DEPARTMENT OF **HEALTH & HUMAN SERVICES** CENTERS FOR DISEASE CONTROL AND PREVENTION ATLANTA, GA 30333

CDC NO.:

TYPHOID AND PARATYPHOID FEVER SURVEILLANCE REPORT

STATE LAB ISOLATE ID NO.

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CENTERS CONTROL A		

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CENTERS	FOR	DISEAS
CONTROL A	ND PF	REVENTIO
Form Ap	pro	ved:
OMB No	. 09	20-072

 Please complete this form only for new, symptomatic, culture-proven 	cases of typhoid or paratyphoid fever. – OMB No. 0920-0728			
DEMOGRAPI	HIC DATA			
1. Reporting 2. First three letters of patient's last name: 3. D. of	ate or Age: (in years)			
☐ Male ☐ Female ☐ Yes ☐ No ☐ Unk. ☐	tizenship: U.S. Other: Unk.			
CLINICAL	DATA			
or paratyphoid fever? (fever, onset of symptoms: ho abdominal pain, headache, etc) Yes No Unk. Onset of symptoms: ho Day Yr.	/as the patient of case: Yes □ No □ Unk. Jays 9. Outcome of case: □ Recovered □ Died □ Unk.			
LABORATOF	RY DATA			
10. Date Salmonella first isolated: Site(s) of isolation: (check all that apply) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	adder □ Other (specify):			
11. Was antibiotic sensitivity testing performed on this (these) isolate(s) at the laboratory? (Please contact the clinical laboratory for this information) If Yes, was the organism registant to:	Impicillin:			
EPIDEMIOLO:	GIC DATA			
12. Did this case occur as part of an outbreak? (two or more cases of typhoid or paratyphoid fever associated by time				
indicate type	v21a or Vivotif (Berna) four pill series: Yes No Unk. or Typhim Vi shot (Pasteur Merieux): Yes No Unk.			
14. Did the patient travel or live outside the United States during the 30 days before the illness began? ☐ Yes ☐ No ☐ Unk. If Yes, please list in order the co before the illness began: (other liness began: (other	untries visited during the 30 days than the United States) Date of most recent return or entry to the United States: Mo. Day Yr.			
15. Was the purpose of the international travel:				
a. Business?	Immigration to U.S.?			
16. Was the case traced to a typhoid or paratyphoid carrier?□Yes □No □Unk. If Yes, was the carrier previously known to the health department?□Yes □No □Unk.				
17. Comments:				
18. Name of Person Completing Form:				
Address:				
Telephone:	Date:			

· THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS FORM ·

Please send a copy to your STATE EPIDEMIOLOGY OFFICE and the Enteric Diseases Epidemiology Branch, Centers for Disease Control and Prevention

Mailstop C-09, Atlanta, Georgia 30333 • Fax: (404) 639-2205

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed are not applicable to the data needed are not applicable to the data needed and the data needed are not applicable to the data needed and the data needed and the data needed and the data needed are not applicable to the data needed and the data needed and the data needed and the data needed and the data needed are not applicable to the data needed and the data nereviewing the collection of information. An agency may not conductor sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate and the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimates a control number of the control number of the control number. Send comments regarding this burden estimates are not control number of the control numberor any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0728).