

CONTACT ROSTER FOR SALMONELLA / SHIGELLA / CAMPYLOBACTER (circle one)

contact:acd6/01

Name of case: _____

Onset date: ___/___/___

Date of 1st positive culture: ___/___/___

HOUSEHOLD CONTACTS

/	Name Relationship	Age DOB	Occupation -or- School & Grade	SOS? ✓		Symptoms? ✓		Onset date	Confirm -ed? ✓		Presump tive? * ✓		Comments	Specimen Collection		
				Yes	No	Yes	No		Yes	No	Yes	No		Dispensed	Collected	Results
1	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
2	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
3	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
4	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
5	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____
6	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____	_____	_____	_____

NON-HOUSEHOLD CONTACTS WITH SIMILAR ILLNESS

/	Name	Age DOB	Address City	Phone number	Onset date	SOS? ✓		Confirmed case? ✓	Presumptive case? * ✓	Referred to: ✓	Comments (e.g. common meal, daycare, etc.)	
						Yes	No					
1	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ACD <input type="checkbox"/>	District <input type="checkbox"/>	_____
2	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ACD <input type="checkbox"/>	District <input type="checkbox"/>	_____
3	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ACD <input type="checkbox"/>	District <input type="checkbox"/>	_____
4	_____	_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ACD <input type="checkbox"/>	District <input type="checkbox"/>	_____

* **Presumptive Case definition:** In a person epi-linked to a confirmed case, diarrhea (> 2 loose/24 hours) and fever -or- diarrhea and at least 2 other symptoms (e.g. cramps, vomiting, aches).

~Note: Follow-up for a presumptive case is the same as for a confirmed case. Also, a presumptive case is reportable: Epi-form must be filled out and the case entered into VCMR.