



# Shiga toxin-producing *Escherichia coli*

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Age at symptom onset \_\_\_\_\_  Years  Months

Alternate name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address type  Home  Mailing  Other  Temporary  Work

Street address \_\_\_\_\_

City/State/Zip/County \_\_\_\_\_

Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_ LHM Case ID (optional) \_\_\_\_\_

LHM notification date \_\_\_/\_\_\_/\_\_\_

### Classification

Classification pending  Confirmed  Investigation in progress  Not reportable  Probable  Ruled out  Suspect

### Investigation status

Complete  Complete – not reportable to DOH  Unable to complete Reason \_\_\_\_\_  In progress

Dates: **Investigation start** \_\_\_/\_\_\_/\_\_\_ Investigation complete \_\_\_/\_\_\_/\_\_\_ Record complete \_\_\_/\_\_\_/\_\_\_ **Case complete** \_\_\_/\_\_\_/\_\_\_

## REPORT SOURCE

Initial report source \_\_\_\_\_ LHM \_\_\_\_\_

Reporter organization \_\_\_\_\_

Reporter name \_\_\_\_\_ Reporter phone \_\_\_\_\_

All reporting sources (list all that apply)

## DEMOGRAPHICS

Sex at birth:  Female  Male  Other  Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

**Ethnicity**  Hispanic, Latino/a, Latinx  Non-Hispanic, Latino/a, Latinx  Patient declined to respond  Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

**Race**  Amer Ind/AK Native (*specify*:  Amer Ind *and/or*  AK Native)  Asian  Black or African American  Native HI/Pacific Islander (*specify*:  Native HI *and/or*  Pacific Islander)  White  Patient declined to respond  Unk

Additional race information:

Afghan  Afro-Caribbean  Arab  Asian Indian  Bamar/Burman/Burmese  Bangladeshi  Bhutanese

Central American  Cham  Chicano/a or Chicanx  Chinese  Congolese  Cuban  Dominican  Egyptian

Eritrean  Ethiopian  Fijian  Filipino  First Nations  Guamanian or Chamorro  Hmong/Mong

Indigenous-Latino/a or Indigenous-Latinx  Indonesian  Iranian  Iraqi  Japanese  Jordanian  Karen

Kenyan  Khmer/Cambodian  Korean  Kuwaiti  Lao  Lebanese  Malaysian  Marshallese  Mestizo

Mexican/Mexican American  Middle Eastern  Mien  Moroccan  Nepalese  North African  Oromo

Pakistani  Puerto Rican  Romanian/Rumanian  Russian  Samoan  Saudi Arabian  Somali

South African  South American  Syrian  Taiwanese  Thai  Tongan  Ugandan  Ukrainian

Vietnamese  Yemeni  Other: \_\_\_\_\_

What is your (your child's) preferred language? Check one:

Amharic  Arabic  Balochi/Baluchi  Burmese  Cantonese  Chinese (unspecified)  Chamorro  Chuukese

Dari  English  Farsi/Persian  Fijian  Filipino/Pilipino  French  German  Hindi  Hmong  Japanese

Karen  Khmer/Cambodian  Kinyarwanda  Korean  Kosraean  Lao  Mandarin  Marshallese  Mixteco

Nepali  Oromo  Panjabi/Punjabi  Pashto  Portuguese  Romanian/Rumanian  Russian  Samoan

Sign languages  Somali  Spanish/Castilian  Swahili/Kiswahili  Tagalog  Tamil  Telugu  Thai  Tigrinya

Ukrainian  Urdu  Vietnamese  Other language: \_\_\_\_\_  Patient declined to respond  Unknown

Interpreter needed  Yes  No  Unk

**EMPLOYMENT AND SCHOOL**

Employed  Yes  No  Unk Occupation \_\_\_\_\_ Industry \_\_\_\_\_  
 Employer \_\_\_\_\_ Work site \_\_\_\_\_ City \_\_\_\_\_

