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# Enhanced typhoid and paratyphoid (enteric fever) surveillance questionnaire

# This form is for local use and for national surveillance of all cases of typhoid and paratyphoid.

Please complete the online questionnaire if possible, at: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=esef>

**1. Administration details** (For local and national use)

1.1 Interviewer name:       1.2 Interview date:

1.3 Health Protection Team name:       1.4 Health Protection Team email:

1.5 HPZone reference:

1.6 Was this case identified by (choose all that apply):

Symptoms  Warn and inform letter  Contact screening  Other (detail in section 8)

### 2. Case details

2.1 First names:       2.2 Surname:

2.3 Address:       2.4 Postcode:

2.5 Telephone number (home):       2.6 Mobile:

2.7 Sex:  M  F  U 2.8 Date of birth:       2.9 Age (years)

2.10 Country of birth:       (Why do we need to know this? See footnote[[1]](#footnote-2))

2.11 Is this patient usually resident in the UK?  Y  N  U

2.12 If yes, for how long has the patient lived here?

0 to 5 years6 to 15 years16 years or more From birth

2.13 Ethnic background (please choose one): (Why do we need to know this? See footnote1)

| White | Mixed / Multiple ethnic groups | Asian / Asian British | Black/ African / Caribbean / Black British | Other ethnic group |
| --- | --- | --- | --- | --- |
| English / Welsh / Scottish / Northern Irish / British  Irish  Gypsy or Irish Traveller  Any other White background, please describe | White and Black Caribbean  White and Black African  White and Asian  Any other Mixed / Multiple ethnic background, please describe | Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background, please describe | African  Caribbean  Any other Black / African / Caribbean background, please describe | Arab  Any other ethnic group, please describe |

2.14 GP name:       2.15 GP address:

2.16 Occupation:

2.17 Name, address, telephone number of work place, school, college, nursery, care home or other institutional settings [For local use]:

2.18 Absence from work, school or nursery due to this illness?  Y  N  U

2.19 Number of days:

2.20 Date of last attendance at work or school (note that setting may need to be contacted for public health follow-up by local teams):

##### 3. Illness details

3.1 Salmonella  Typhi Paratyphi A Paratyphi B  Paratyphi C

3.2 Onset date of first symptoms (for example, fever, headache, GI symptoms):

3.3 Main clinical symptoms:

Fever  Headache  Cough  Rigors  Diarrhoea  Abdominal pain

Constipation  Rash  Vomiting  Asymptomatic  Other, please state

3.4 Case admitted to hospital?  Y  N  U

3.5 Hospital name and ward:

3.6 Date of admission to hospital:       3.7 Date of discharge:

3.8 Duration of stay (nights):

3.9 Antibiotic treatment given?  Y  N  U

3.10 Name of antibiotics given:

Amoxycillin  Ceftriaxone  Meropenem

Azithromycin  Ciprofloxacin  Other, please state

3.11 Treatment failures or changes to treatment if known. (Please email [travelhealth@ukhsa.gov.uk](mailto:travelhealth@ukhsa.gov.uk) if this information is updated after the questionnaire is completed):

4. Risk group

Does the case fall into any of the following groups which represent an increased risk for ongoing transmission of infection? (Please choose one):

Group A: Any person of doubtful personal hygiene or with unsatisfactory toilet, hand-washing or hand drying facilities at home, work or school.

Group B: Children aged 5 years and under who attend school, pre-school, nursery or other childcare or minding groups.

Group C: People whose work involves preparing or serving unwrapped food to be served raw or not subjected to further heating.

Group D: Clinical, social care or nursery staff who work with young children, the elderly, or other particularly vulnerable people, and whose activities increase the risk of transferring infection via the faeco-oral route. Such activities include helping with feeding or handling objects that could be transferred to the mouth.

