| | |
|---|---|
| Case Initials: | |
| State ID: | |
| ☐ sporadic case<br>☐ outbreak case | |
| Outbreak ref: | |

**Hypothesis Generating Questionnaire for**

# *Salmonella* Enteritidis only

(Mar24)

| Incubation | Duration | Prognosis | Shedding | Reservoir |
|---|---|---|---|---|
| 6-72 hours<br>(av. 12-36 hours)<br>Longer possible, especially with low dose exposure | Diarrhoea,<br>1-20 days<br>(5 days av.) | Most people completely recover within 1-2 weeks<br>A small number develop complications such as reactive arthritis. | 50% of adults >5 weeks<br>10% for >9 weeks<br>Prolonged shedding more common in children | Colonised intestinal tract of many animals, including chickens, ducks, pigs, cows, reptiles, amphibians, native animals, dogs and cats |

## CASE DETAILS

| | | | |
|---|---|---|---|
| First Name: | | Last Name: | Parent's Name (if applicable): |
| DOB: __ / ___ / ___ | Age: | Gender: ☐M ☐F | |
| Address: | | | |
| Home Phone: | | Mobile Phone: | |
| Email: | | | |
| Physician name: | | Physician Phone: | |
| Born in Australia ☐Y ☐N *If no*, specify where: | | | |
| Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply)<br>☐No ☐Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Not stated | | | |

**Interviewer Initials:**

| Date/time | Interviewed |
|---|---|
| 1 | ☐ |
| 2 | ☐ |
| 3 | ☐ |
| 4 | ☐ |
| 5 | ☐ |
| 6 | ☐ |

*Person interviewed (if not case):*

*Call back notes:*

*Interpreter used* ☐
*Case lost to follow up* ☐

## OCCUPATION (Include part-time/casual/volunteer work) and/or INSTITUTION CONTACT

What is [your/the case's] occupation? Specify

Name of work place:

Address of workplace:

Contact details for work place:

Does the case's occupation involve:

Handling food/drink? ☐Y ☐N

Working in close proximity to chickens or other avian species (egg farm or packing facility, poultry abattoir or pet store)? ☐Y ☐N

If 'Yes', please provide further details

Close contact with sick people? (e.g. health care worker) ☐Y ☐N

Close contact with the children/elderly? (e.g. child care worker?) ☐Y ☐N

*If yes, please provided relevant public health advise for exclusion period to the case*

Do [you/the case] attend childcare / preschool / school /prison/ aged care facility? ☐Y ☐N

*If yes, provide details*

Name :

Address :

Contact details :

*Please provided relevant public health advise for exclusion period to the case*

| LABORATORY | | | |
|---|---|---|---|
| Serotype: | Sub-type: | Specimen collection date: ____/____/____ | Specimen type: ☐Stool ☐Blood ☐Urine ☐Other |

**CLINICAL**

I'm now going to ask you about some symptoms that are associated with your illness.

Did you experience any diarrhoea : ☐Y ☐N ☐DK (3 or more loose stools in a 24 hour period)

Diarrhoea onset date: Onset time: ☐am ☐pm Duration : ☐hrs /☐days ☐ ongoing diarrhoea

____/____/____

Blood in stool? ☐Y ☐N ☐DK

Did [you/case] experience any of these following symptoms associated with the illness?

Fever: ☐Y ☐N ☐DK *If case reported fever:* Temperature recorded °C ☐DK / temp not taken

Abd Pain: ☐Y ☐N ☐DK Nausea: ☐Y ☐N ☐DK Vomiting: ☐Y ☐N ☐DK Headache: ☐Y ☐N ☐DK

Lethargy: ☐Y ☐N ☐DK J/M pain: ☐Y ☐N ☐DK Other: ☐Y ☐N ☐DK if yes *specify:*

What was the first symptom [you/case] experienced?

First symptom: First symptom onset date: ____/____/____ Onset time: ☐am ☐pm

Duration of illness ☐hrs /☐days ☐ still ill

| | | |
|---|---|---|
| Emerg. Dept visit for illness? ☐Y ☐N | Date of visit(s): ____/____/____ | Hospital Name: |
| Admitted for illness? ☐Y ☐N | Date Admitted ____/____/____ | Date Discharged: ____/____/____ |
| Treated for illness? ☐Y ☐N | *If yes:* ☐ Rehydration ☐ Antibiotics ☐ other, *please describe:* | |
| Case deceased? ☐Y ☐N | *If yes:* Date of death: | |

Underlying conditions or medications that suppress the immune system (e.g. pregnancy, diabetes, cancers, steroids, etc.) ☐Y ☐N ☐DK

*If yes*: specify:

**EXPOSURE PERIOD**

I'm going to ask some questions about what you did before [you/the case] got sick, including some questions that are specifically about the 7 days before the start of [your/the case's] illness.

