State of California—Health and Human Services Agency

Local ID Number: _____

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

TYPHOID CARRIER CASE REPORT

Please complete this form only for chronic typhoid carriers.

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐ Years ☐ Months ☐ Days

Address Number & Street – Residence	*Apartment / Unit Number*

City / Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone / Pager*	*Work / School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work / School Location	*Work / School Contact*

Gender
☐ Female ☐ Trans female / transwoman ☐ Genderqueer or non-binary ☐ Unknown
☐ Male ☐ Trans male / transman ☐ Identity not listed ☐ Declined to answer

Pregnant? ☐ Yes ☐ No ☐ Unknown	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 6)	*Other Describe/Specify*

Occupation (see list on page 6)	*Other Describe/Specify*

Primary Language
☐ English
☐ Spanish
☐ Other: _____

Ethnicity (check one)
☐ Hispanic/Latino
☐ Non-Hispanic/Non-Latino
☐ Unknown

Race(s)
(check all that apply, race descriptions on page 5)

The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

☐ American Indian or Alaska Native

☐ Asian *(check all that apply, see list on page 5)*
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Malaysian
- ☐ Pakistani
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Vietnamese
- ☐ Other: _____

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander *(check all that apply, see list on page 5)*
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Fijian
- ☐ Tongan
- ☐ Guamanian
- ☐ Other: _____

☐ White

☐ Other: _____

☐ Unknown

ADDITIONAL PATIENT DEMOGRAPHICS

Sex Assigned at Birth
☐ Female ☐ Unknown
☐ Male ☐ Declined to answer

Sexual Orientation
☐ Heterosexual or straight ☐ Questioning, unsure, or patient doesn't know ☐ Declined to answer
☐ Gay, lesbian, or same-gender loving ☐ Orientation not listed ☐ Unknown
☐ Bisexual

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐ Yes ☐ No ☐ Unknown	Onset Date (mm/dd/yyyy)	Date First Sought Medical Care (mm/dd/yyyy)

PAST MEDICAL HISTORY

Previous history of typhoid fever? ☐ Yes ☐ None known	Approximate Date (mm/dd/yyyy)	Address at that Time
Other (specify)		

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY - DETAILS

Specimen 1 Type ☐ Blood ☐ Stool ☐ Unknown ☐ Gall bladder ☐ Urine ☐ Other: _____	Type of Test	Collection Date (mm/dd/yyyy)	Results
Specimen 2 Type ☐ Blood ☐ Stool ☐ Unknown ☐ Gall bladder ☐ Urine ☐ Other: _____	Type of Test	Collection Date (mm/dd/yyyy)	Results
Specimen 3 Type ☐ Blood ☐ Stool ☐ Unknown ☐ Gall bladder ☐ Urine ☐ Other: _____	Type of Test	Collection Date (mm/dd/yyyy)	Results
Specimen 4 Type ☐ Blood ☐ Stool ☐ Unknown ☐ Gall bladder ☐ Urine ☐ Other: _____	Type of Test	Collection Date (mm/dd/yyyy)	Results

LABORATORY RESULTS SUMMARY - OTHER

Name of First Laboratory to Culture S. Typhi	Telephone Number
S. Typhi isolated from surgically removed tissues, organs, or draining lesions? ☐ Yes ☐ No ☐ Unknown	

EPIDEMIOLOGIC INFORMATION

CASES TRACED TO THIS CARRIER

Total Number of Cases Traced to This Carrier
_____ (number) ☐ Unknown

CASES TRACED TO THIS CARRIER - DETAILS

Name 1	Age	Gender	Telephone Number	Relationship to Carrier		
	Street Address			Nature of Contact	Illness Onset Date (mm/dd/yyyy)	
	City	State	Zip Code	Date Reported to Public Health (mm/dd/yyyy)		
Name 2	Age	Gender	Telephone Number	Relationship to Carrier		
	Street Address			Nature of Contact	Illness Onset Date (mm/dd/yyyy)	
	City	State	Zip Code	Date Reported to Public Health (mm/dd/yyyy)		

First three letters of patient's last name: | | | |

CONTACTS / OTHER ILL PERSONS

History of cases of typhoid fever or similar illness among patient's previous or current associates (excluding those cases traced to this carrier)?

