

**SHIGELLOSIS**

**GI ENHANCED SURVEILLANCE QUESTIONNAIRE**

**Introduction**

You have been sent this questionnaire because you, your child or someone you look after has received a diagnosis of shigellosis (infection with *Shigella* bacteria). Shigellosis causes gastrointestinal symptoms (stomach upsets) and can spread from person to person or via contaminated food or water.

Public Health England (PHE) collects information from all shigellosis cases on activities undertaken in the week before illness. This information is used to identify how you became ill, and could help prevent other people from catching the same bug that caused your illness.

We greatly appreciate you taking the time to fill out this questionnaire; it should take no more than 15 minutes to complete. We recommend that you complete this questionnaire as soon as possible as this will make it easier to remember events leading up to your illness.

**Note:**

You may wish to complete the questionnaire in privacy where you will not be disturbed. Your answers are strictly confidential. All data obtained by PHE is collected, stored and analysed in line with the Data Protection Act, 1998.

**Completing and returning this questionnaire:**

Parents, guardians or carers may fill out this questionnaire for those who are unable to complete it themselves. These include children under 16 years, patients who are not well enough to complete the questionnaire or those who are unable to complete it for other reasons (such as language difficulties or a disability).

If you are a patient or carer / guardian of a patient, please start completing the questionnaire from **section 1** by following the instructions above each question.

1. **On a computer (if the form is emailed to you):** The questions have the following formats:

* **White space / free text:** click on the box and type your answer in the space provided.
* **Drop-down menu:** click on the arrow to view the menu and select the appropriate option(s).
* **Check-boxes:** click on the check-box option(s) that apply to you to select them (a cross should appear).
* **Date pickers:** click on the arrow to view the date picker and select the relevant date.

Please return the completed form to your local Health Protection Team by email **@: Click here to enter text.**.

1. **On paper (if the form is posted to you):** Please start from **section 1** and complete each section using block capitals to help us read your responses.

Please return the completed questionnaire by post using the pre-addressed envelope provided.

1. **Via telephone interview:** If you have difficulty or are unable to complete this questionnaire yourself, a public health professional could collect the information during a telephone interview and record them on the questionnaire on your behalf.

**For environmental and public health professionals:**

* If you are a **public health professional** or **environmental health officer** completing this questionnaire for a shigellosis case, please complete the questionnaire on a computer in **Microsoft Word document format**, including the **official use section**.
* Please also ensure completion of the official use section, if you receive a completed questionnaire from a patient.
* Return the completed questionnaire to your local Health Protection Team (HPT) using your normal secure route.
* The HPT will process the questionnaire in accordance with local protocols and also forward it to the national shigellosis surveillance inbox [shigella@phe.gov.uk](mailto:shigella@phe.gov.uk).

**FOR COMPLETION BY ENVIRONMENTAL OR PUBLIC HEALTH PROFESSIONALS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Official use only – to be completed by an environmental or public health professional** | | | | |
| 1. **Interview details (please also complete if you are processing a questionnaire completed by a patient)** | | | | |
| **Interviewer name:** | | Click here to enter text. | **Interview date:** (dd/mm/yyyy) | Click here to enter a date. |
| **Interviewer telephone:** | | Click here to enter text. | **Name of person interviewed:** | Click here to enter text. |
| **Interviewer organisation:** | | Click here to enter text. | **Relation to patient:** | Choose an item. |
| 1. **Public Health England offices (please select the Health Protection Team and PHE Centre handling this case)** | | | | |
| **Health Protection Team:** | | Choose an item. | **Public Health England Centre:** | Choose an item. |
| 1. **Laboratory and specimen details (please complete with as many details as are available to you)** | | | | |
| **Local laboratory name:** | | Click here to enter text. | **Local lab specimen ID:** | Click here to enter text. |
| **Lab result methods:**  (select all that apply) | | Local lab culture  Local lab PCR  Reference lab WGS  Method unknown | **Laboratory results:**  (select one option only) | *Shigella* not speciated  *Shigella sonnei*  *Shigella flexneri*  *Shigella boydii*  *Shigella dysenteriae* |
| 1. **Patient identifying numbers (please complete with as many details as are available to you)** | | | | |
| **PHE HPZONE number:** | | Click here to enter text. | **Environmental Health ID:** | Click here to enter text. |
| **Clinic / hospital ID:** | | Click here to enter text. | **NHS number:** | Click here to enter text. |
| 1. **Patient risk groups (please identify from responses in section 5 if the patient is at risk of transmitting to others )** | | | | |
| **Risk groups:** | **Group A:** Personal hygiene difficulties (requires help or has unsatisfactory toilet / wash facilities)  **Group B:** Children aged 5 years and under (i.e. up to 6th birthday) attending childcare facilities[[1]](#footnote-1)  **Group C:** Food handlers who prepare or serve unwrapped ready-to-eat food (including drink)  **Group D:** Clinical, social care or nursery staff who work with vulnerable people  **None of the above:** Not in any risk group | | | |