The first day of illness was (day and date) ____/____/____

Seven days before this was (day and date) ____/____/____

It is often helpful to have a calendar or diary in front of you to help you remember what you did during this time.

**CONTACT EXPOSURES**

**In the 7 days before your illness, did [you/the case] have contact with a:**

- Family member with a similar illness? ☐Y ☐N ☐DK *if yes* complete below table
- Friend or work/school colleague with a similar illness? ☐Y ☐N ☐DK *if yes* complete below table

| Name | Relationship | Illness onset | Illness description | Phone contact |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## TRAVEL EXPOSURES

**In the 7 days prior to your illness, did [you/the case] travel?**

| | |
|---|---|
| Overseas? ☐Y ☐N ☐DK<br>Interstate? ☐Y ☐N ☐DK<br>Within State? ☐Y ☐N ☐DK | If yes, provide travel details:<br>Destination(s):<br>Date departure: ____/____/____ Date of return: ____/____/____<br>Mode of travel: ☐air ☐car ☐train ☐ bus ☐ other, specify:<br>Name of airline / tour company / travel numbers (if applicable): |

*If no travel in the 7 days prior to illness onset:*

**When was the last time [you/the case] travelled overseas?**

Approximate dates:

Destination(s):

Any gastrointestinal illness during or shortly after travelling: ☐Y ☐N ☐DK

*Case classification for international travel*

☐ Travel acquired salmonellosis (international travel for *entire* incubation) STOP interview
☐ Possibly travel acquired salmonellosis (international travel for *part* of incubation) CONTINUE interview
☐ Locally acquired salmonellosis (*no* international travel during incubation) CONTINUE interview

## ENVIRONMENTAL EXPOSURES

| **In the 7 days prior to [your/the case's] illness, did [you/the case]** | | *Name/location/description/details of exposure:* |
|---|---|---|
| Live on or visit a rural property | ☐Y ☐N ☐DK | |
| Have any contact with farm or zoo animals (petting zoos, farms, shows, etc) | ☐Y ☐N ☐DK | |
| Have contact with of any the following pets | | |
| Dogs | ☐Y ☐N ☐DK | |
| Cats | ☐Y ☐N ☐DK | |
| Pet fish | ☐Y ☐N ☐DK | |
| Lizards, snakes, turtles, other reptiles | ☐Y ☐N ☐DK | |
| Backyard chickens/hens | ☐Y ☐N ☐DK | |
| Other pets, specify: | ☐Y ☐N ☐DK | |
| | ☐Y ☐N ☐DK | |

If 'yes' to backyard chickens:

When were they purchased? (e.g. date) _____

Where were they purchased (address/business name)? _____

What is the age of the new chickens? (e.g. day old chicks) _____

| | | |
|---|---|---|
| If yes to any Pets, were they fed: | | |
| Dry food, tinned food, raw meat | ☐Y ☐N ☐DK | |
| Fish pellets, flakes, worms | ☐Y ☐N ☐DK | |
| Mice, crickets, other reptile/snake food | ☐Y ☐N ☐DK | |
| Hay, pellets, seed, other animal food/treats | ☐Y ☐N ☐DK | |
| Other pet food, specify: | ☐Y ☐N ☐DK | |
| Have any contact with native animals | ☐Y ☐N ☐DK | |
| Have any exposure to chicken manure? | ☐Y ☐N ☐DK | |
| If yes to manure, please record other details (e.g. address where case exposed, how exposure occurred, brand of manure, place of purchase) | | |
| Swim in / paddle in any pools, dams, or other water ways? | ☐Y ☐N ☐DK | |
| Participate in any sports that include direct contact with water or mud? | ☐Y ☐N ☐DK | |

| | | |
|---|---|---|
| Drink any untreated water? | ☐Y ☐N ☐DK | |
| Drink any bottled water? | ☐Y ☐N ☐DK | |

## HOME FOOD PURCHASES

**Where did you purchase the groceries consumed in the 7 days prior [your/the case's] illness?**

| **Store** | **Where** (location) | **Chicken** | **Eggs** |
|---|---|---|---|
| ☐ Aldi | | ☐ | ☐ |
| ☐ Coles | | ☐ | ☐ |
| ☐ IGA | | ☐ | ☐ |
| ☐ Woolworths | | ☐ | ☐ |
| ☐ Butchery | | ☐ | ☐ |
| ☐ Local Markets | | ☐ | ☐ |
| ☐ Fruit & Veg shop | | ☐ | ☐ |
| ☐ Other | | ☐ | ☐ |
| ☐ Home Grown or Self-Slaughtered | | ☐ | ☐ |
| Do you have customer/loyalty cards for any supermarkets where you shopped? | ☐Y ☐N | | |
| May we obtain your consent to contact supermarkets with your loyalty card information to request information on recent purchases as part of our investigation? | ☐Y ☐N | | |
| Woolworths rewards card number (Hint: Begins with '9', underneath barcode): | | | |
| Coles flybuys number (Hint: Begins with '2', underneath barcode): | | | |
| Any other member or rewards card number (e.g. Costco member): | | | |

