

**STRICTLY
CONFIDENTIAL**

Duty Room Contact Details

Tel: 0300 555 0119

Email: pha.dutyroom@hscni.net

Out Of Hours Details

Tel: 028 9040 4045

(Ask for Public Health Doctor on-call)

Food Poisoning Investigation Form

District Council _____ Group Reference Number (if applicable) _____

Health & Social Care Trust _____

ALLEGED Food Poisoning **CONFIRMED Food Poisoning**

If confirmed please indicate: Salmonella Campylobacter Shigella
Food Poisoning (organism unknown) Cryptosporidium Other specify _____

Reported by: _____

Date of Notification of confirmed Food Poisoning: ___/___/___ (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: _____

Attempts to Contact

Unable to contact? (1) Date ___/___/___ Time ___:___ Telephone Visit

Unable to contact? (2) Date ___/___/___ Time ___:___ Telephone Visit

Unable to contact? (3) Date ___/___/___ Time ___:___ Telephone Visit

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)*
- work in healthcare setting (e.g. nurse, doctor, care assistant)*
- 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:

- 2.4 Name, address, telephone number of workplace/school/nursery/playgroup (as applicable)

- 2.5 Date last attended work/school/nursery/playgroup: ___/___/___ (dd/mm/yyyy)

- 2.6 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: TRAVEL FACTORS

4.1 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)

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

Yes No

If 'yes' please specify

Town/resort: _____

Accommodation: _____

4.3 Any other person in the same travel party ill?

Yes No

If 'yes' please provide details in appendix 1.

Section 5: ENVIRONMENTAL FACTORS

5.1 Water source: Mains Private Other

If 'Other' please specify: _____

5.2 Milk supply in past 8 days:

	Yes	No	If 'yes' please provide details and where it was bought / supplied from
Pasteurised milk (delivered) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pasteurised milk (shop bought) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Non-pasteurised milk <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goat's milk <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

5.3 Contact with any **pets / animals**?

Yes No Not sure

If 'yes' please give details:

5.4 If answered 'yes' to 5.3 were any of the animals unwell?

Yes No Not sure

If 'yes' please provide details:

Section 6: ORGANISM SPECIFIC QUESTIONS

For Campylobacter cases complete this section:

Handling of raw chicken within 10 days of illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Consumption of untreated water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>
Contact with pets / animals within 10 days of illness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure <input type="checkbox"/>

Please give details:

For Salmonella cases complete this section:

In the 8 days before illness had the patient consumed:

- Non-pasteurised milk products? Yes No Not sure
- Eggs / egg products (e.g. meringue, hollandaise sauce)? Yes No Not sure
- Raw / undercooked poultry / poultry products (e.g. burgers, pies)? Yes No Not sure
- Raw / undercooked meat / meat products (e.g. sausages, burgers, pies)? Yes No Not sure

Please give details:

For Shigella cases amongst children complete this section:

- Other children affected at school? Yes No Not sure
- Was the school visited? Yes No Not sure

If 'yes', give date and time: ___/___/___ (dd/mm/yyyy) ___:___ (24 hour clock)

Who visited the school? _____

Please provide full details of visit:

For Cryptosporidiosis cases complete this section:

In the 2 weeks before onset of illness did you/your child swim in a pool or paddling pool?

Yes No Not sure

If 'yes' please give details (e.g. name of pool) _____

In the 2 weeks before onset of illness did you/your child take part in any activity involving contact with water (e.g. swimming or playing in a river or pond?)

Yes No Not sure

If 'yes' please give details _____

Advise cases to avoid using swimming pools for 2 weeks after the first normal stool: Yes No

Section 7: MANAGEMENT

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:	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, give date of contact ___/___/___(dd/mm/yyyy)</i>
DVO informed:	<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"/>	
Exclusions letter requested:	<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 No
- Exclusion recommended Yes No
- Exclusion letter(s) requested Yes No
- Infection control advice given Yes No

Discussion with Duty Room (if applicable)

Details of Follow up Actions

Screening recommended:

Infection control advice given:

Exclusion recommended:

Exclusion letter requested:

If appropriate

- Officers alerted re: involvement outside district council area
- Visit to alleged premises Food samples obtained from premises

Can you list all your contacts who have also complained of gastro-intestinal symptoms?

Name and Address	Date of Birth	Sex	Relationship to Patient (e.g. relative, travel companion)	Occupation/school	Symptoms / Onset

Can you list the food you consumed up to 72 hours before you were ill?

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)

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.