☐ Yes ☐ No ☐ Unknown

ILL CONTACTS - DETAILS

Name 1	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	*Date of Contact (mm/dd/yyyy)*
	Street Address			*Exposure Event*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Occupation*	*Sensitive occupation / situation?* ☐ Yes ☐ No ☐ Unknown
Name 2	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	*Date of Contact (mm/dd/yyyy)*
	Street Address			*Exposure Event*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Occupation*	*Sensitive occupation / situation?* ☐ Yes ☐ No ☐ Unknown

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	*Local Health Jurisdiction*	*Telephone Number*	*Date (mm/dd/yyyy)*

First Reported By

☐ Clinician ☐ Laboratory ☐ Other (specify):_____

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case?

☐ Yes ☐ No ☐ Unknown

DISEASE CASE CLASSIFICATION

Type of Carrier (see case definition on page 4)

☐ Convalescent ☐ Chronic ☐ Other (specify): _____

Infected for ≥ 3 months?	*Infected for ≥ 12 months?*	*Clinically diagnosed?*	*Diagnosis Date (mm/dd/yyyy)*
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	

STATE USE ONLY

State Case Classification

☐ Confirmed ☐ Not a case ☐ Need additional information

First three letters of patient's last name: | | | |

CASE DEFINITION

TYPHOID CARRIER CASE DEFINITION, RESTRICTIONS, AND SUPERVISION ADAPTED FROM TITLE 17, CCR, SECTION 2628

DEFINITION OF CARRIERS

1. Convalescent Carriers:

   Any person who harbors typhoid bacilli for three or more months after onset is defined as a convalescent carrier. Convalescent carriers may be released when three consecutive negative specimens of feces and urine taken at intervals of not less than one month, beginning at least one week after discontinuation of specific therapy are obtained. Such release may be granted at any time from 3-12 months after onset.

2. Chronic Carriers:

   If the person continues to excrete typhoid bacilli for more than 12 months after onset of typhoid fever, he/she is defined as a chronic carrier. Any person who gives no history of having had typhoid fever or who had the disease more than one year previously, and whose feces or urine are found to contain typhoid bacilli on two separate examinations at least 48 hours apart, confirmed by State's Microbial Diseases Laboratory, is also defined as a chronic carrier. All carriers shall be reported to the local health officer. Such reports shall be kept confidential and shall not be divulged to persons other than the carrier and his/her immediate family, except as may be required for the protection of the public health.

3. Other Carriers:

   A person should be held under surveillance if typhoid bacilli are isolated from surgically removed tissues, organs, e.g., gall bladder, kidney, etc., or from draining lesions such as osteomyelitis. If the person continues to excrete typhoid bacilli for more than 12 months, he/she is defined as a chronic carrier and may be released after satisfying the criteria for other chronic carriers.

CARRIER RESTRICTIONS AND SUPERVISION

When any known or suspected carrier of this disease is reported to the local health officer, he/she shall make an investigation and submit a report to the State Department of Public Health. He/she shall have performed laboratory work as defined in the laboratory section below. Any known or suspected carrier of this disease shall be subject to modified isolation and the provisions of this isolation shall be considered as fulfilled during such period as he/she complies with the instructions issued by the State Department of Public Health and the local health officer.

1. Restrictions:

   a. Carrier:

      The patient shall not take any part in the preparation, serving, or handling of milk or other food to be consumed by individuals other than his/her immediate family, or participate in the management of a dairy, milk distributing plant, boarding house, restaurant, food store, or any place where food is prepared or stored, or engage in any occupation involving the direct care of young children or the elderly or of patients in hospitals or other institutional settings until release specimens have been obtained, as described above, and are negative for typhoid organisms. (See Section 2534.) Instructions shall be given to the carrier in writing by the local health office.

   b. Contact:

      There are no restrictions on contacts, except that any member of the patient's household shall not take part in the preparation, serving, or handling of milk or other food to be consumed by individuals, other than the immediate family, except at the discretion and under the restrictions of the local health officer.

