**Template cholera case investigation form**

The template form below can be usedto collect information on a suspected cholera case during a case investigation. Case investigation aims to collect additional information about suspected cholera cases beyond routine reporting. It should be conducted by a local health authority officer by interviewing the patient, and the completed form should be sent to local health authorities immediately upon completion of the investigation.

When a suspected, probable, or confirmed cholera outbreak is detected, case investigation is used to classify cases by geographic origin of infection (i.e., locally acquired or imported cases) and to generate hypotheses about exposure(s) to potential source(s) of contamination and contexts of transmission to orient field investigations To that end, **case investigation should be initiated within 24 hours of detecting a suspected, probable, or confirmed cholera outbreak, and should be performed on all suspected cholera cases (within 24 hours of reporting) during the onset phase of an outbreak.**

In addition, in countries that aim to differentiate between community transmission and clustered transmission, case investigation is used to document epidemiological links and to demonstrate the absence of community transmission. To that end, **in surveillance units with clustered transmission, case investigation should be performed at a minimum on all confirmed cholera cases and on any suspected cases for which a specimen for laboratory testing was not collected** (specimen collection should then be conducted as part of the case investigation). **A graphic summarizing how, when, what to investigate through case investigation can be found on page 8 of this document.**

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| General information |
| **Date of case investigation:** [\_Y\_][\_Y\_][\_Y\_][\_Y\_] - [\_M\_][\_M\_] - [\_D\_][\_D\_] |
| **Surveillance unit:** |
| **Name of interviewer:** |
| 1. Case information
 |
| **Unique patient identifier** |  |
| **First name** |  |
| **Last name** |  |
| **Age (in years)** |  \_\_\_\_\_ years |
| **Place/address****of residence** |  Place/address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **Does the case live in a displacement camp/refugee camp?**
* Yes, specify name/location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
* Unknown
 |

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| --- |
| 1. Travel history in the 5 days before illness onset
 |
| * **Did you travel outside your place of residence in the 5 days before your illness started?** Includes travel abroad and/or within the country outside the surveillance unit of residence of the case.
* Yes, specify below
* No
* Unknown
* **If yes, list destination(s) and dates of travel:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Locationspecify region, district, city/village, etc. | CountryIf travelled abroad | Date arrived | Date left |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_] /[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] |
| 3. |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  [\_M\_][\_M\_]/[\_D\_][\_D\_] |  [\_M\_][\_M\_]/[\_D\_][\_D\_] |

 |
| 1. Social interactions and gatherings in the 5 days before illness onset
 |
| * **Have you been in contact with or did you visit anyone who had a similar illness or symptoms (acute watery diarrhoea) in the 5 days before your illness started?**
* Yes, specify below
* No
* Unknown
* **If yes, specify:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RelationSuch as spouse, children etc. | Types of interactionCheck all that apply. | Date of last interaction | Location/place of interaction |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Contact with vomit/feces, provision of direct care or bedside visit
* Shared housing
* Shared sanitary facilities
* Shared meal (ate/drank together) or consumed food/beverage prepared or handled by the sick person
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [\_M\_][\_M\_]/[\_D\_][\_D\_] |  |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Contact with vomit/feces, provision of direct care or bedside visit
* Shared housing
* Shared sanitary facilities
* Shared meal (ate/drank together) or consumed food/beverage prepared or handled by the sick person

Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] |  |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_ | * Contact with vomit/faeces, provision of direct care or bedside visit
* Shared housing
* Shared sanitary facilities
* Shared meal (ate/drank together) or consumed food/beverage prepared or handled by the sick person
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [\_M\_][\_M\_]/[\_D\_][\_D\_] |  |

 |
| * **Have you been in contact with or did you visit anyone who had travelled outside your place of residence in the 5 days before your illness started (including anyone from your household/compound)?** Contact may include sharing housing or sanitary facilities, visiting, eating/drinking together, etc. Includes travel abroad and/or within the country outside the surveillance unit of residence of the case.
* Yes, specify below
* No
* Unknown
* **If yes, specify:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | RelationSuch as spouse, children etc. | Where did they come from?Specify country, region, district, city/village, etc. | Start date of travel | End date of travel | Last date of interaction |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] | [\_M\_][\_M\_]/[\_D\_][\_D\_] |

 |
| * **Did you attend any social event, communal gathering, or mass gathering event (such as a funeral ritual or ceremony, wedding reception, festival, religious gathering, etc.) in the 5 days before your illness started?**
* Yes, specify below
* No
* Unknown
* **If yes, specify:**

|  |  |  |  |
| --- | --- | --- | --- |
| Event | Type of event | Date of event | Location/venue of event |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
| * **Did anyone else in your household/compound attend any social event, communal gathering, or mass gathering event (such as a funeral ritual or ceremony, wedding reception, festival, religious gathering, etc.) in the 5 days before your illness started?**
* Yes, specify below
* No
* Unknown
* **If yes, specify:**