Student/Day care  Yes  No  Unk  
 Type of school  Preschool/day care  K-12  College  Graduate School  Vocational  Online  Other  
 School name \_\_\_\_\_ School address \_\_\_\_\_  
 City/State/County \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

**COMMUNICATIONS**

Primary HCP name \_\_\_\_\_ Phone \_\_\_\_\_  
 OK to talk to patient (If Later, provide date)  Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
 Date of interview attempt \_\_\_/\_\_\_/\_\_\_  Complete  Partial  Unable to reach  Patient could not be interviewed  
 Alternate contact:  Parent/Guardian  Spouse/Partner  Friend  Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

Outbreak related  Yes  No LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

**CLINICAL INFORMATION**

Complainant ill  Yes  No  Unk Symptom Onset \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date \_\_\_/\_\_\_/\_\_\_  
 Illness duration \_\_\_\_\_  Days  Weeks  Months  Years Illness is still ongoing  Yes  No  Unk

**Clinical Features**

*Signs and Symptoms*

**Y N Unk**

**Diarrhea** (3 or more loose stools within a 24 hour period) Onset date \_\_\_/\_\_\_/\_\_\_

**Bloody diarrhea**

**Abdominal pain or cramps**

Nausea

Vomiting

Any fever, subjective or measured Temp measured?  Yes  No Highest measured temp \_\_\_\_\_°F

*Complications*

Acute anemia with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear

Renal injury (hematuria, proteinuria, or elevated creatinine levels (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline)

**Y N Unk**

**Hemolytic Uremic Syndrome (HUS)** (Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear, AND Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine levels)

**Thrombotic Thrombocytopenic Purpura (TTP)**

Kidney dialysis as a result of illness

Coagulopathy (platelets <100,000)

Any other complication \_\_\_\_\_

**Predisposing Conditions**

**Y N Unk**

Antibiotic taken for this diarrheal illness

Immunosuppressive therapy or condition, or disease \_\_\_\_\_

Other underlying medical conditions \_\_\_\_\_

**Hospitalization**

**Y N Unk**

Hospitalized at least overnight for this illness Facility name \_\_\_\_\_

Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_

Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

Died of this illness Death date \_\_\_/\_\_\_/\_\_\_ Please fill in the death date information on the Person Screen

**RISK AND RESPONSE (Ask about exposures 1 to 8 days before symptom onset)**

**Travel**

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name			
Start and end dates	____ / ____ / ____ to ____ / ____ / ____	____ / ____ / ____ to ____ / ____ / ____	____ / ____ / ____ to ____ / ____ / ____

**Risk and Exposure Information**

**Y N Unk**

- Does the case know anyone else with similar symptoms or illness  
Onset date, shared meals, relationship, etc. \_\_\_\_\_
- Contact with lab confirmed case
- Childcare/Day care
- Household
- Sexual
- Other \_\_\_\_\_
- Attends childcare or preschool Location/details \_\_\_\_\_
- Contact with diapered or incontinent child or adult
- Visited, lived, or worked in a residential facility

**Dietary Information**

**Y N Unk**

- Special or restricted diet (medical, weight-loss, religious, cultural, vegetarian/vegan, allergies, etc.)
  - Kosher  Dairy-free  Halal  Gluten free  Raw foods  Vegetarian  Vegan  Weight control
  - Allergy to food  Other \_\_\_\_\_
  - Describe diet \_\_\_\_\_
- Select mostly organic products
  - Produce  Other products

**Food Exposure - Food exposure timeframe: 1-8 days prior to onset of illness**

**Sources of food IN home - During exposure timeframe did you (your child) eat foods from:**

- (1) Grocery stores or supermarkets
- (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- (3) Fish or meat specialty shops (butcher shop, etc)
- (4) Warehouse stores (Costco, Sam's Club, etc.)
- (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- (6) Live animal market, custom slaughter facility
- (7) Small markets/mini markets (convenience stores, gas stations, etc)
- (8) Health food stores or co-ops
- (9) Ethnic specialty markets (Mexican, Asian, Indian)
- (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- (11) Other \_\_\_\_\_