**FOR COMPLETION BY THE SHIGELLOSIS CASE OR THEIR PARENT OR GUARDIAN**

**To begin, please provide details of the person completing this questionnaire in the box below.**

|  |  |
| --- | --- |
| 1. **Details of person completing this questionnaire** | |
| **First name and surname of person completing this form:** | Click here to enter text. |
| **What is your relationship to the patient with shigellosis?**  (If you are the patient, please enter or select ‘Patient’; if you are completing this questionnaire on behalf of the patient please enter or select the category that best fits your relationship to them, e.g. parent, spouse, partner, guardian, carer, etc) | Choose an item. |
| **Date this form was completed:**  (Please enter the date or select the date using the date picker) | Click here to enter a date. |

**In section 2, please fill out your contact details. We may use these details if we need to contact you again, to ask further details that may help us understand how you (the shigellosis case) became ill.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **contact details of person completing this questionnaire** | | | |
| **Telephone (landline):** | Click here to enter text. | **Telephone (mobile):** | Click here to enter text. |
| **Email address:** | Click here to enter text. | **Are you happy to be contacted again?** | Yes  No |

**In section 3 - 4, please fill out your (the shigellosis case) personal identifying and demographic details.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Personal identifying details for you (shigellosis case)** | | | |
| **Patient first name:** | Click here to enter text. | **Patient surname:** | Click here to enter text. |
| **Patient date of birth:**  (dd/mm/yyyy) | Click here to enter a date. | **Patient sex:** | Female  Male  Other |
| **Patient address:** | Click here to enter text. | **Patient postcode:** | Click here to enter text. |

**In section 4, please provide your demographic details.**

|  |  |  |
| --- | --- | --- |
| 1. **Your (shigellosis case) demographic details** | | |
| **What is your ethnicity?**  (Please select the category that best describes how you identify) | Arab  Asian Bangladeshi  Asian Indian  Asian Pakistani  Asian other background  Black African  Black Caribbean  Black other background  Gypsy or Irish traveller | White British  White Irish  White other background  Mixed White/Black African  Mixed White/Black Caribbean  Mixed White/Asian  Mixed from other background  Any other ethnic group  (not mentioned above) |
| **What is your country or culture of origin?**  (Please list the country(s) or culture(s) that most influence the type of food that you eat or cultural events that you attend) | Click here to enter text. | |
| **Please list any faith-based or community groups that you have regular or frequent contact with?**  These may include:   * religious groups or denominations * groups that share a philosophy, cultural practices or habits * activity groups with regular events | Click here to enter text. | |
| **If over 16 years of age, what is your sexual orientation?**  (Please select the option that best describes how you identify) | Heterosexual or straight  Gay or lesbian  Bisexual | Other  Prefer not to say |

