



Enterohemorrhagic *E. coli* (*E. coli*, shiga toxin-producing)

County _____

LHJ Use ID _____
 Reported to DOH Date ____/____/____
 LHJ Classification Confirmed
 Probable
 Suspect
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____ Investigation start date: ____/____/____
 Reporter (check all that apply)
 Lab Hospital HCP
 Public health agency Other
 OK to talk to case? Yes No Don't know

Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other

CLINICAL INFORMATION

Onset date: ____/____/____ Derived Diagnosis date: ____/____/____ Illness duration: ____ days

Signs and Symptoms

Y N DK NA
 Diarrhea Maximum # of stools in 24 hours: ____
 Bloody diarrhea
 Abdominal cramps or pain
 Nausea
 Vomiting
 Fever Highest measured temp (°F): ____
 Oral Rectal Other: _____ Unk

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ____/____/____ Discharge date ____/____/____
 Y N DK NA
 Died from illness Death date ____/____/____
 Autopsy Place of death _____

Predisposing Conditions

Y N DK NA
 Antibiotic taken for this diarrheal illness
 Underlying illness, specify: _____

Clinical Findings

Y N DK NA
 Hemolytic uremic syndrome (HUS)
 Thrombotic thrombocytopenic purpura (TTP)
 Coagulopathy (platelets < 100,000)
 Acute anemia with microangiopathic changes
 Kidney (renal) abnormality or failure
 Kidney dialysis as result of illness

Laboratory

Collection date ____/____/____
 Source _____
 P N I O NT
 ***E. coli* O157:H7 culture**
 Non-O157:H7 Shiga toxin+ *E. coli* culture
 Type if non-O157:H7 _____
 ***E. coli* O157 Shiga toxin+ culture**
 ***E. coli* O157 culture, without Shiga toxin+ [Probable]**
 EHEC titer elevated Type: _____
[Probable]
 Shiga toxin assay, no isolation of *E. coli* [Suspect]
 Food specimen culture
 PFGE result: _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Exposure period

Days from onset: -8 -1

Calendar dates:

onset

Contagious period

1 week to weeks

EXPOSURE (Refer to dates above)

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Dates/Locations: _____
- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Contact with lab confirmed case
 Household Casual Sexual
 Needle use Other: _____
- Contact with diapered or incontinent child or adult
- Beef
Rare, undercooked, or raw: Y N DK NA
- Ground beef
Rare, undercooked, or raw: Y N DK NA
- Handled raw meat
- Venison or other wild game meat
- Other meat products: _____
- Raw fruits or vegetables
- Sprouts (e.g. alfalfa, clover, bean)
- Fresh herbs Type: _____
- Unpasteurized milk (cow)
- Juices or cider, Type: _____
- Unpasteurized juices or cider
- Known contaminated food product
- Group meal (e.g. potluck, reception)
- Food from restaurants
Restaurant name/location: _____

Y N DK NA

- Source of drinking water known
 Individual well Shared well
 Public water system Bottled water
 Other: _____
- Drank untreated/unchlorinated water (e.g. surface, well)
- Recreational water exposure
 Natural water Pools, spas, water park, fountain
 Both
Name/Location _____
- Case or household member lives or works on farm or dairy
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Specify animal: _____
- Zoo, farm, fair or pet shop visit
- Any contact with animals at home or elsewhere
- Cattle, cow or calf

How was this person likely exposed to the disease:

- Food Drinking Water Recreational water Person
- Animal Environment Unknown

Where did exposure probably occur?

- U.S. but not WA (State: _____)
- In WA (County: _____)
- Not in U.S. (Country/Region: _____)
- Unknown

Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description):

- No risk factors or exposures could be identified
- Patient could not be interviewed

PATIENT PROPHYLAXIS / TREATMENT

PUBLIC HEALTH ISSUES

Y N DK NA

- Employed as food worker
- Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- Employed as health care worker
- Employed in child care or preschool
- Attends child care or preschool
- Household member or close contact in sensitive occupation or setting (HCW, child care, food)

PUBLIC HEALTH ACTIONS

- Exclude from sensitive occupation (HCW, food, child care) or situations (child care) until 2 negative stools
- Hygiene education provided
- Restaurant inspection
- Child care inspection
- Testing of home/other water supply
- Initiate traceback investigation
- Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___