Type of Business (enter number next to choices above)	Business name	Address/location

**Sources of food outside home** - During exposure timeframe did you (your child) eat foods from:

- |  |  |
|--|--|
| <input type="checkbox"/> (1) Fast casual (Chipotle, Panera, etc)   | <input type="checkbox"/> (10) Chinese, Japanese, Vietnamese, other Asian-style               |
| <input type="checkbox"/> (2) Fast food (McDonald's, Burger King, Wendy's)  | <input type="checkbox"/> (11) All-you-can-eat buffet   |
| <input type="checkbox"/> (3) Sandwich shop, deli   | <input type="checkbox"/> (12) Breakfast, brunch, diner, or café                              |
| <input type="checkbox"/> (4) Jamaican, Cuban, or Caribbean   | <input type="checkbox"/> (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African |
| <input type="checkbox"/> (5) Ready-to-eat prepared food from grocery or deli                                     | <input type="checkbox"/> (14) Any takeout from a restaurant                                  |
| <input type="checkbox"/> (6) An event where food was served (catered event, festival, church, or community meal) | <input type="checkbox"/> (15) Healthy restaurant (vegetarian, vegan, salad-based)            |
| <input type="checkbox"/> (7) Mexican, Salvadorian, other Hispanic/Latino-style                                   | <input type="checkbox"/> (16) Salad bar at a grocery store or restaurant                     |
| <input type="checkbox"/> (8) Food trucks, food stalls/stands   | <input type="checkbox"/> (17) Other _____  |
| <input type="checkbox"/> (9) School, hospital, senior center, or other institutional setting                     |  |

Type of Business (enter number next to choices above)	Restaurant/venue name	Date	Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)	Food ordered/eaten	Address/location
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		

**Y M N Unk**  
    Any food sampled (grocery, warehouse stores, food court, etc.) \_\_\_\_\_

**Consumed any of the following during exposure period**

**Meat**

- Y M N Unk**  
    Beef (e.g., ground, intact, raw)  
    Ground beef (e.g., hamburger patties, meatloaf, casseroles, tacos) \_\_\_\_\_  
 Date consumed \_\_\_/\_\_\_/\_\_\_  
    Ate ground beef at home Purchase location/source \_\_\_\_\_  
    Ate ground beef away from home Purchase location/source \_\_\_\_\_  
 In what form(s) was the beef purchased  Bulk  Patties  Unk  Other \_\_\_\_\_  
    Intact beef (e.g., steak, stew, roast, kebab or similar) \_\_\_\_\_  
 Date consumed \_\_\_/\_\_\_/\_\_\_  
    Ate intact beef at home Purchase location/source \_\_\_\_\_  
    Ate intact beef away from home Purchase location/source \_\_\_\_\_  
    Any raw beef dish (e.g., steak tartare, kitfo, carpaccio) \_\_\_\_\_

- Y M N Unk**  
    Other meat (e.g., buffalo, wild game, goat)  
    Buffalo/bison  
    Venison, elk, boar, arctic mammal, or other wild game  
 Venison  Elk  Bear  Boar  Arctic mammal  Other wild game \_\_\_\_\_  
    Other meat (e.g., goat, lamb) \_\_\_\_\_

**Other processed meat products**

- Y M N Unk**  
    Other processed meat products (e.g., jerky, deli meats, sausage)  
    Dried meat strips or jerky  
    Dry/semi-dry ready to eat sausage such as salami, pepperoni, or summer sausage  
    Deli-style meats  
    Any fresh sausage  Chicken  Turkey  Pork  Beef  Other \_\_\_\_\_  
    Any other meat products \_\_\_\_\_

