

Yersiniosis Case Report

Texas Department of State Health Services
Infectious Disease Surveillance and Epidemiology Branch Mailcode 1960

## PO Box 149347 Austin, TX 78714-9347 (512) 458-7676 (512) 458-7616 fax

P	Name:							
A	Last	First		MI				
I	Address:							
E N	Street					City		
T	County	State	<del></del>	Zip Code	Phone	) #		
	DOB:/ Age: See	x:	Occupa	tion:				
	Race: W=White; B=Black/African American; N=American Indian/Alaska Native; P=Native Hawaiian/Pacific Islander; A=Asian; O=Other; U=Unk							
	Ethnicity: H=Hispanic or Latino; N=not Hispanic or	Latino; U=U	nknown					
	If patient is a child:							
	Mother's name:		Mother's	s occupation:	·	·····		
	Father's name:		Father's	occupation:				
SYMPHOMOHOLOGY	Has patient had bloody or severe diarrhea?  (circle) YES NO  If YES, onset date:/	Nam		of laborator	Y: I N K A G	Prior to and immediately after onset, was the patient:  Associated with another		
	Check all that apply:  Fever (Highest temp°F) Bloody diarrhea Non-bloody diarrhea Non-bloody diarrhea Noneding Headache Abdominal cramps Irritable  If patient had diarrhea, how many loose stools per day?  1-3 4-6 7-10 10+	Specime Stoo	en source: l/feces d er, specify on date: _	://_ solated? (circ NO		case? YES NO  If YES, identify case:  Associated with an outbreak? YES NO		
TREATMENT	Was the patient ill enough to require a doctor vis  Was the patient hospitalized? YES NO Adm  Was the patient treated with antibiotics? YES  Which antibiotic(s)?  Patient outcome:   Survived   Died D	iission date	:/_	/Antibiotic	Discharge o	te:/		

	If patient is an infant or toddler, is the child: Breast fed Formula fed Both					
E						
X P	If formula fed, which brand(s) did the child consume in the 10 days before onset:					
0						
s U	Please indicate whether the patient ate any of the following food items in the 10 days before	e onset:				
R E	☐ Bacon ☐ Cooked sausage ☐ Chorizo ☐ Chitterlings ☐ Lunch meats ☐ Po	rk chops Ham				
-	☐ Barbecued pork ☐ Hot dogs ☐ Tofu ☐ Other pork:					
D	What raw or uncooked fruits or vegetables did the patient eat in the 10 days before onset?					
A T						
A						
		9 VEC NO				
_	Did the patient consume unpasteurized milk or dairy products in the 10 days before onset					
	If YES, please identify:					
	Other Potential Risk Factors (Please check all that apply):					
	Exposure to untreated water					
	Contact with pet(s). Type(s) of animal(s):					
	Contact with other animals. Type(s) of animal(s):					
	Contact with animal waste					
	Blood transfusion prior to illness onset. Date of transfusion:/					
	Travel 10 days prior to illness onset. Date(s) and destination(s):					
	Underlying medical conditions or immunocompromised. Explain:					
ļ	What restaurants or fast food places did the patient eat at in the 10 days before onset?					
	What restaurants or fast food places did the patient eat at in the 10 days before onset?	Doto				
	What restaurants or fast food places did the patient eat at in the 10 days before onset?  Restaurant	Date				
		Date				
		Date				
		Date				
		Date				
		Date				
		Date				
		Date				
		Date				
		Date				
	Restaurant  What grocery store(s) did the patient/patient's parents shop at during the 10 days before					
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Rep	Restaurant  What grocery store(s) did the patient/patient's parents shop at during the 10 days before the store of the sto	onset?				
	Restaurant  What grocery store(s) did the patient/patient's parents shop at during the 10 days before a Store  Store  Description:  Orted by:  Phone: ()	onset?				