None of the above  Unknown

5. Vaccination

5.1 Had the case ever received a typhoid vaccination before his or her illness?  Y  N  U

5.2 If yes, was vaccine received during the last three years?  Y  N  U

5.3 Which vaccine?

Injection (may be typhoid only or in combination with hepatitis A vaccine)

Oral

Unknown

5.4 Was the typhoid vaccine received during or as a result of a pre-travel health advice consultation?

Y  N  U

5.5 If no to 5.2, in which year was vaccine received?        Can’t remember or unknown

### 6. Foreign travel

6.1 During the 60 days before becoming ill, did the case return to or arrive in the UK from abroad?

Y  N  U

If yes, please continue with the questions in this section, if no, proceed to section 7.

Note: If there was no travel within 60 days but there was other relevant previous travel, please continue with the questions in this section.

6.2 How many days before becoming ill did the case travel:

0 to 28 days  29 to 60 days  Over 60 days

If over 28 days, please also complete section 7.

6.3 What was the date of arrival or return to the UK?

6.4 Countries visited with dates of travel (please list all countries and also give town if available. If more than 4 countries or towns, use section 8 to continue):

| **Countries** | **Regions or towns** | **Dates of travel** | |
| --- | --- | --- | --- |
|  |  | **From** | **To** |
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6.5Type of traveller (please choose one):

Travelled abroad from the UK

Foreign visitor to the UK (including holidays and short work trips to the UK) (if yes, skip questions 6.6 to 6.12)

New entrant to the UK (including long-term work or study in the UK) (if yes, skip questions 6.6 to 6.12)

6.6 If travelled abroad from the UK,main reason for travelling (tick one). (Note: ‘holiday’ means staying in commercial accommodation such as hotel or hostel, **not** owned by family or friends.)

Holiday: package (flight plus hotel or tour operator)

Holiday: independent

Business or professional travel abroad from the UK

Study abroad (not in the UK)

Visiting friends and relatives abroad and staying in their home (includes own home)

Unknown

Other, please give details:

6.7 Details of any mass gatherings attended (if applicable):

6.8 Name of hotel and tour operator (if applicable):

6.9 Did the case consult with their GP or practice nurse or a travel clinic for health advice related to this trip before departure?  Y  N  U

6.10 If no, please give reason:

Did not know travel advice was needed for this trip or location

Thought it was unnecessary (for example, born in, lived in or regularly visits country of travel)

Urgent trip therefore no time for travel advice

Have sought health advice in past

Other, please give details:

6.11 Please state whether any alternative resources were consulted for health advice related to this trip.

None  Tour operator  Internet or social media

Friends and relatives Pharmacist Unknown

Other, please give details

If it is presumed the case acquired their infection abroad recently (within 28 days), please skip section 7 and continue to the contacts and clearance forms. If there is any further relevant information not already entered above, please include it in the relevant information box at section 8.

For cases without a relevant or recent travel history within 28 days, please complete the entire questionnaire and send to your local UKHSA health protection team, Travel Health and IHR after investigations are complete. Please complete as much of the form as possible.

Please also summarise whether the case requires clearance and whether any contacts require screening here:

Case requires clearance:  Y  N

Contacts require screening:

Co-travellers in risk group:  Y  N If yes, number of co-travellers:

Other contacts requiring screening  Y  N If yes, number of contacts:

A microbiological clearance form is available on the guidance website. Please use the additional sheet at the end of the microbiological clearance form to list relevant contacts and any known **linked cases** and to indicate the action taken for contacts, namely potting, and warn and inform letter sent.

7. Non travel-related cases

(Please record any updated information relating to the infection source in the ‘Diagnostic history’ section on the HPZone case record)

7.1 Does the case think that he or she has had typhoid or paratyphoid in the past?

Y  N  U

If yes**,** please give details

7.2 Is there documented evidence of previous typhoid or paratyphoid?

Y  N  U

If yes**,** please give details

7.3 Is this case likely to be a UK acquired enteric fever infection? (If yes, continue to question 7.5)

Y  N  U

7.4 Has the case had contact with another probable/confirmed case that could be the source?

Y  N  U

If YES, was case given a Warn and Inform letter?

Y  N  U

Please list any suspected sources cases in Table 7.1.

If no or unknown, please complete questions 7.6 to 7.11.

**Table 7.1. Suspected source cases**

| **Name of case suspected as source** | **Date of birth** | **Address and contact number** | **HPZone reference** | **Date of onset** | **Had potential source case travelled abroad or not? (yes or no)** | **Relationship with this case** |
| --- | --- | --- | --- | --- | --- | --- |
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Complete the following questions if there has not been contact with another probable or confirmed case that could be the source.

7.5 Does the case have any suggestions as to where he or she may have acquired his or her infection?

7.6 Has the case been receiving personal health or social care inside or outside the home?

Y  N  U

If yes:  0 to 28 days  29 to 60 days  Over 60 days

Please specify details:

### 7.7 Has the case spent time away from home within the UK in the last 28 days?

### Y N U

If yes, indicate where and when:

7.8 Have any visitors from overseas been staying in the household of the case in the 28 to 60 days before onset of illness? Y  N  U

If yes, complete fields in Table 7.2.

7.9 Has anyone else in the immediate or extended family and/or other household contacts travelled abroad to an endemic region in the past 6 months?

Y  N  U

If yes, complete fields in Table 7.2.

**Table 7.2. Overseas visitors**

| **Name of contact** | **Date of birth** | **Address** | **Relationship with this case** | **HPZone reference (as contact)** | **History of enteric illness?** | **Details: date of travel and travel destination, details of the visitors who stayed and what country they are from** |
| --- | --- | --- | --- | --- | --- | --- |
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7.10 Has the case ever lived in, travelled to or were they born in South Asia, South-East, Asia, Africa, Central America or South America?  Y  N  U

If yes, please give details below:

Lived in the South Asia, South-East Asia, Africa, Central America or South America

Name of countries:

Years or dates (if known):

Further details (if applicable):

Travelled to the South Asia, South-East Asia, Africa, Central America or South America

Name of countries:

Years or dates (if known)

Further details (if applicable):

Born in the South Asia, South-East Asia, Africa, Central America or South America

Name of countries:

Further details (if applicable):

### Initial food history

7.11 In the 28 days prior to symptom onset did the case:

Eat any food that was bought abroad?  Y  N  U

(Prompt: bought by the case or given to the case as a gift. If yes, please specify type of food and country of purchase.)

Visit any specialist delicatessens or local markets in the UK?  Y  N  U

Attend parties, receptions or buffets in the UK?  Y  N  U

Eat meals taken at restaurants, cafes or fast food outlets in the UK?  Y  N  U

Attend any other gathering and consumed food in the UK?  Y  N  U

Consumed water from an unsafe source, or undertake freshwater activities such as swimming or canoeing, or have contact with sewage in the UK?  Y  N  U

If yes for any part of 7.11 please give further details including name of venue, when visited and food consumed, activity undertaken and so on:

**If no obvious source of infection within the UK is identified for this case, please consider administering an additional trawling questionnaire to identify any potential food sources (including imported foods).**

### 8. Other relevant information

The UKHSA privacy notice can be found at <https://www.gov.uk/government/publications/ukhsa-privacy-notice/ukhsa-privacy-notice> and should be referenced when completing the questionnaire with cases.

Thank you for completing this form. If you are outside the UK Health Security Agency (UKHSA), please keep a copy for your records and return the form to your local UKHSA centre or health protection team.

To the UKHSA centre

Please keep a copy for your records and return this form to [travelhealth@ukhsa.gov.uk](mailto:travelhealth@ukhsa.gov.uk)

If you use a non-UKHSA email, please email securely (encryption or password protected).

Travel Health and IHR Section

Clinical and Emerging Infections

UK Health Security Agency

61 Colindale Avenue

London

NW9 5EQ

Telephone: 020 8200 4400 extension 7458 or 7880

Alternatively, you can upload the document to HPZone and email the name and date of birth of case and HPZone reference to [travelhealth@ukhsa.gov.uk](mailto:travelhealth@ukhsa.gov.uk) for them to download directly.

Thank you.

1. Ethnicity and country of birth are important as certain ethnic groups and the non-UK born may be more affected by typhoid and paratyphoid than others. If we know this, we can make sure that any advice on preventative measures is targeted especially to those groups most at risk. [↑](#footnote-ref-2)