**In section 5, please provide details of where you (the shigellosis case) spend a normal week day. For infants and children attending a child minder, nursery or school, please provide their name, address and contact details below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **your (shigellosis case) occupation and childcare / education / workplace details** | | | | |
| **Normal weekday location:**  (Please select one) | Home  Work place outside home | Child minder  Nursery | | School  College / University |
| **Do you:**  (Please tick all that apply) | Require help with personal hygiene (washing or going to the toilet)?  Attend or work at a childcare facility, nursery or school for children aged 5 years and under?  Work as a food handler (e.g. chef) preparing or serving ready-to-eat unwrapped food?  Work in healthcare (e.g. hospital or care home) and have regular contact with patients?  None of the above | | | |
| **What is your occupation?** | Click here to enter text. | | | |
| **Name of childcare, education or work place:** | Click here to enter text. | | | |
| **Childcare, education or work place address:** | Click here to enter text. | | | |
| **Childcare, education or work place postcode:** | Click here to enter text. | | **Date last attended:** | Click here to enter a date. |

**In section 6, please provide details of any travel outside the UK you (the shigellosis case) undertook in the week before your symptoms started. In particular, it is helpful if you can identify what country(s) you visited, details for each location you stayed at (e.g. name of hotel or resort) and dates of departure from and return to UK. This will help us to determine if you contracted your infection in the UK or overseas.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Travel outside UK** | | | | |
| **Did you travel outside the UK in the week before your symptoms started?**  (If yes, please provide details of the trip(s) below) | | | | No  Yes |
| **Country visited** | **Region or city** | **Accommodation & trip details** | **Date departed** | **Date returned** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

**In section 7, please provide details of any travel in the UK more than an hour’s drive from your normal place of residence that you (the shigellosis case) undertook in the week before your symptoms started. Please include any day trips and details of where you went (e.g. name of venue or accommodation, address and postcode, if known). This will help us to determine if your illness is associated with any specific destinations in the UK.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Travel within UK** | | | | |
| **Did you travel outside your normal place of residence (daytrip or overnight stay) in the week before your symptoms started?** (If yes, please provide details of the trip(s) below) | | | | No  Yes |
| **County, city or town** | **Postcode** | **Trip details (venue or accommodation)** | **Date departed** | **Date returned** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. |

**In section 8, please provide details of any healthcare facilities (e.g. your GP or a hospital) that you (the shigellosis case) attended for this illness.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Healthcare service attendance details** | | | |
| **Type of facility attended:** | GP  Sexual health clinic  NHS Clinic or walk-in centre  Hospital inpatient | **Name of healthcare facility(s) attended for this illness:** | Click here to enter text. |
| **GP name:** | Click here to enter text. | **GP address:** | Click here to enter text. |
| **GP telephone number:** | Click here to enter text. | **GP postcode:** | Click here to enter text. |

**In section 9, please provide details of your current illness (shigellosis), as well as any chronic (long-term) gastrointestinal (GI) illness, such as irritable bowel syndrome (IBS), irritable bowel disease (IBD) or Crohn’s disease.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Details of your current illness** | | | |
| **When did you start feeling ill?**  (please enter or select a date) | Click here to enter a date. | | |
| **Are you still ill?** | No  Yes | **If no, when did your illness stop?**  (please enter or select a date) | Click here to enter a date. |
| **What symptoms have you had during this illness?**  (please select all that apply)  **[1] *Diarrhoea = at least three loose stools / poo in 24 hours*** | Diarrhoea [1]  Blood in stool / poo  Abdominal (tummy) pain  Vomiting  Fever  Other  No symptoms | **If you experienced other symptoms, please describe them here:** | Click here to enter text. |
| **Were you treated with antibiotics?** | No  Yes | **If yes, name of antibiotic:**  (if applicable) | Click here to enter text. |
| **Did you stay in hospital overnight for this illness?** | No  Yes | **If yes, name of hospital:**  (if applicable) | Click here to enter text. |
| **No. of nights in hospital:**  (if applicable) | Click here to enter text. | **Have you had shigellosis before?** | No  Yes |
| **Any chronic GI illness?**  (e.g. IBS, IBD, Crohn’s disease) | No  Yes | **If you have a chronic GI illness, please describe:** | Click here to enter text. |
| **Do you take antacids?**  (i.e. proton-pump inhibitors) | No  Yes | **If yes, name of antacids:**  (if applicable) | Click here to enter text. |

