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| Case Initials: |  |
| Jurisdiction ID: |  |
| sporadic case  outbreak case | |
| Outbreak ref: |  |
| Notification date: |  |
| Probable source: |  |

***Vibriosis***

***(Foodborne Vibrio and Cholera)***

***Questionnaire***

(Updated Jan 2025)

|  |  |  |  |  |
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| **Incubation** | **Duration** | **Prognosis** | **Shedding** | **Reservoir** |
| Usually around 24 hours, range 4-96 hours. | Symptoms of watery diarrhoea last ~3 days (range 8 hours to 12 days).  Wound infection: redness, pain, warmth, pus | Mild to moderate in severity. Can be severe in people with immunosuppression. | Does not usually spread from person to person. | Found in marine, coastal and tidal waters. Eating raw or undercooked seafood, especially bivalve molluscs (oysters, cockles, mussels, scallops) is a common source.  Wound infections occur when seawater contaminates open wounds. |
| PRIVACY MESSAGE: 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 within legal limits. | | | | |

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| **CASE DETAILS** | |  | | | |  | **Interviewer Initials:** |
| First Name: | | Last Name: | | | Name of Parent/NOK  (if applicable): |  | |  |  |  | | --- | --- | --- | | Date/time Interviewed | | | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | | 6 |  |  | | *Person interviewed (if not case):*  *Call back notes:*  *Interpreter used*  *Case lost to follow up* | | | |
| DOB: / / / | Age: | Sex M F  DK | | |  |
| Address: | | | | | |  |
| Home Phone: | | Mobile Phone: | | | |  |
| Email: | | | | | |  |
| Physician name: | | | | Physician Phone: | |  |
| Born in Australia Y N  DK *If no*, specify where: | | | | | |  |
| Cultural or ethnic background: | | | Primary language(s) spoken at home: | | |
| Are [you/the case] of Aboriginal or Torres Strait Islander origin? (check all that apply)  No Yes, Aboriginal  Yes, Torres Strait Islander  Not stated | | | | | |

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| **OCCUPATION (Include part-time/casual/volunteer work) and/or INSTITUTION CONTACT** | |
| What is [your/the case’s] occupation? Specify: | |
| Name of workplace: | |
| Address of workplace: | |
| Contact details for workplace: | |
| Does the case’s occupation involve: |  |
| Handling food/drink? | Y N |
| Close contact with sick people? (e.g., health care worker) | Y N |
| Close contact with the children/elderly? (e.g., childcare worker?) | Y N |
| *If Yes Please provided relevant public health advise for exclusion period to the case* | |
| Do [you/the case] attend an educational facility / institution childcare / preschool / school /prison/ aged care facility?  Y N  *If yes, provide details* | |
| Name: | |
| Address: | |
| *If Yes Please provided relevant public health advise for exclusion period to the case* | |

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| **LABORATORY** | | | |
| Diagnosing laboratory: | Species: | Specimen collection date:  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Specimen type:  Stool Blood Wound Other |

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| **CLINICAL** | | | | |
| **I’m going to ask you about symptoms associated with [your/the case’s] illness.**  **What was the first symptom [you/case] experienced?** | | | | |
| First symptom: | | Onset Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Onset time:  am pm | Duration of illness:  hrs /days still ill |
| **Did you experience 3 or more loose stools in a 24-hour period or have diarrhoea?** | | | | |
| Diarrhoea:  Y N UK | Watery Diarrhoea:  Y N UK | Onset Date:  \_\_\_\_/\_\_\_\_/\_\_\_\_ | Onset time:  ☐am ☐pm | Duration of Diarrhoea:  ☐hrs /☐days☐ still ill |
| **Did you experience any** | | | | **Yes/No/Unknown** | |
| Blood in stool | | | | Y N UK | |
| Nausea | | | | Y N UK | |
| Vomiting | | | | Y N UK | |
| Abdominal Pain/discomfort | | | | Y N UK | |
| Fever Reported temperature °C | | | | Y N UK | |
| Joint and or Muscle pain | | | | Y N UK | |
| Headache | | | | Y N UK | |
| Lethargy | | | | Y N UK | |
| Other symptom(s) (specify): | | | | Y N UK | |

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| **Type of infection:** | Gastrointestinal | | Wound | Septicaemia |
| ***ONLY If wound infection,*** *did you/the case have the following associated with the wound?* | | | | |
| Pain Y N DK | Redness Y N DK | Warmth Y N DK | | Discharge Y N DK |

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| Do you have any medical conditions which affect your immune system or are you on any medications that affect your immune system? Y N UK If yes specify. |
| Did you take antacids / ulcer medication / medication that reduces stomach acid in the previous month? Y N DK |

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| **HOSPITAL PRESENTATION/TREATMENT** |

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| Did the case present to the Emergency Department? | Y N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | Name of hospital: |
| Was the case admitted to hospital? | Y N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | Date of discharge \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Treated for illness | Y N | If yes: ☐ Rehydration ☐ Antibiotics ☐ other, please describe: | |
|  | Specify what Antibiotic: | |
|  |  | From what dates did you take these antibiotics?  \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ | |

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| **CASE STATUS** | |
| Case deceased? Y N | *If yes:* Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_ |

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| **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. | |

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| **TRAVEL EXPOSURES** | | | | | | | | | | | |
| **First we need to know where you might have picked up the bug, in the 7 days prior to your illness, did [you/the case] travel?** | | | | | | | | | | | |
| Overseas? | Y N DK | | | If yes, provide Country(s):  City/region(s): | | | | | | | |
|  |  | | | Date departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | |
|  |  | | | Hotel name/location: | | | | | | | |
|  |  | | | Name of airline / tour company / travel numbers (if applicable):  Flight Specify details: | | | | | | | |
| Interstate? | Y N DK | | | Date departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of return: \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | | | | |
| Within State? | Y N DK | | | City/region(s): | | | | | | | |
| *Case classification for international travel* | | | | | | | | | | | |
| Travel acquired (international travel for *entire* incubation) | | | | | | | | | | STOP interview | |
| Possibly travel acquired (international travel for *part* of incubation) | | | | | | | | | | CONTINUE interview | |
| Locally acquired (*no* international travel during incubation) | | | | | | | | | | CONTINUE interview | |
| **CONTACT EXPOSURES** | | | | | | | | | | | |
| **Next we want to know if you may have been exposed to someone else who had the bug first,**  **In the 7 days before [your/the case’s] illness, did [you/the case] have contact with a:**   * Family member with a similar illness? ☐Y ☐N ☐DK      * Friend or work/school colleague with a similar illness? ☐Y ☐N ☐DK   *if yes* to any complete below table | | | | | | | | | | | |
| Name | | Relationship | Illness onset date  *\*or specify if within 24hrs or within 7days* | | | Illness description  Please list:  *Symptoms & length of illness.* | | | Tested for  Vibrio | | Result |
|  | |  |  | | |  | | | Y N DK | | Pend  N  P |
|  | |  |  | | |  | | | Y N DK | | Pend  N  P |
|  | |  |  | | |  | | | Y N DK | | Pend  N  P |
|  | |  |  | | |  | | | Y N DK | | Pend  N  P |
| **ENVIRONMENTAL EXPOSURES** | | | | | | | | | | | |
| Sometimes, people can get exposed directly or indirectly to the bacteria from contact with the environment and so can you tell me,  **In the 7 days prior to [your/the case’s] illness, did [you/the case]** | | | | | | | | | | | |
| Go Camping/fishing/hunting | | | | | Y N DK | | Location:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Water Supply: | | | | |
| Swim in / paddle in any pools, dams, or other water ways? | | | | | Y N DK | | Details: | | | | |
| Participate in any sports that include direct contact with water or mud? | | | | | Y N DK | | Details: | | | | |
| Drink any untreated water?  *e.g. bore/rainwater/dam/creek* | | | | | Y N DK | | Water Supply: | | | | |
| Drink any bottled water? | | | | | Y N DK | | Brand: | | | | |

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| **SEAFOOD CONSUMPTION** |
| Did you/the case eat any of the following seafood in the 7 days prior to illness?  If you are unsure but think it is likely, please let me know. |

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| --- | --- | --- |
| **Food item** | **Date consumed (most recent consumption date prior to onset)**  **How were they eaten?** | **Where purchased or obtained.**  **Date/time:**  **Where were they prepared:**  **Transport**  **Fresh/frozen** |
| **Oysters**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Shucked (OPEN) Fresh  Purchased Unshucked (CLOSED) Fresh  Purchased Frozen  **Type/Brand/Description:** |
| **Mussels**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Type/Brand/Description:** |
| **Clams/ pippis/ cockles**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Type/Brand/Description:** |
| **Scallops**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |

|  |  |  |
| --- | --- | --- |
| **Food item** | **Date eaten and time (or frequency)**  **How were they eaten?** | **If harvested and where**  **Where purchased or obtained.**  **Date/time:**  **Where were they prepared:**  **Transport**  **Fresh/frozen**  **Brand description** |
| **Prawns/shrimp**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |
| **Lobster/ crayfish**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |
| **Crab**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |
| **Abalone**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |

|  |  |  |
| --- | --- | --- |
| **Food item** | **Date eaten and time (or frequency)**  **How were they eaten?** | **If harvested and where**  **Where purchased or obtained.**  **Date/time:**  **Transport**  **Fresh/frozen**  **Brand description** |
| **Octopus**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |
| **Squid / calamari**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |
| **Caviar/ roe**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  **Brand/Description:** |
| **Fish**  **(fresh or canned)**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | Harvested from the wild  **Specify location harvested.**  **If purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  Purchased Fresh  Purchased Frozen  Purchased Canned  **Brand/Description:** |