## FOOD EATEN OR PREPARED OUTSIDE THE HOME

**In the 7 days prior to [your/the case's] illness, did [you/the case] eat food from:**

| **Food Premise Type** | | **Where:** (Name and location of premises) | **When:** (date and time) | **What:** (did you eat) |
|---|---|---|---|---|
| Cafes, restaurants, bars | ☐Y ☐N ☐DK | | | |
| Bakeries | ☐Y ☐N ☐DK | | | |
| Takeaways, including from service stations, fast food outlets, etc. | ☐Y ☐N ☐DK | | | |

| | | | | |
|---|---|---|---|---|
| Continental deli or specialty grocer (e.g. Asian supermarkets) | ☐Y ☐N ☐DK | | | |
| Farmers Markets or other market stalls | ☐Y ☐N ☐DK | | | |
| Direct from farms | ☐Y ☐N ☐DK | | | |
| Home delivered food<br>e.g. Lite & Easy, Meals On Wheels | ☐Y ☐N ☐DK | | | |
| Social gatherings, such as: festivals<br>- weddings<br>- parties<br>- religious events<br>- work conferences? | ☐Y ☐N ☐DK | | | |

| **SPECIAL DIETS** | | |
|---|---|---|
| Are [you/the case] on a special diet? | ☐Y ☐N ☐DK | Details: |
| Are [you/the case] allergic to any foods? | ☐Y ☐N ☐DK | Details: |
| Are there any foods or food groups that [you/ the case] *never* eat? | ☐Y ☐N ☐DK | Details: |

**PRIORITY TRAWLER:**

**In the 7 days prior to [your/the case's] illness, did [you/the case] eat any EGGS or EGG CONTAINING foods eaten out or at home?**

| **EGGS or EGG CONTAINING foods** | **Eaten during:** | | **Type / brand / description** | **Where purchased or eaten (NB: If no specific location recalled, try to obtain approximate location details OR case's regular place of purchase)** |
|---|---|---|---|---|
| | **7 day period before illness? →** | **3 day period before illness?** | | |

| | | | | |
|---|---|---|---|---|
| Eggs eaten at home<br>(Including egg in salads, on burgers, etc.) | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ Free range ☐ Barn Laid<br>☐ Caged ☐ Organic<br>☐ Backyard ☐ DK<br><br>☐ Runny ☐ Soft ☐ Hard<br>☐ DK<br><br>*Brand:*<br><br>*Other details: (e.g. stamp or best before date) Eggs/egg carton still in the fridge/at home?* | |
| Eggs eaten away from home<br>(Including egg in salads, on burgers, etc.) | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ Boiled ☐ Poached<br>☐ Fried ☐ Scrambled<br>☐ Other Specify:<br><br>☐ Runny ☐ Soft ☐ Hard<br>☐ DK<br><br>*Other details:* | |
| **EGGS or EGG CONTAINING foods** | **Eaten during:**<br>**7 day period before illness?** →<br>**3 day period before illness?** | | **Type / brand / description** | **Where purchased or eaten** |
| Tiramisu | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Uncooked cake batter | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Homemade custard | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Chocolate mousse | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Homemade or deep fried ice-cream | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Raw egg milkshake/egg nog | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK | |

| | | | | |
|---|---|---|---|---|
| | | | *Other details:* | |
| Homemade Caesar salad dressing | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Homemade mayonnaise/aioli | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Homemade tartare sauce | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Homemade Hollandaise/ béarnaise sauce | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | Raw eggs used?<br>☐Y ☐N ☐DK<br>*Other details:* | |
| Asian roll, including pork rolls, etc | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Details:* | |
| Any other food or drink containing raw eggs | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Details:* | |