|  |  |  |  |
| --- | --- | --- | --- |
| Event | Type of event | Date of event | Location/venue of event |
| 1. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [\_M\_][\_M\_]/[\_D\_][\_D\_] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 |
|  |
| 4. Occupation/work in the 5 days before illness onset |
| * **What was your main occupation/work in the 5 days before your illness started?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Specify the place(s) of occupation/work:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 5. Water, Sanitation, and Hygiene in the 5 days before illness onset |
| * **What were your household’s main sources of drinking water in the 5 days before your illness started?** Check all that apply (could be more than one source; double-check that it is the water used for DRINKING)
* Piped into dwelling
* Piped into compound, yard or plot
* Piped to neighbour
* Public tap / standpipe
* Borehole or tube well
* Protected dug well
* Unprotected dug well
* Protected spring
* Unprotected spring
* Rainwater collection
* Tanker-truck
* Cart with small tank / drum
* Water kiosk
* Bottled water
* Sachet water
* Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
* Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * **Were there any other sources of water you consumed over the 5 days before your illness started (while at work, while away from home, etc.) – Refer to the place of occupation/work cited in section 4.** Check all that apply.
* Piped into dwelling
* Piped into compound, yard or plot
* Piped to neighbour
* Public tap / standpipe
* Borehole or tube well
* Protected dug well
* Unprotected dug well
* Protected spring
* Unprotected spring
* Rainwater collection
* Tanker-truck
* Cart with small tank / drum
* Water kiosk
* Bottled water
* Sachet water
* Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
* Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * **Have you or any other household members done anything to make the drinking water safer to drink in the 5 days before your illness started?**
* Yes
* No
* Unknown

**If yes, specify what:** Check all that apply.* Boil water
* Add bleach/chlorine
* Strain it through a cloth
* Use a water filter
* Solar disinfection (SODIS)
* Let it stand/settle
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * **Did your household store drinking water in containers in the 5 days before your illness started?**
* Yes
* No
* Unknown

**If yes, specify what type:*** Narrow mouthed containers/Jerrycans
* Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * **Where did members of your household mainly go to defecate in the 5 days before your illness started?** Check all that apply.
* Flush
* Flush/pour flush to piped sewer system
* Flush/pour flush to septic tank
* Flush/pour flush to pit latrine
* Flush/pour flush to open drain
* Flush/pour flush to don’t know where
* Pit latrine with slab
* Pit latrine without slab / Open pit
* Twin pit with slab
* Twin pit without slab
* Other composting toilet
* Bucket
* Container based sanitation
* Hanging toilet / Hanging latrine
* No facility / Bush / Field
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * **Did you share this facility with others who are not members of your household in the 5 days before your illness started?**
* Yes
* No
* Unknown
 |
| * **Can you cite the key moments when you usually wash your hands (at home or at work)?** Do not read out the answers below. Check all that are mentioned. If the response is, “When the hands are dirty,” probe to determine when hands become dirty.
* Before preparing food or cooking
* Before eating/before feeding children
* After cleaning or changing baby/after contact with a sick person
* After using the toilet
* Do not wash hands with soap
* Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know
 |
| * **Any other observations to share (e.g., known risk factor, environmental exposure, etc.)?**
 |
| 1. Food consumption in the 5 days before illness onset
 |
| * **In the 5 days before your illness started, did you eat any of the following food from outside your house:** Check all that apply.
* Raw fruits or vegetables
* Fish or shellfish
* Fresh fruit juices purchased from street vendors or restaurant
* Water/drinks with ice cubes or crushed ice purchased from street vendors or restaurant
* Food purchased from street vendors or restaurant
* Market food

If yes, specify name of vendor(s) or place(s) of purchase:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| 1. Conclusions of the case investigation
 |
| **Case classification by geographic origin of infection** | * Locally acquired case
* Internationally imported case (infection acquired in another country)
* Domestically imported case (infection acquired in another surveillance unit but within the same country)

**If internationally or domestically imported case, specify the place of importation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Epidemiological link** | * **Is the case epidemiologically linked to another suspected or confirmed cholera case?**
* Yes (specify if linked to a suspected or confirmed case: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No
* Unknown
* **Specify the epidemiological link:**
* Unknown/not identified
* Contact with an imported cholera case, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact with a locally acquired cholera case, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Environmental source (same common source or vehicle of infection as another cholera case), specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Hypotheses on exposure(s) to potential source(s) of contamination and contexts of transmission** | Describe any hypotheses on exposure(s) to potential source(s) of contamination and contexts of transmission to orient field investigations: |
| **Additional comments** |  |

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