**Miscellaneous meat exposure**

**Y M N Unk**

- Were any of the previously indicated meats/poultry consumed rare, undercooked, or raw  
 Goat  Lamb  Beef  Pork  Poultry  Wild game meat  Other \_\_\_\_\_
- Handled any raw meat, even if you did not eat it  
 Goat  Lamb  Beef  Pork  Poultry  Wild game meat  Other \_\_\_\_\_
- Ground beef present in the household even if not eaten

*Eggs and Dairy*

**Y M N Unk**

- Raw/unpasteurized milk (including cow, goat, sheep, etc.)  
 Dairy animal type  Cow  Goat  Sheep  Other \_\_\_\_\_  
 Type, variety or brand \_\_\_\_\_
- Any raw/unpasteurized milk left over
- Cheese made from raw/unpasteurized milk including homemade, farm-fresh, and door-to-door cheeses  
 Type, variety or brand \_\_\_\_\_
- Any raw/unpasteurized cheese left over
- Other raw/unpasteurized dairy product (e.g., yogurt, kefir, ice cream)  
 Type, variety or brand \_\_\_\_\_
- Any raw/unpasteurized dairy product left over
- Artisanal or gourmet cheese (e.g., from gourmet cheese section of grocery store, farmer's market, or cheese shop)  
 Type, variety or brand \_\_\_\_\_

*Produce*

**Y M N Unk**

- Leafy greens (e.g., arugula, mesclun, spinach, lettuce)

	Fresh spinach		Iceberg lettuce		Romaine lettuce	
Eaten at	<input type="checkbox"/> Home	<input type="checkbox"/> Away from home	<input type="checkbox"/> Home	<input type="checkbox"/> Away from home	<input type="checkbox"/> Home	<input type="checkbox"/> Away from home
Type of leafy green eaten at home	<input type="checkbox"/> Pre-packaged/bagged	<input type="checkbox"/> Loose/head	<input type="checkbox"/> Shredded	<input type="checkbox"/> Other	<input type="checkbox"/> Pre-packaged/bagged	<input type="checkbox"/> Loose/head
Eaten at home details (Purchase location/source/brand)						
Form of leafy green outside home	<input type="checkbox"/> On burger/sandwich/wrap	<input type="checkbox"/> Salad/salad bar	<input type="checkbox"/> Other	<input type="checkbox"/> On burger/sandwich/wrap	<input type="checkbox"/> Salad/salad bar	<input type="checkbox"/> Other

**Y M N Unk**

- Other leafy green vegetables such as spring mix, field greens, baby greens, and gourmet salad mix  
 Type \_\_\_\_\_

**Y M N Unk**

- Sprouts (e.g., alfalfa, bean, clover, broccoli, radish; including from a salad bar or on a sandwich)  
 Brand(s) \_\_\_\_\_ Purchase location(s) \_\_\_\_\_
- Alfalfa
- Bean (including Mung)
- Clover
- Broccoli
- Radish (including Daikon)
- Other \_\_\_\_\_

**Y M N Unk**

- Fresh herbs (e.g., cilantro, basil, parsley, chives, mint, other)
- Cilantro
- Basil
- Parsley
- Sage
- Thyme
- Dill
- Chives
- Mint
- Oregano
- Other fresh herbs \_\_\_\_\_

**Y M N Unk**

- Fresh tomatoes
- Roma
- Cherry
- Grape
- Sold on the vine
- Red round
- Other \_\_\_\_\_
- Fresh tomatoes on a sandwich, burger, or salad \_\_\_\_\_
- Fresh tomato salsa or pico de gallo, not from a can/jar \_\_\_\_\_
- Other fresh produce \_\_\_\_\_
- Frozen vegetables \_\_\_\_\_
- Fresh fruit (e.g., berries, melons, citrus, tropical fruit)
- Berries \_\_\_\_\_
- Melons \_\_\_\_\_
- Tropical (e.g., kiwi, papaya, guava, pomegranate, mango, pineapple) \_\_\_\_\_
- Non-tropical tree fruit (e.g., apples, pears, peaches) \_\_\_\_\_
- Fresh citrus (including lemon/lime on a drink) \_\_\_\_\_
- Other fresh fruit \_\_\_\_\_
- Any pre-cut fruit \_\_\_\_\_
- Frozen fruit (e.g., berries, other)
- Frozen berries \_\_\_\_\_
- Other frozen fruit \_\_\_\_\_

