Appendix 2: Typhoid and Paratyphoid Investigation form

(This page contains form/s that are intended to be paper based that you can download and complete. If you are using any assistive technology and are unable to use the form please contact us using the Online form and feedback)

Database ID Number			
Notification date	/ /		
Treating doctor consent to interview case obtained	**Yes** ☐ **No** ☐	**Date of consent:**	/ /
Case (or proxy) consent to conduct interview obtained	**Yes** ☐ **No** ☐	**Date of consent:**	/ /
Name of person interviewed (if not case)			
Interviewer name			
Database details finalised	**Yes** ☐ **No** ☐	**Date:**	/ /

Typhoid fever (*Salmonella* Typhi) and Paratyphoid fever (*Salmonella* Paratyphi A, B, and C excluding Paratyphi B biovar Java)

ATTEMPTS TO CONTACT TREATING DOCTOR AND CASE

Date	Time	Comments

SECTION 1: DEMOGRAPHIC DATA

Surname:

Other names:

Street Address:

Suburb/Town: | Postcode:

Telephone: Home: _____ Work: _____

Mobile: _____

Date of Birth: / / or Age: | Sex: Male ☐ Female ☐

Country of Birth:

Language(s) spoken at home:

Of Aboriginal or Torres Strait Islander origin?

- No ☐
- Aboriginal ☐
- Torres Strait Islander ☐
- Both Aboriginal and Torres Strait Islander ☐
- Unknown ☐

Interpreter required: ☐ Yes ☐ No

Occupation:

Name / Address of Employer or School or Child Care Attended:

Telephone: | Contact Person:

Date Last Attended: / / | High Risk group?* No ☐ Yes ☐ Details:_____

* High risk cases are food handlers, carers of patients, carers of children, carers of the elderly, children below primary school age, and those unable to maintain personal hygiene and their carers

SECTION 2: TREATING DOCTOR / HOSPITAL FACILITY

Name of treating doctor: _____

Address: _____

Telephone: _____ | Fax: _____

ED presentation : ☐ Yes ☐ No | Hospital name: _____

Date of ED presentation: / /

Admission to hospital: ☐ Yes ☐ No | Hospital name: _____

Date of admission: / / | Date of discharge: / /

SECTION 3: ILLNESS (SUMMARY)

Onset date of illness: ___/___/___	Date(s) of specimen collection: ___/___/____
Specimen type: ☐ Blood ☐ Faeces ☐ Other	(specify, e.g. urine) _____
Typhoid immunisation history (if known): _____	
Treatment (list antibiotic(s) and treatment duration: _____	

Signs & symptoms	Yes / No / Unknown
Malaise	☐ Yes ☐ No ☐ Unk
Anorexia	☐ Yes ☐ No ☐ Unk
Fever	☐ Yes ☐ No ☐ Unk
Headache	☐ Yes ☐ No ☐ Unk
Cough	☐ Yes ☐ No ☐ Unk
Rash / skin spots	☐ Yes ☐ No ☐ Unk

Signs & symptoms	Yes / No / Unknown
Body aches	☐ Yes ☐ No ☐ Unk
Diarrhoea	☐ Yes ☐ No ☐ Unk
Constipation	☐ Yes ☐ No ☐ Unk
Vomiting	☐ Yes ☐ No ☐ Unk
Other (specify below): e.g. splenomegaly	☐ Yes ☐ No ☐ Unk

SECTION 4: RISK FACTORS

Incubation period

/ / to / /

(Onset date minus 60 days for typhoid)
(Onset date minus 10 days for paratyphoid)

(Onset date minus 3 days for typhoid)
(Onset date minus 1 day for paratyphoid)

Risk Factor	Applies	Details
Travel – Domestic	☐ Yes ☐ No	Places Visited: …… Type of Accommodation: …… Departure: ___ / ___ / ___ Return: ___ / ___ / ___ Illness while away ☐ Yes ☐ No
Travel – International If Travel to endemic country within 28 days prior to symptom onset, go to Section 6	☐ Yes ☐ No	Places Visited: …… Type of Accommodation: …… Departure: ___ / ___ / ___ Return: ___ / ___ / ___ Illness while away ☐ Yes ☐ No