**In section 10, please provide details of your source of drinking water and other water exposures you may have had.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **water source(s) and exposure (contact) in the week before your symptoms started** | | | |
| **Source of unboiled drinking water:**  (please select all that apply) | Bottled water (purchased)  Mains (municipal) water supply  Private water supply (e.g. well)  Spring, stream, river or lake water | **Water company:**  (If applicable) | Click here to enter text. |
| **Any exposure to flood water?**  (e.g. water sports after heavy rainfall) | No  Yes  Not sure | **If yes, details:** | Click here to enter text. |
| **Any exposure to sewage?**  (e.g. swimming where there has been a sewage leak or if you work with sewage) | No  Yes  Not sure | **If yes, details:** | Click here to enter text. |

**In sections 11 – 13, please provide details of dietary habits and food you (the shigellosis case) ate in the UK in the week before your symptoms started.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Food history: dietary habits in the week before your symptoms started** | | | |
| **Did you follow a specific diet (limited or restricted to certain foods)?**  (please select all that apply) | Vegan  Vegetarian  Halal  Kosher  Other | **If other diet, please describe (including any food allergies):** | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Food history: eating food prepared outside the home in the week before your symptoms started** | | | | |
| **Did you eat food prepared outside your home in the UK in the week before your symptoms started?**  **If yes, please provide details in the table below:** | | | | No  Yes |
| **Venue type [[[2]](#footnote-2)]**  (select one) | **Name / location of place**  (sufficient to identify premises) | **Date attended**  (dd/mm/yyyy) | **Details of food eaten**  (check with on-line menu if possible / needed) | |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | |
| Choose an item. | Click here to enter text. | Click here to enter a date. | Click here to enter text. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Food history: food eaten at home, in the uk, in the week before your symptoms started** | | | | | |
| **Food item** | **No** | **Yes** | **Product details**  (type of product, brand names) | **Shop name[[[3]](#footnote-3)]**  (select one) | **Where purchased**  (branch name and location) |
| **Pre-packaged RTE foods[[[4]](#footnote-4)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Processed or cured meats** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Fish** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Shellfish** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Unpasteurised milk** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Unpasteurised cream** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Unpasteurised ice cream** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Hard cheese** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Soft cheese** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Raw vegetables [[[5]](#footnote-5)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Prepacked salad/leaves [[[6]](#footnote-6)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Berries and grapes [[[7]](#footnote-7)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Raw whole fruit [[[8]](#footnote-8)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Prepacked cut fruit [[[9]](#footnote-9)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Sprouted seeds [[[10]](#footnote-10)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Fresh herbs [[[11]](#footnote-11)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Freshly prepared juice [[[12]](#footnote-12)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Prepacked sandwiches** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |
| **Other foods [[[13]](#footnote-13)]** |  |  | Click here to enter text. | Choose an item. | Click here to enter text. |

**In section 14, please provide details of people that you had close contact with in the week before your symptoms started. These include whom you shared accommodation (kitchen, bathroom or toilet) OR had sexual contact with.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Close contact with other people in the week before your symptoms started** | | | |
| **Number of people that shared a kitchen, bathroom or toilet with you (shigellosis case):**  (Please complete their details in section 16 overleaf) | | | Click here to enter text. |
| **Number of children under six years of age in your household:** | | | Click here to enter text. |
| **Visitors from outside UK?**  (shared overnight accomodation/ gifted food from another country) | No  Yes | **If yes, from which country?** | Click here to enter text. |
| **Attended communal sports facilities?**  (e.g. gym, swimming pool) | No  Yes | **If yes, name of facility:** | Click here to enter text. |
| **Attended event or festival?**  (e.g. party, sports event, festival) | No  Yes | **If yes, please enter details:** | Click here to enter text. |
| **If over 16 years of age, did you have sexual contact with anyone in the week before your symptoms started?** | No  Yes  Prefer not to say | **If yes, was this with a:**  (please select one response that best fits all sexual activity in the week before onset of your illness) | Female  Male  Both  Prefer not to say |
| **Did any household or sexual contacts have diarrhoea?**  (3 or more loose stools per day) | No  Yes  Don’t know | **If yes, did they have *Shigella*?**  (to your knowledge) | No  Yes  Don’t know |