*Drinks*

**Y M N Unk**

- Juices and Smoothies
- Smoothie  Fresh-made  Pre-packaged Describe \_\_\_\_\_
- Juice or cider Type \_\_\_\_\_
- Unpasteurized juices or cider Type \_\_\_\_\_
- Kombucha Describe \_\_\_\_\_
- Homemade

*Other Foods/Supplements*

**Y M N Unk**

- Nuts/seeds
- Any nuts  Peanuts  Almonds  Walnuts  Cashews  Pistachios  Hazelnuts/filberts
- Other \_\_\_\_\_
- Peanut butter or peanut butter containing foods (e.g., peanut butter crackers)
- Nut butter or spread other than peanut butter (e.g., Nutella, almond butter, soy nut butter)
- Seeds or foods made from seeds  Sesame  Sunflower  Pumpkin  Chia  Flax
- Halva  Other \_\_\_\_\_
- Vitamins, nutritional or herbal supplements (e.g., teas, tablets, pills) \_\_\_\_\_
- Drink powdered nutritional supplements \_\_\_\_\_
- Marijuana containing or infused products \_\_\_\_\_
- New or different foods or beverages consumed during the exposure \_\_\_\_\_

**Water Exposure**

**Y N Unk**

**Describe**

- Source of drinking water known
- Bottled water \_\_\_\_\_
- Public water system \_\_\_\_\_
- Individual well \_\_\_\_\_
- Shared well \_\_\_\_\_
- Other \_\_\_\_\_
- Untreated/unchlorinated water (e.g., surface, well, lake, stream, spring) \_\_\_\_\_
- Any recreational water exposure (e.g., lake, river, pool, waterpark) \_\_\_\_\_
- Water site name/location \_\_\_\_\_
- Treatment  Treated  Untreated  Unk
- Type  Lake  River  Pool/hot tub  Wading pool  Fountain  Waterpark
- Splash pad/water playground  Other
- Describe \_\_\_\_\_

**Animal Exposure**

**Y N Unk**

- Any contact with pet animals at home or elsewhere
- Cats or kittens
- Dogs or puppies
- Any sick pets \_\_\_\_\_
- Any new household pets in the last month \_\_\_\_\_

**Y N Unk**

- Any contact with pet food or treats
- Raw pet food Type/variety/brand \_\_\_\_\_
- Pet treats or chews (pig ears, pizzles, rawhide, hooves, etc.) Type/variety/brand \_\_\_\_\_
- Prepackaged pet food (canned or dry) Type/variety/brand \_\_\_\_\_

**Y N Unk**

- Any contact with farm animals, including chickens or ducks
- Cows or calves
- Donkeys
- Goats
- Horses or ponies
- Sheep
- Pigs or swine
- Baby chicks, ducklings or other baby poultry \_\_\_\_\_
- Adult chickens, turkeys, or other adult poultry \_\_\_\_\_
- Deer

**Y N Unk**

- Other animal contact \_\_\_\_\_
- Applied or handled compost/manure
- Contact with animal manure/droppings other than dogs or cats \_\_\_\_\_

*Animal Settings*

**Y N Unk**

- Live on a farm or other setting that has farm animals \_\_\_\_\_
- Household member works with animals \_\_\_\_\_
- Hunting/butchering \_\_\_\_\_
- Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)

*Exposure to any of the following facilities/settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Describe</b>	<b>Type of exposure</b>
Research facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Slaughterhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Veterinary facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

