

Typhoid Fever Suspected/Confirmed Case Investigation Form

INTERVIEWER DETAILS

1. Interviewer name: _____ 2. Date of interview: DD / MM / YYYY
 3. Interviewer phone no.: _____ 4. Department: _____

PATIENT DETAILS

5. First name & Surname: _____
 6. Age/DOB: _____ 7. Gender: Male, Female 8. Phone no.: _____
 9. Town/City: _____ District: _____ Province: _____
 10. Physical Home Address (and GPS co-ordinates if available): _____
 11. Occupation: _____ 12. Place Of Work: _____
 13. Works in a food handling trade? Y N
 14. Works in a child/elderly/health care-giving setting? Y N
 If yes to 13 or 14, was the case restricted from these activities? Y N

DISEASE PRESENTATION

15. Date of onset? DD / MM / YYYY
 16. Symptoms: Fever Vomiting Abdo Cramps Malaise/Fatigue
 (tick all that apply) Headache Constipation Myalgia Respiratory symptoms (e.g. cough)
 a. Nausea Diarrhoea Anorexia Rose Spots
 b. Other, Specify: _____
 17. Complications (list all): _____
 18. Outcome: Recovered Still ill Died, date of death: DD / MM / YYYY

CLINIC/HOSPITAL DETAILS

19. Name of the clinician: _____ 20. Phone no.: _____
 21. Facility name: _____ 22. Date of 1st consultation: DD / MM / YYYY
 23. Name of referring facility (if applicable): _____
 24. Admitted to hospital? Y N If yes, duration of stay? _____ days
 25. Was the case notified to DoH? Y N Unknown

LABORATORY INVESTIGATIONS

26. Date of specimen collection: DD / MM / YYYY
 27. Lab name: _____ 28. Lab number: _____
 29. Test performed for typhoid diagnosis: Blood Culture Stool Culture
 Other, specify: _____
 30. Result of above test: Pos Neg Unknown Other, Specify: _____
 31. Follow-up testing: (tick all tests performed)
 Stool culture 1 Date collected: DD / MM / YYYY Result: Pos Neg
 Stool culture 2 Date collected: DD / MM / YYYY Result: Pos Neg
 Stool culture 3 Date collected: DD / MM / YYYY Result: Pos Neg
 Additional/other follow-up tests, give details: _____

EXPOSURE QUESTIONS

32. Have you travelled outside of your home town/city within 1 month before your illness started? (include local and international travel) Y N
 If yes, list all places/countries visited: _____
 date departed: DD / MM / YYYY date returned: DD / MM / YYYY

33. Have you had any visitors from outside your home town/city within 1 month before illness onset? (include local and international travel) Y N

If yes, where did they come from: _____

34. Have you been in contact with anyone with similar illness to yours in the 1 month before your illness started? Y N

If yes, list names and contact details:

Name	Phone no.	Physical address

35. Have you eaten at any of the following places within 1 month before your illness started?

Type	Name/Address/Phone no.
Café / Restaurant <input type="checkbox"/> Y <input type="checkbox"/> N	
Street vendor / Market place <input type="checkbox"/> Y <input type="checkbox"/> N	
Fast food <input type="checkbox"/> Y <input type="checkbox"/> N	
Other, specify: _____	

36. Housing type: Formal housing Dwelling outside house Informal settlement Traditional house Hostel/Institution

37. Number of people living in the house: _____

38. Source of drinking water: Municipal tap in house or on property Municipal tap off the property (communal tap)
 Jo-Jo tank Borehole water Open source water (e.g. from a river, stream, dam, etc.)
 Other, specify? _____

39. Do you store water in your home? Y N

If yes, in what type of container is water stored? (tick all that apply)

a. Plastic container Metal container Open container Closed container with lid

How is water removed from the container? (tick all that apply)

b. With hands With a spoon/cup/jug With a tap Other, specify: _____

40. What type of toilet do you have in your home?

a. Flush toilet Chemical toilet Pit latrine No toilet Other, specify: _____

41. Do you have a kitchen/special area for preparing food only in your home? Y N

42. Who prepares most of the meals in your home? (name and relationship to case): _____

Does he/she wash hands before preparing food? Y N

Has he/she ever had a similar illness to yours? Y N

43. Do you grow your own vegetables at home? Y N

If yes, from where do you get the water for your vegetable garden? _____

What do you use to fertilise your vegetable garden? _____

44. Additional notes / comments / actions taken:

ENVIRONMENTAL ASSESSMENT

45. List all environmental samples collected: (if applicable)

Type of sample (food/water/milk)	Place / Address where collected	Lab no.	Result

Name of lab(s) processing samples: _____

CONTACT TRACING

1. Identify contacts at risk of infection, including: household members, care-givers of the case, and people who may have eaten the implicated food or water/beverages.
2. Investigate all contacts as per guidelines. List all below:

Name	Age (years)	Sex (M/F)	History of typhoid fever (Y/N)	Occupation	Physical address	Stool sample collected (Y/N)	Lab number / result	Referred for treatment (Y/N)