2. Supervision:

   The local health officer or his/her representative shall communicate with each carrier living within his/her jurisdiction at least twice a year to learn of any changes to the carrier's address, occupation, or activities, and to determine whether all instructions are being carried out. The local health officer shall submit a report to the State Department of Public Health every six months on each carrier in his/her jurisdiction. Any changes of address shall be reported immediately.

LABORATORY TESTS

Whenever laboratory tests are required for the release of typhoid cases or carriers, the tests shall be taken by the local health officer or his/her representatives under such conditions that he/she can certify as to their being authentic specimens of individual, and shall be submitted to a public health laboratory approved by the State Department of Public Health. Cultures from release specimens which are found positive by the approved laboratory shall be forwarded to the State Department of Public Health's Microbial Diseases Laboratory.

CASE DEFINITION (continued)

REQUIREMENTS FOR RELEASE OF CHRONIC CARRIERS

Any person ascertained to be a chronic typhoid carrier may be released from supervision by the Director of the State Department of Public Health or his/her designated representative provided the carrier applies for such release through his/her local health officer and fulfills the requirements specified by the Director of the State Department of Public Health or his/her designated representative.

1. Fecal Carriers:

   A person who has been determined to be a chronic fecal carrier may be released if six successive authentic stool and urine specimens taken at intervals of not less than one month are determined to be negative by a public health laboratory approved by the State Department of Public Health. If any one of these specimens is positive, he/she shall not be released unless the carrier condition has been cured by cholecystectomy, or by such other methods as are acceptable to the State Department of Public Health. The necessary requirements for such release will be submitted to the carrier and to the local health officer by the State Department of Public Health when application for the release is submitted.

2. Cholecystectomy:

   The local health officer or, in areas not served by a local health department, the Director of the State Department of Public Health, shall be notified before a cholecystectomy is undertaken unless a specimen of duodenal contents, containing bile, has been found positive for typhoid bacilli, since in some cases the infection is not localized in the gall bladder. The patient shall be released under the same conditions as outlined for a fecal carrier.

3. Urinary Carrier:

   A person who has been determined to be a chronic urinary carrier may be released if six successive authentic urine specimens taken at intervals of not less than one month are determined to be negative by a public health laboratory approved by the State Department of Public Health. If any one of these specimens is positive, he/she may be released following the surgical removal of the infected kidney or by such other methods as are acceptable to the State Department of Public Health. The necessary requirements for such release will be submitted to the carrier and to the local health officer by the State Department of Public Health when application for the release is submitted.

NOTE: Authority cited: Sections 208 and 3123, Health and Safety Code. Reference: Section 3123, Health and Safety Code.

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

ASIAN GROUPS

- Bangladeshi
- Bhutanese
- Burmese
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Iwo Jiman
- Japanese
- Korean
- Laotian
- Madagascar
- Malaysian
- Maldivian
- Nepalese
- Okinawan
- Pakistani
- Singaporean
- Sri Lankan
- Taiwanese
- Thai
- Vietnamese

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER GROUPS

- Carolinian
- Chamorro
- Chuukese
- Fijian
- Guamanian
- Kiribati
- Kosraean
- Mariana Islander
- Marshallese
- Melanesian
- Micronesian
- Native Hawaiian
- New Hebrides
- Palauan
- Papua New Guinean
- Pohnpeian
- Polynesian
- Saipanese
- Samoan
- Solomon Islander
- Tahitian
- Tokelauan
- Tongan
- Yapese

First three letters of patient's last name: | | | |

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - waiter or waitress
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - registered nurse
- Medical - other/unknown
- Military - officer
- Military - recruit or trainee
- Protective service - police officer
- Protective service - other
- Professional, technical, or related profession
- Retired
- Sex worker
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high (secondary) school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high (secondary) school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Other
- Refused
- Unknown