

Supplementary Material

INFORMATION ON DISEASE OUTBREAK Initial case report form

Case ID Date:

Name of the person completing form:

Information on persons affected

Name

Age

Gender

Ethnicity

Address, phone number

Clinical details

Date and time of onset of symptoms:

Date and time when symptoms stopped:

Predominant symptoms

Diarrhoea

Yes

No

Duration

Blood in stool

Yes

No

Vomiting

Yes

No

Nausea

Yes

No

Fever/feverish

Yes

No

General aches & pain

Yes

No

Others

Doctor consulted? *(if yes, provide name and details)*

Hospital attended? *(if yes, provide name and details)*

Date of admission

Date of discharge

Diagnosis available?

Treatment details

Outcome

Laboratory specimen taken? *(if yes, provide details)*

Contd...

EXPOSURE HISTORY

Suspect food?

Date and time of exposure to an implicated food or event (if known)

Source of food

Suspect meal, event, place? (if yes, describe; provide, name, date, address, phone)

contact with people with similar clinical signs and symptoms

Persons attending suspect meal/event

ill/well

Address and Phone

recent farm visits

Yes

No

contact with animals

Yes

No

working as a food handler

Yes

No

attending or working in a school, child-care facility, medical facility

Yes

No

chronic illness, immunosuppression, pregnancy

Yes

No

recent changes in medical history, regular medications

Yes

No

allergies, recent immunizations

Yes

No

information on recent travel (domestic and international)

Yes

No

Contd...

FOOD HISTORY

Have you eaten any of the following?	Yes/No	Amount Portion (1) A bite (2) Half a portion (3) Don't know (4)	Source of the food item	Yes/No
--------------------------------------	--------	---	-------------------------	--------

Poultry?
Pork?
Beef?
Lamb?
Chicken?
Dried smoked meat?
Crab chutni?
Dried smoked fish?
Fish chutni?
Gungdruk
Cauliflower?
Carrots?
Green salad?
Other salads?
Roast potatoes?
Fried potatoes?
Mayonnaise?
Milk?
Any other ?

1
2
3
4
5
6
7
8

MODE OF TRANSMISSION

Food
Mainly person to person
Equal or unknown proportion of foodborne and person to person
Others
Specify
Water
Animal contact, *etc.*

Contd...

IMPLICATED FOOD

Name of food	Main ingredients	Contaminated ingredient (s)	Reason suspected (see code below)	Mode of preparation
1				
2				
3				
4				

Reason suspected list

1. Statistical evidence from epidemiological investigation
2. Laboratory evidence (*e.g.*, identification of agent in food)
3. Compelling supportive information
4. Other data (*e.g.*, same phage type found on farm that supplied eggs)
5. Specific evidence lacking but prior experience makes it likely source