

# Role of Food Insecurity in Outbreak of Anthrax Infections among Humans and Hippopotamuses Living in a Game Reserve Area, Rural Zambia

## Technical Appendix

### Chama District Anthrax Exposure Follow-Up Investigation Form

#### SUPPLEMENTAL MATERIAL

FORM NUMBER: \_\_\_\_\_ Household number \_\_\_\_\_

Name of interviewer (First Last) \_\_\_\_\_

DATE OF INTERVIEW: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(dd month yy)

Name of village \_\_\_\_\_

**Thank you for agreeing to take part in this survey. This survey is voluntary and you may choose not to answer some or all of it. We are here to gather more information about an illness that may have occurred in this area.**

#### DEMOGRAPHIC INFORMATION

1. SEX:  Male  Female

2. AGE (years) \_\_\_\_\_

3. EMPLOYED:  Yes  No

4. IF YES, OCCUPATION: \_\_\_\_\_

**RISK EXPOSURES**

5. Did you do any of the following activities with **dead hippos** between July 2011 and September 2011?

Skinning  Yes  No

Drying  Yes  No

Cutting meat  Yes  No

Carrying meat  Yes  No

Preparing meat for cooking  Yes  No

Cooking meat  Yes  No

Eating meat  Yes  No

6. If you ate **hippo meat** how was it prepared?

Raw  Yes  No

Roasted  Yes  No

Dried  Yes  No

Boiled  Yes  No

7. Do you have any hippo meat in your house?  Yes  No

8. Did you see any dead hippos in the last week?  Yes  No

9. If yes, where did you see the dead hippos? \_\_\_\_\_

10. If yes, did you fish in the area the same day as seeing the dead hippo?  Yes  No

11. When did you eat or have contact with **dead hippos**?

Earliest date \_\_\_\_-\_\_\_\_-\_\_\_\_ Most recent date \_\_\_\_-\_\_\_\_-\_\_\_\_  
dd month yy dd month yy

12. Did you eat any other game meat between July 2011 and September 2011?  Yes  No

13. Did you eat fish between July 2011 and September 2011?  Yes  No

If you ate fish how was it prepared?

Raw  Yes  No

Roasted  Yes  No

Fried  Yes  No

Dried  Yes  No

Boiled  Yes  No

#### **PAST MEDICAL HISTORY**

14. Have you had a skin lesion, similar to the photo shown here, before July 2011?  Yes  No

15. If yes, was it more than one year ago?  Yes  No

16. Have you been diagnosed with anthrax before July 2011?  Yes  No

17. If yes, was it more than one year ago?  Yes  No

18. Do you have any on-going health conditions?  Yes  No  Refused

19. May I ask what your conditions are?  Yes  No

First Condition: \_\_\_\_\_

Second Condition: \_\_\_\_\_

Third Condition: \_\_\_\_\_

#### **CLINICAL INFORMATION**

20. Were you ill between July 2011 and September 2011?  Yes  No

(if no skip to **FOOD SECURITY**)

21. Chief Complaint? \_\_\_\_\_

22. Date of onset: \_\_\_\_-\_\_\_\_-\_\_\_\_ (show calendar to help with date)

dd month yy

23. Did you have any of the following between July 2011 and September 2011?

Cough  Yes  No

If yes, sputum production  Yes  No

If yes, any blood  Yes  No

Shortness of breath  Yes  No

Conjunctivitis  Yes  No

Tender or enlarged lymph nodes  Yes  No

Fever  Yes  No

Headache  Yes  No

Stiff neck  Yes  No

Muscle aches  Yes  No

Fatigue  Yes  No

Joint pains  Yes  No

Confusion  Yes  No

Sore throat  Yes  No

Diarrhea  Yes  No If yes, bloody?  Yes  No

Vomiting  Yes  No If yes, bloody?  Yes  No

Skin lesion(s)  Yes  No

Boil  Yes  No

Black scab (show photo)  Yes  No

24. Where was the black scab?

Face  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Neck  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Back  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Chest  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Arm  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Hand  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Leg  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

Foot  Yes  No

Was there a cut or scratch here before the lesion?  Yes  No

25. Did you go to a clinical or hospital for care?  Yes  No

26. Name of hospital or clinic \_\_\_\_\_

27. Date you sought care \_\_\_\_-\_\_\_\_-\_\_\_\_

dd month yy

28. Were you told you had anthrax?  Yes  No

29. Were you given medication as treatment?  Yes  No

**FOOD SECURITY:** We understand that access to food in this area is difficult. We would like to ask a few questions to better understand the problem with limited food sources.

30. Do you hunt?  Yes  No

31. Do you farm?  Yes  No

If yes what crops?

Maize  Yes  No

Cotton  Yes  No

Rice  Yes  No

Other \_\_\_\_\_

32. What is your primary source of food?

Maize  Yes  No

Beans  Yes  No

Game meat  Yes  No

Ground nuts  Yes  No

Fish  Yes  No

33. What food would you prefer to substitute for game meat? \_\_\_\_\_

34. Would you eat meat from an animal you found dead?  Yes  No

35. If yes, why would you eat meat from an animal you found dead? \_\_\_\_\_