Risk Factor	Applies	Details
Household / Close contact of person known to have travelled overseas?	☐ Yes ☐ No	Relationship: …… Country visited: …… Dates:……
Household / Close contact of person known to have typhoid infection or similar illness	☐ Yes ☐ No ☐ Yes ☐ No	Relationship: …… Case name: …… Database ID No. (if confirmed): _____ Details: ……
Household / Close contact of person known to have paratyphoid infection or similar illness	☐ Yes ☐ No ☐ Yes ☐ No	Relationship: …… Case name: …… Database ID No. (if confirmed): _____ Details: ……
Had previous typhoid/paratyphoid infection?	☐ Yes ☐ No	Approx. date: ___ / ___ / ___
Household / Close contact known to have had previous typhoid/paratyphoid infection?	☐ Yes ☐ No	Relationship: …… Approx. date: ___ / ___ / ___
Drank untreated water?	☐ Yes ☐ No	Specify type: …… Date : _____/_____/_____ Location: ……
Participated in swimming / water sports?	☐ Yes ☐ No	Activity: …… Date : _____/_____/_____ Type of water (e.g. pool, river, etc.): …… Address: ……
Ate oysters / mussels?	☐ Yes ☐ No	Date: _____/_____/_____ Type / Brand:…… Where purchased:……
Ate other shellfish?	☐ Yes ☐ No	Date: _____/_____/_____ Type / Brand:…… Where purchased:……

Risk Factor	Applies	Details
Ate imported foodstuffs? (if in Australia during incubation period)	☐ Yes ☐ No	Date: ____/____/____ Type / Brand:…….. Where purchased:……
Exposure to raw/untreated sewage?	☐ Yes ☐ No	Date: ____/____/____ Exposure/activity:……..

SECTION 5: LOCAL FOOD EXPOSURES

If the case was in Australia for their incubation period, did they visit / attend any of the following? If no, skip to Section 6.

Incubation period

/ / to / /

(Onset date minus 60 days for typhoid)
(Onset date minus 10 days for paratyphoid)

(Onset date minus 3 days for typhoid)
(Onset date minus 1 day for paratyphoid)

	Name and address of premises	What was eaten?
Cafes or restaurants ☐ yes ☐ no ☐ don't know		
Takeaway / fast food outlets ☐ yes ☐ no ☐ don't know		
Parties or functions with family or friends ☐ yes ☐ no ☐ don't know		
Festivals or commercial public gatherings (e.g. fetes, club social events, markets, etc.) ☐ yes ☐ no ☐ don't know		
Continental deli or specialty grocer (e.g. Asian supermarket) ☐ yes ☐ no ☐ don't know		
Farms or growers (farm gate sales or consumption of unprocessed products) ☐ yes ☐ no ☐ don't know		

SECTION 6: FOLLOW UP AND EXCLUSIONS FOR CASE

Exclude all cases from work, school, childcare and swimming pools until 48 hours after a course of antibiotics has been completed and symptoms have resolved.

‡ Exclusion until clearance required for high risk cases (food handlers, carers of patients, carers of children, carers of the elderly, children below primary school age, and those unable to maintain personal hygiene and their carers)

§ Clearance is defined as: 2 consecutive negative stool cultures. These must be taken under the following conditions – (a) **specimens collected ≥48 hours after cessation of antibiotic therapy,** (b) **individual specimens taken ≥**48 hrs apart.

Tick box that describes case:

☐ Food handler

☐ Carer of patients, children, elderly, or individuals unable to maintain their own hygiene

☐ Child below primary school age

☐ Person unable to maintain own hygiene

OR ☐ None of these

If one of the above high risk groups is selected, please provide the following information:

Name / address of related premises / institution:	…… Date last attended: ____/____/____	
Movements of case at work / institution / premises: Date:_____/_____/_____ Day:…… Hours:…… Location:…… Date:_____/_____/_____ Day:…… Hours:…… Location:…… Date:_____/_____/_____ Day:…… Hours:…… Location:…… Date:_____/_____/_____ Day:…… Hours:…… Location:…… Date:_____/_____/_____ Day:…… Hours:…… Location:……		
Exclusion required‡?	☐ Yes ☐ No	*It is required that if the case is in a high risk setting / occupation, they be excluded from attendance / work until cleared.* § If possible, they may return to work to undertake other duties (not handling food or caring for people) once they have been free of symptoms for 48 hours and provided they are continent and can undertake adequate hygiene practices.
Exclusion discussed with case / guardian / next-of-kin.	☐ Yes ☐ No	
Letter sent to contacts at premises?	☐ Yes ☐ No	Date sent: ____/____/____
Environmental Health inspection required?	☐ Yes ☐ No	Contact date: ____/____/____ Contact name: …… Action required: …… Feedback received: ☐ no ☐ yes, ……
Clearance stools taken§	☐ Yes ☐ No	#1: ___ / ___ /___ ☐ Detected ☐ Not Detected #2: ___ / ___ /___ ☐ Detected ☐ Not Detected

