

Texas Department of State Health Services

Typhoid and Paratyphoid Fever Patient Demographics

Please complete this information for all cases of typhoid or paratyphoid fever in addition to CDC's Typhoid and Paratyphoid Fever Surveillance Report. Please fax both forms to DSHS Central Office, Attn: Foodborne Illness Team, at 512-458-7616.

Patient's name:	DOB:/ Age:	Sex: M F Unk
Patient's address:	Race (Check all that apply): White Black/African American	Ethnicity: Hispanic or Latino Not Hispanic or Latino
Phone number:	American Indian/Alaska Native Native Hawaiian/Pacific Islander Asian	Unknown
(h) () (w) ()	Unknown	

DEPARTMENT OF **HEALTH & HUMAN SERVICES** CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 30333

CDC NO.:

TYPHOID AND PARATYPHOID FEVER SURVEILLANCE REPORT

STATE LAB ISOLATE ID NO.

CENTERS CONTROL A		

nstructions:			
 Please complete this form only for 	r new, symptomatic, culture	-proven cases of typhoid	l or naratyphoid fever. –

Form Approved:

Please complete this form only for new, symptomatic, culture-proven ca		o. 0920-0728
DEMOGRAPH	C DATA	
1. Reporting 2. First three letters of patient's last name: 3. Date of b	e or Age: (in years)	
4. Sex: 5. Does the patient work as a foodhandler? 6. Citi	zenship:	
	.S. Other:	Unk.
CLINICAL D		
		0
	s the patient If Yes, how many days was pitalized? 9. Outcom of case:	
	· · · · · · · · · · · · · · · · · · ·	red Died
Yes No Unk.	Days Unk.	
LABORATOR	· · · · · · · · · · · · · · · · · · ·	
10. Date Salmonella first isolated: Site(s) of isolation: (check all that apply)	, , , , , , , , , , , , , , , , , , ,	
Mo. Day Yr. □ Blood □ Stool □ Gall Blace	lder Other (specify):	
Serotype:	,	
☐ Typhi ☐ Paratyphi A ☐ Pa	ratyphi B Paratyphi C	
11. Was antibiotic sensitivity testing performed		
on this (these) isolate(s) at the laboratory?		Not tested
		Not tested
resistant to:	· _	Not tested
	, ,	□ Not tested
EPIDEMIOLOG	IC DATA	
12. Did this case occur as part of an outbreak? (two or more cases of typhoid or paratyphoid fever associated by time	and place) □Yes □No □Unk.	
13. Did the patient receive typhoid vaccination		Year received
(primary series or booster) within	1a or Vivotif (Berna) four pill series:□Yes □No □U	nk. 🔲 📗
indicate type	24 of 1110th (20114) four pin out of 1	
Yes □No □Unk. of vaccine received: • ViCPS o	r Typhim Vi shot (Pasteur Merieux):□ _{Yes} □ _{No} □∪	nk
received.	Typillin Visitot (Lastear Merieax)	IIK
14. Did the patient travel or live outside If Yes, please list in order the cou	ntries visited during the 30 days	
the United States during the 30 days before the illness began: (other the before the illness began?	nan the United States) Date of most recent entry to the United States	
1	3. Chiry to the office of	
Yes No Unk.	4. Mo. Day Yr.	
<u>Z.</u>	4. NO. Day 11.	
15. Was the purpose of the international travel:		_
	_ ics ics	Unk.
	_ := _ := :	□Unk.
c. Visiting relatives or friends? Yes No Unk.	if other, specify):	
16. Was the case traced to a typhoid or paratyphoid carrier?□Yes □No □Unk	If Yes, was the carrier previously known to the health department? \square_{Yes} \square_{N}	lo 🗆 Unk.
17. Comments:		
18. Name of Person Completing Form:		
Address:		
Telephone:	Date:Mo. Day Yr.	

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS FORM Please send a copy to your STATE EPIDEMIOLOGY OFFICE and the Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention

Mailstop C-09, Atlanta, Georgia 30333 • Fax: (404) 639-2205

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed and the data needed are not only as the data needed are not only as the data needed and the data needed are not only as the data neededreviewing the collection of information. An agency may not conductor sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are considered in the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates are considered in the control number. Send comments regarding this burden estimates are considered in the control number. Send control number is not control number. Send control number is not control number in the control number is not control number in the control number is not control number. Send control number is not control number in the control number in the control number is not control number in the control number in the control number in the control number is not control number in the controlor any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).