*Visited or worked on any of the following settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Location, animals, etc.</b>	<b>Type of exposure</b>
Petting zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Dairy farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other farm contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Agricultural 'Farm and Feed' store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
County/state fairs, 4-H events, or similar events where animals are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Pet store or other places where animals are sold or adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Attended any school events, birthday parties, or similar events with animals/pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other setting with animals Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

**Sexual Exposure**

**Y N Unk**

Any type of sexual contact with others during the exposure period  
Number of sexual partners during exposure period \_\_\_\_\_ Female \_\_\_\_\_ Male

**Exposure and Transmission Summary**

**Y N Unk**

**Epi-linked to a confirmed or probable case**  
   Known contaminated food product \_\_\_\_\_  
   Outbreak related  
Likely geographic region of exposure  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_  
 Not in US - country \_\_\_\_\_  Unk  
International travel related  During entire exposure period  During part of exposure period  No international travel

**Public Health Issues**

**Y N Unk**

Employed as a food handler  
   Non-occupational food handling (e.g., potlucks, receptions) during contagious period  
   Employed as a health care worker  
   Employed in childcare or preschool  
   Attends childcare or preschool  
   Household member or close contact in sensitive occupation or setting (HCW, childcare, food)  
   Employed in or resident of long-term care facility

**Public Health Interventions/Actions**

**Y N Unk**

Exclude individuals in sensitive occupations or settings (HCW, food, childcare) until 2 negative stools  
Case cleared  2 negative labs  Health officer approved  Other \_\_\_\_\_  
   Test close contacts in sensitive occupations or situations  
   Hygiene education provided Date \_\_\_/\_\_\_/\_\_\_  
   Restaurant inspection Name/location \_\_\_\_\_  
   Childcare inspection  
   Testing of home/other water supply  
   Food testing  
   Commercial product implicated  
   Initiate trace-back investigation  
   Investigation of raw milk dairy  
   Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_  
   Any other public health action

**TREATMENT**

**Note:** Antibiotics are not recommended for treating this disease

**Y N Unk**

Did patient receive prophylaxis/treatment  
Specify antibiotic \_\_\_\_\_  
Treatment start date \_\_\_/\_\_\_/\_\_\_ Treatment end date \_\_\_/\_\_\_/\_\_\_  
Prescribed duration \_\_\_\_\_  Days  Weeks  Months

**NOTES**

**LAB RESULTS**

Lab report information

**Lab report reviewed – LHJ**

WDRS user-entered lab report note

Submitter \_\_\_\_\_  
Performing lab for entire report \_\_\_\_\_  
Referring lab \_\_\_\_\_



Specimen

**Specimen identifier/accession number** \_\_\_\_\_

**Specimen collection date** \_\_\_/\_\_\_/\_\_\_ **Specimen received date** \_\_\_/\_\_\_/\_\_\_

**WDRS specimen type** \_\_\_\_\_

WDRS specimen source site \_\_\_\_\_

WDRS specimen reject reason \_\_\_\_\_

Test performed and result

**WDRS test performed** \_\_\_\_\_

**WDRS test result, coded** \_\_\_\_\_

WDRS test result, comparator \_\_\_\_\_

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) \_\_\_\_\_

WDRS unit of measure \_\_\_\_\_

Test method \_\_\_\_\_

WDRS interpretation code \_\_\_\_\_

Test result – Other, specify \_\_\_\_\_

**WDRS result summary**  Positive  Negative  Indeterminate  Equivocal  Test not performed  Pending

Test result status  Final results; Can only be changed with a corrected result

Preliminary results

Record coming over is a correction and thus replaces a final result

Results cannot be obtained for this observation

Specimen in lab; results pending

Result date \_\_\_/\_\_\_/\_\_\_

**Upload document**

Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

WDRS ordering facility name \_\_\_\_\_

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