. Use 24-hour clock for time of onset. If asymptomatic, ascertain the duration of symptoms.

**Contacts:** Include all other family members and people staying at the address in question, and obtain a date of birth for each. Where symptoms are indicated ascertain onset dates and duration and whether those persons showing symptoms have notified their GP or not. If not and symptoms are ongoing advise contact with GP and obtain GP details for each. Also include any persons known to the patient outside the household who may be ill. If the case is elderly identify any home helps, or if young, identify any childminders, afterschool clubs etc. If any of the persons who are ill are food handlers obtain contact details. Such food handlers should be contacted and advised to consult their GP regarding the submission of samples and advice on when they can return to work.

**NOTE:** advice on the exclusion of persons from work should be sought from the Director of Public Health Medicine.

## **Environmental / Other Factors**

- Travel:** Include travel details within the past month. Take note of flight times, airline, holiday company, hotel and resort if appropriate
- Water supply:** If case indicates that they have drunk from a supply other than mains and a private supply is implicated, arrange for a bacteriological sample to be taken together with an examination of the structure, protection and location of the supply.
- Milk supply:** For doorstep deliveries query bird- pecked bottle tops. Where case (or family if appropriate) drinks unpasteurised milk advise of the risks associated with its consumption and record that advice was given on the form.
- Animal / pet contact:** Include whether case lives on a farm. Details of the type of contact would be helpful e.g. petting, licking of faces etc, and whether animal has access to the inside of dwelling. Include animal contacts outside the house e.g. grandparents, friends, kennels, school visits, farm visits *etc.*
- Food history:** Identify where food was consumed e.g. at home or commercial premises which as restaurants, takeaways, outside catering etc. Ascertain whether food was eaten by other members of the family or party, together with illness status if known. Most meals are prepared and consumed in the home. If the case cannot recall what they ate, ascertain if they consumed the same as the rest of the family and enter “unknown but same as rest of household”
- Follow-up action:** Provide infection control advice in relation to personal cleanliness together with guidelines on the preparation and storage of food. Tick infection advice box.
- Suspected Sources:** At this stage there is usually no tangible link with any particular source. A tick indicating an unknown/unsure source is normally appropriate.