Clearance urine taken (urine samples required in addition to stool samples if case originally had: •A positive urine culture ☐ Yes ☐ No •Concurrent schistosomiasis •A history of kidney stones.)	#1: ___ / ___ /___ ☐ Detected ☐ Not Detected #2: ___ / ___ /___ ☐ Detected ☐ Not Detected

SECTION 7: FOLLOW UP (AND EXCLUSIONS) FOR HOUSEHOLD / TRAVEL COMPANIONS OF CASE

§ If contact has compatible symptoms, they need to be tested to exclude typhoid / paratyphoid.

‡ Exclusion and screening required for high risk contacts ‡ Clearance is defined as: 2 consecutive negative stool cultures. These specimens **must be taken individually and ≥**24hours apart.

Name and contact details	Relationship to case	Symptoms?	High risk status / exclusion‡	Screening required‡	Results
Name: _____ _____ Address: _____ _____ Phone: _____	☐ Household contact ☐ Travel companion ☐ Other _____ _____ _____ _____	☐ Yes§ ☐ No	High risk? ☐ Yes ☐ No If 'Yes" specify below & record detail in notes ☐ Food handler ☐ Carer of patients, children, elderly, or individuals unable to maintain their own hygiene ☐ Child below primary school age ☐ Person unable to maintain own hygiene	☐ Yes‡ ☐ No If 'Yes" indicate ☐ via GP (provide name and contact details) _____ _____ _____ ☐ via Pathology service (provide details)	Stool 1. / / _____ Stool 2 . / / _____
Notes:					
Name and contact details	Relationship to case	Symptoms?	High risk status / exclusion‡	Screening required‡	Results
Name: _____ _____ Address: _____ _____ Phone: _____	☐ Household contact ☐ Travel companion ☐ Other _____ _____ _____ _____	☐ Yes§ ☐ No	High risk? ☐ Yes ☐ No If 'Yes" specify below & record detail in notes ☐ Food handler ☐ Carer of patients, children, elderly, or individuals unable to maintain their own hygiene ☐ Child below primary school age ☐ Person unable to maintain own hygiene	☐ Yes‡ ☐ No If 'Yes" indicate ☐ via GP (provide name and contact details) _____ _____ _____ ☐ via Pathology service (provide details)	Stool 1. / / _____ Stool 2 . / / _____
Notes:					

Name and contact details	Relationship to case	Symptoms?	High risk status / exclusion‡	Screening required‡	Results
Name: _____ _____ Address: _____ _____ Phone: _____	☐ Household contact ☐ Travel companion ☐ Other _____ _____ _____ _____	☐ Yes§ ☐ No	High risk? ☐ Yes ☐ No If 'Yes" specify below & record detail in notes ☐ Food handler ☐ Carer of patients, children, elderly, or individuals unable to maintain their own hygiene ☐ Child below primary school age ☐ Person unable to maintain own hygiene	☐ Yes‡ ☐ No If 'Yes" indicate ☐ via GP (provide name and contact details) _____ _____ _____ ☐ via Pathology service (provide details)	Stool 1. / / _____ Stool 2 . / / _____
Notes:					
Name and contact details	Relationship to case	Symptoms?	High risk status / exclusion‡	Screening required‡	Results
Name: _____ _____ Address: _____ _____ Phone: _____	☐ Household contact ☐ Travel companion ☐ Other _____ _____ _____ _____	☐ Yes§ ☐ No	High risk? ☐ Yes ☐ No If 'Yes" specify below & record detail in notes ☐ Food handler ☐ Carer of patients, children, elderly, or individuals unable to maintain their own hygiene ☐ Child below primary school age ☐ Person unable to maintain own hygiene	☐ Yes‡ ☐ No If 'Yes" indicate ☐ via GP (provide name and contact details) _____ _____ _____ ☐ via Pathology service (provide details)	Stool 1. / / _____ Stool 2 . / / _____
Notes:					

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SECTION 8: EDUCATION

Hygiene and preventing transmission discussed with case

☐ No	☐ N/A	☐ Yes
☐ No	☐ N/A	☐ Yes
☐ No	☐ N/A	☐ Yes ☐ Yes, date sent: _____ /_____ /_____

Name of completing officer:
_____

Signature: _____

Date: _____ /_____ /_____

INVESTIGATION NOTES

Attach extra investigation sheets if necessary