**PRIORITY TRAWLER:**

**In the 7 days prior to [your/the case's] illness, did [you/the case] eat any of the following POULTRY products PURCHASED RAW and prepared/cooked at home?**

| ***RAW POULTRY*** | **Eaten during:** | | **Type / brand / description** | **Where purchased** |
|---|---|---|---|---|
| | **7 day period before illness?** | **3 day period before illness?** | | |
| Whole chicken | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ *Free Range* ☐ *Organic*<br>☐ *Corn Fed* ☐ *Steamer* (i.e. cheaper chicken used for soups, stocks etc)<br>☐ General<br>*Other details:* | |
| Chicken pieces (e.g. thigh, wings) | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ *Free Range* ☐ *Organic*<br>☐ *Corn Fed* ☐ *Steamer* (i.e. cheaper chicken used for soups, stocks etc) ☐ General<br>☐ Pre-packaged[ǂ]<br>☐ From deli[ǂ]<br>*Specify cuts:* | |
| Chicken skewer | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ *Free Range* ☐ *Organic*<br>☐ *Corn Fed* ☐ General<br>☐ Pre-packaged[ǂ]<br>☐ From deli[ǂ]<br>*Specify flavour:* | |
| Chicken mince | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Other details:* | |

| | | | | |
|---|---|---|---|---|
| Chicken sausages | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Other details:* | |
| chicken purchased raw and cooked at home<br>(e.g. schnitzel, kiev, chicken paddies) | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ Pre-packaged[ǂ]<br>☐ From deli[‡]<br>*Specify what:* | |
| Turkey | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Details:* | |
| Duck | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Details:* | |
| Other raw poultry | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ Pre-packaged[ǂ]<br>☐ From deli[‡]<br>*Specify what:* | |

[ǂ] pre-packaged: purchased in a seal package
[‡] from deli: means served to you directly from a deli display or sliced for you at the time of purchase

**PRIORITY TRAWLER:**

**In the 7 days prior to [your/the case's] illness, did [you/the case] eat any of the following POULTRY products PURCHASED COOKED and eaten out or at home?**

| **COOKED POULTRY** | **Eaten during:** | | **Type / brand / description** | **Where purchased or eaten** |
|---|---|---|---|---|
| | **7 day period before illness? →** | **3 day period before illness?** | | |
| Cooked BBQ or Charcoal chicken | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Specify type:* | |
| Shredded chicken | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | ☐ Pre-packaged[ǂ]<br>☐ From deli[‡]<br>*Other details:* | |
| Chicken burger | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Other details:* | |
| Other cooked chicken<br>(e.g. chicken kebab, crumbed chicken pieces, chicken soup/stock, stir-fry Schnitzel) | ☐Y ☐N ☐DK | ☐Y ☐N ☐DK | *Details:* | |

**EDUCATION: Preventing Salmonella and other foodborne diseases**

**Key tips**

*Wash your hands before handling food and often during food preparation especially when handling raw eggs and chicken.*

*Wash and clean all surfaces and equipment used for food preparation or serving especially when handling raw eggs and chicken.*

**Keep clean**

Wash your hands after going to the toilet andchanging the baby. When handling and caring for animals wash hands before and after being around or handling animals, their food, or supplies.

Protect kitchen areas and food from insects, pests and other animals.

**Separate raw and cooked foods**

Separate raw meat, poultry, fish and seafood from other foods.
Use separate equipment and utensils such as knives and cutting boards for handling raw foods.
Store foods in covered containers to avoid contact between raw and cooked foods.

**Cook thoroughly**

Cook food thoroughly, especially meat, poultry, eggs, fish and seafood.
For meat and poultry, make sure juices are clear, not pink.
Bring foods like soups and stews to boiling point.
Reheat cooked food thoroughly. Bring to the boil or heat until too hot to touch. Stir while re-heating.

**Keep food at safe temperatures**

Do not leave cooked food at room temperature for more than two hours.
Do not store food too long, even in a refrigerator.
Do not thaw frozen food at room temperature.
Food for infants and young children and other people with low immune systems should ideally be freshly prepared and not stored at all after cooking.

**Use safe water and foods**

Do not use food beyond its expiry date.
Wash fruits and vegetables in clean water, especially if eaten raw.

| | |
|---|---|
| Hygiene and preventing transmission discussed | ☐Y ☐N |
| Would you like us to send you a fact sheet with information about *Salmonella*? | ☐Y ☐N |

## CONCLUSION

Thanks for your time today.
The information you provide in this questionnaire is for the purpose of trying to prevent further cases of illness.
We do this by trying to find out what is likely to have caused your illness and also by providing you with information to reduce the spread of illness to others.
The data collected is kept confidential and identifying information will not be disclosed for any other purpose without your consent

| | |
|---|---|
| If we have any further questions, could we contact you again? | ☐Y ☐N |

| FOLLOW-UP AND EXCLUSIONS | |
|---|---|
| Exclusion required? | ☐Y ☐N |
| Exclusion discussed with case / parent / guardian | ☐Y ☐N |

## JURISDICTIONAL EXCLUSION GUIDELINES

Jurisdiction to add guidelines…

## INTERVIEW COMPLETED BY

Name of Interviewer:

How well did the case recall the information requested? ☐ very well ☐ well ☐ not well ☐ not at all

## GENERAL NOTES: