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| **Microbiological clearance case**Typhoid and paratyphoid casesin risk groups A, B, C or D require culture negative clearance. Cases who are not in a risk group do not require clearance. |  |

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| --- | --- |
| Case ID: |   |
| Name:  |   | Date of birth: |   | Age: |  years |
| Address:  |   | Postcode:  |   |
| Local authority: |  |
| GP name:  |   | GP address: |   |
| Organism isolated:  |       | Date of isolation: |  |
| Estimated date of completion of antibiotics (if applicable):  |  |

# Microbiological clearance

* The first follow-up sample to be taken one week after completion of antibiotics.
* **Two** further negative stool required taken 48 hours apart after first sample before resuming normal work or school activities.
* If case has a positive result, discuss with the HPT.

| **Sample** | **Date** | **Result** | **Comments** |
| --- | --- | --- | --- |
| Sample 1 |  |  |  |
| Sample 2 |  |  |  |
| Sample 3 |  |  |  |
| Case excluded from work(Yes or no):  | [ ]  | If no, detail the redeployment or alternative arrangement: |       |
| Case informed they can return to work:  | [ ]  |

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| **Microbiological clearance contacts\**** If case’s infection is likely to be travel-related: co-travellers in risk groups require **one** faecal sample as soon as possible for screening but no exclusion unless symptomatic; all non-travelling contacts and other co-travellers require ‘warn and inform’ information, but no screening samples or exclusion unless symptomatic.
* If case’s infection is not thought to be travel-related: contacts require ‘warn and inform’ information, and may require **one** faecal sample for screening purposes to investigate source.

If **any** contacts have a positive faecal sample or become symptomatic, manage as a case, completinga further risk assessment and with appropriate clearance or exclusions depending on risk group or activities.All symptomatic contacts should be dealt with as possible cases (see algorithm 1, question 1) |

\* See section 3.3 ‘Contact definitions’ in [the main guidance](https://www.gov.uk/government/publications/typhoid-and-paratyphoid-public-health-operational-guidelines).

# Contact details

|  |  |
| --- | --- |
| Case ID: |   |
| Name:  |   | Address:  |   |
| GP name:  |   | GP address: |   |
| Antibiotics commence (name and date):  |  | Estimated date of completion of antibiotics (if applicable):  |  |

**Contacts**

|  | **Name** | **Address** | **Date of birth and age (years)** | **Relationship to case\*** | **Risk group****(A/B/C/D)** | **Similar exposure as case****(Yes or no)****If ‘no’, no sample required** | **Describe exposure, for example, co-traveller, household contact of UK acquired cases)** | **Symptomatic\*****(Yes or no)****(if ‘yes’, treat as possible case: see algorithm 1, question 1)** | **Clearance sample required****(Yes or no)**  | **Sample date and result** | **Warn and Inform letter****(Yes or no)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |       |       |       |       |       |       |       |  |       |       |       |
| 2 |       |       |       |       |       |       |       |  |       |       |       |
| 3 |       |       |       |       |       |       |       |  |       |       |       |
| 4 |       |       |       |       |       |       |       |  |       |       |       |
| 5 |       |       |       |       |       |       |       |  |       |       |       |

\* If contact subsequently found to be symptomatic please contact the UKHSA centre to agree exclusion and follow up action.

**Contact definitions**

**Co-traveller**: someone who travelled closely with the case who is likely to have been exposed to the same sources of infection as the case (rather than someone who merely travelled on the same bus or plane or was in the same tour group as the case). They may not necessarily live with the case.

**Household**: someone who lives or stayed in the same household as the case and/or has shared a bathroom and/or has eaten food prepared by the case regularly whilst the case was symptomatic and up to 48 hours after commencement of antibiotics.

**Other contacts**: may include close or sexual contacts or close friends or family members who have eaten food prepared by the case whilst they were symptomatic.

**Wider contacts**: may need to be considered if there is evidence of transmission or for investigation of non-travel associated cases.