**Please use section 15 to add any additional details you think might be relevant to your illness.**

|  |  |
| --- | --- |
| 1. **Comments** | |
| **What do you think caused your illness?** | Click here to enter text. |
| **Any other comments or notes:** | Click here to enter text. |

**On the next (last) pages, please provide further details for the close contacts you mentioned in section 14.**

**In section 16, please provide details of your (the shigellosis case) close contacts. These are**

* **any household or sexual contacts in the week before your illness who had diarrhoea (as noted in section 14)**
* **any people whom you shared accommodation with OR had sexual contact with SINCE your illness started and in the week AFTER your illness stopped.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Close contact details (whom you shared accommodation or had sexual contact with)** | | | | | | | | | |
| **First name** | **Surname** | **Date of birth**  (dd/mm/yyyy) | **Sex** | **Relationship to you** | **Address**  (if different to you) | **Diarrhoea?** | **Onset date**  (dd/mm/yyyy) | **Occupation** | **Risk group**  (Official Use) |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |

**Please continue on the next page if necessary.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Close contact details (whom you shared accommodation or had sexual contact with)** | | | | | | | | | |
| **First name** | **Surname** | **Date of birth**  (dd/mm/yyyy) | **Sex** | **Relationship to you** | **Address**  (if different to you) | **Diarrhoea?** | **Onset date**  (dd/mm/yyyy) | **Occupation** | **Risk group**  (Official Use) |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |
| Click here to enter text. | Click here to enter text. | Click here to enter a date. | Female  Male  Other | Choose an item. | Click here to enter text. | Yes  No | Click here to enter a date. | Click here to enter text. | A  B  C  D  None |

**Thank you for completing this questionnaire.**

**If you completed this form on a computer, please return the completed form by email to the address provided.**

**If you received a paper version of this questionnaire, please return the completed questionnaire by post using the pre-addressed envelope provided.**

**For further information on shigellosis and how you can prevent infection, please see:** [**https://www.nhs.uk/conditions/dysentery/**](https://www.nhs.uk/conditions/dysentery/)

1. Childminder, nursery or school [↑](#footnote-ref-1)
2. E.g. takeaway meal, restaurant meal, café, canteen, party, barbecue, friend’s house or other function where food was served [↑](#footnote-ref-2)
3. Name of shop or supermarket chain where items were purchased, e.g. Asda, Sainsbury’s, Tesco, Waitrose, Lidl, Morrisons, etc. [↑](#footnote-ref-3)
4. E.g. ready-to-eat (RTE) meal (eaten cold) or sandwich filler containing meat, eggs or vegetables (please specify main ingredients) [↑](#footnote-ref-4)
5. E.g. carrots, cucumber, tomato, peppers, head of lettuce, broccoli, celery, potatoes [↑](#footnote-ref-5)
6. E.g. bagged spinach, bagged rocket, baby mixed leaf salad, deli lunch salad (please specify main ingredients) [↑](#footnote-ref-6)
7. E.g. strawberries, raspberries, blueberries, blackberries, loganberries, currants, grapes [↑](#footnote-ref-7)
8. E.g. apples, pears, bananas, pineapple, mango, peaches, plums, watermelon, oranges [↑](#footnote-ref-8)
9. E.g. fruit salad (prepacked) [↑](#footnote-ref-9)
10. E.g. beansprouts [↑](#footnote-ref-10)
11. E.g. basil, mint, dill, parsley [↑](#footnote-ref-11)
12. E.g. freshly squeezed fruit or vegetable juice / smoothies (including takeaways) prepared in a shop or at a deli counter [↑](#footnote-ref-12)
13. Any other food items that you consider to be relevant to your illness (especially any ready-to-eat fresh food) [↑](#footnote-ref-13)