

PHEP Surveillance Control Measure Tracking Form – Shiga Toxin Producing *Escherichia coli* (STEC)

Patient Name: _____ Case Status: _____ Date Reported: ___/___/___ Date Reported to Central Office: ___/___/___

Onset Date: ___/___/___ Food handler: Yes No Day care worker/attende: Yes No Institutional resident: Yes No

Action	Public Health Control Measure Initiated	Date Initiated	Within 3 days of Report?
1. Interview case patient or parent/guardian. Complete patient history to identify potential source of exposure, close contacts during period of communicability and others at risk due to case patient's occupation and living accommodations, day care, school/grade, residence in a closed institution or high risk setting, or food handling.	<input type="checkbox"/> Educate case patient on measures to avoid disease transmission including recommended exclusion from school or work, (food handling or patient care). <input type="checkbox"/> Identify potential source of infection, determine risk factors and transmission settings. Complete Enteric Disease Investigation Form for HUS and E coli O157:H7 and E coli O157:H7 Food History Questionnaire . <input type="checkbox"/> Identify close contacts. Contacts: # Identified _____ # Contacted _____	1. ___/___/___	1. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
2. Consult with case patient's day care, school, work place, or residential facility to identify possible additional cases and possible sources of infection	<input type="checkbox"/> Review case patient's activities and potential sources of infection. <input type="checkbox"/> Recommend appropriate exclusion criteria (exclusion from food related work, daycare, or patient care until diarrhea and fever resolve). <input type="checkbox"/> Recommend appropriate disinfection measures. <input type="checkbox"/> Provide information for a letter to parents if requested.	2. ___/___/___	2. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
3. Investigate possible food sources, if appropriate.	<input type="checkbox"/> Work with sanitarian to arrange specimen collection. <input type="checkbox"/> Contact IDPS to arrange shipping and testing. Food items should never be sent to the DSHS lab without prior arrangements made through IDPS.	3. ___/___/___	3. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
4. Investigate and educate contacts.	<input type="checkbox"/> Educate contacts on exposure, symptoms, and measures to avoid disease transmission including recommended exclusion from school or work.	4. ___/___/___	4. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason:
Outbreaks			
5. Investigate source of outbreak.	<input type="checkbox"/> Compare detailed food histories of all cases, collect information on ingredients and preparation, look for potential common source foods <input type="checkbox"/> Utilize case control study, if appropriate. <input type="checkbox"/> Explore Non-food common exposure histories such as recreational water and animal contact. <input type="checkbox"/> Discuss testing of any suspect food or other vehicle with IDPS. Do not send food or other vehicle to the DSHS lab without prior approval from IDPS. <input type="checkbox"/> Educate public through press release as needed to find additional cases.	5. ___/___/___	
6. Work with other agencies to mitigate source of infection.	<input type="checkbox"/> Work with local sanitarians to guide control measure implementation. <input type="checkbox"/> Work with IDPS and regulatory to recall manufactured products and publicize recall. <input type="checkbox"/> Provide findings to IDPS for potential regulatory action if a DSHS regulated product is implicated.	6. ___/___/___	