|  |  |  |
| --- | --- | --- |
| **Food item** | **Date eaten and time (or frequency)**  **How were they eaten?** | **If harvested and where**  **Where purchased or obtained.**  **Date/time:**  **Transport**  **Fresh/frozen**  **Brand description** |
| **Sushi**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | **Purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  How transported if not eaten where purchased:  Where were they prepared:  **Brand/Description:** |
| **Seaweed**  Y N DK | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | **Purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  **Brand/Description:** |
| **Other seafood**  Y N DK  **Specify:** | Date eaten:… / ….. /.... Time: \_\_\_\_\_  If consumed on multiple days, please enter additional earlier dates here:  How many were eaten? \_\_\_\_\_  How were they eaten?  Raw  Partially cooked  Cooked  UK | **Purchased where:**  Date Purchased:… / ….. /.... Time:\_\_\_\_  Where were they prepared:  How transported if not eaten where purchased:  **Brand/Description:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD EATEN AT A GATHERING** | | | | | | | |
| Family gathering with family or friends:  At a home  or in a community setting like a   * Park * Wedding * Parties * Religious events   where food was consumed | | YNDK | | Commercially catered: Specify details:  Privately catered: Specify details:  Are you aware of any other people becoming unwell after the gathering  Y N DK  **If yes:** An approximate number attended\_\_\_\_\_\_ and number ill\_\_\_\_\_    What food did you/the case eat at this gathering?  Any leftovers eaten later Y N | | | |
| Other gatherings where food was consumed  such as:   * Music festivals * Sporting events * Catered work event * Conference/ training | | YNDK | | Commercially catered: Specify details:  Privately catered: Specify details:  Are you aware of any other people becoming unwell after the gathering  Y N DK  **If yes:** An approximate number attended\_\_\_\_\_\_ and number ill\_\_\_\_\_    What food did you/the case eat at this gathering?  Any leftovers eaten later Y N | | | |
| **FOOD EATEN OR PREPARED OUTSIDE THE HOME** | | | | | | | |
| ***In the 7 days prior to [your/the case’s] illness, did [you/the case] eat food that was prepared from outside the home.* It can be useful using bank statements and/or Uber eats, Menu log for recall.**  *Record as much detail about the food item as you can e.g. any protein, what fresh produce, any sauce, or garnish if a dessert what's the filling and topping* | | | | | | | |
| ***Food Premise Type*** | | | ***What:***  *(did you eat)* | | ***Where:***  *(Name & location of premises)* | ***When:***  *(date & time)* | ***Was this food delivered:***  *e.g. Uber eats* |
| Takeaways, including from service stations, fast food outlets, etc. | YNDK | | Any leftovers eaten later Y N | |  |  | Y N If yes:  which company |
| Cafes including dine in and takeaway | YNDK | | Any leftovers eaten later Y N | |  |  | Y N If yes:  which company |
| Restaurant including dine in and takeaway | YNDK | | Any leftovers eaten later Y N | |  |  | Y N If yes:  which company |
| Mobile food Venue e.g.   * Market Stalls * Food vans * Pop up venue | YNDK | | Any leftovers eaten later Y N | |  |  | Y N If yes:  which company |

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| --- | --- | --- | --- | --- | --- |
| **EDUCATION: Preventing *Vibrio* illness** | | | | | |
| Avoid consumption of raw or undercooked seafood such as oysters, if at increased risk of severe disease (such as people with immune suppression, including pregnant women).  **Seafood safety tips**   * Only purchase seafood from a reputable registered seafood supplier * Get seafood home as quickly as possible in an insulated container or with ice packs to keep it chilled * Once home, put seafood in a covered container and make sure your fridge is 5°C or below * Consume prawns as soon as possible after purchase, and use other refrigerated seafood within 2-3 days   **Separate raw and cooked foods**   * Separate raw fish and seafood from other foods when preparing or storing food. * Use separate equipment and utensils such as knives and cutting boards for handling raw foods.   **Hand hygiene**.   * Wash hands with soap and clean water before and after handling raw seafood * Wash hands after going to the toilet, after changing a nappy and after handling rubbish   **Use safe water and foods**   * Do not use food beyond its expiry date. * Avoid using seawater for cooking   **For wounds in relation to *Vibrio* illness**:  Avoid exposing open wounds to seawater. If wounds are exposed, then wash with soap and clean water.  People with wound infections do NOT require exclusion. | | | | | |
| Hygiene and preventing transmission discussed | | | | | Y N |
| Would you like us to send you a fact sheet with information about Vibrio? **(record case’s email in case details at the top of questionnaire)** | | | | | Y N |
| **SAMPLING LEFTOVERS** | | | | | |
| Any left-over high-risk foods available for testing?Y N  Specify details: | | | | | |
| **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 EXCLUSION** | | | | | |
| Exclusion required? | Y N |  | Cases who are food handlers or carers for young children, the elderly or debilitated persons should be advised not to attend work until 48 hours after the resolution of symptoms. Children in childcare should not attend until 24 hours after diarrhoea has stopped. | | |
| Exclusion discussed with case / parent / guardian | Y N |  |
| **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:** |
| |  | | --- | |  | |  | |  | |  | |  | |  | |  | |