



Shigellosis

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 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

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

OK to talk to case? Yes No DK Date of interview ___/___/___

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 Unk
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

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
 Immunosuppressive therapy or disease

Laboratory

Collection date ___/___/___
 Source _____

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

P N I O NT
 Shigella culture (clinical specimen)
 Shigella species: _____
 PFGE pattern: _____
 Detection of Shigella using a non-culture based method [Suspect]

Clinical Findings

Y N DK NA
 Hemolytic uremic syndrome (HUS)
 Kidney dialysis as result of illness

NOTES

INFECTION TIMELINE

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

Days from onset:	Exposure period		o n s e t	Contagious period	
	-7	-1		weeks	
Calendar dates:					

EXPOSURE (Refer to dates above)

<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Travel out of the state, out of the country, or outside of usual routine Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country Destinations/Dates: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does case know anyone with similar symptoms or illness?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with lab confirmed case <input type="checkbox"/> Household <input type="checkbox"/> Casual <input type="checkbox"/> Sexual <input type="checkbox"/> Needle use <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Epidemiologic link to a confirmed human case</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with diapered or incontinent child or adult</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Congregate living Type: <input type="checkbox"/> Barracks <input type="checkbox"/> Corrections <input type="checkbox"/> Long term care <input type="checkbox"/> Dormitory <input type="checkbox"/> Boarding school <input type="checkbox"/> Camp <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Group meal (e.g. potluck, reception)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food from restaurants Restaurant name/Location: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Source of drinking water known <input type="checkbox"/> Individual well <input type="checkbox"/> Shared well <input type="checkbox"/> Public water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Other: _____</p>	<p>Y N DK NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drank untreated/unchlorinated water (e.g. surface, well)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational water exposure <input type="checkbox"/> Natural water <input type="checkbox"/> Pools, spas, water park, fountain <input type="checkbox"/> Both Name/Location _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage or human excreta</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any type of sexual contact with others during exposure period # female sexual partners: _____ # male sexual partners: _____</p> <p>How was this person likely exposed to the disease: <input type="checkbox"/> Food <input type="checkbox"/> Drinking Water <input type="checkbox"/> Recreational water <input type="checkbox"/> Person <input type="checkbox"/> Animal <input type="checkbox"/> Environment <input type="checkbox"/> Unknown</p> <p>Where did exposure probably occur? <input type="checkbox"/> U.S. but not WA (State: _____) <input type="checkbox"/> In WA (County: _____) <input type="checkbox"/> Not in U.S. (Country/Region: _____) <input type="checkbox"/> Unknown</p> <p>Exposure details (e.g., exposure date, specific site, purchase or use-by date, product name/description): _____ _____ _____</p> <p><input type="checkbox"/> No risk factors or exposures could be identified <input type="checkbox"/> Patient could not be interviewed</p>
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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 individuals in sensitive occupations (HCW, food, child care) or situation until 2 negative stools

Consider excluding symptomatic contacts in sensitive occupations (HCW, food, child care) or situations (child care) until 2 negative stools

Initiate trace-back investigation

Child care inspection

Hygiene education provided

Restaurant inspection

Follow-up of household members

Work or child care restriction for household member

Testing of home/other water supply

Other, specify: _____

NOTES

Investigator _____	Phone/email: _____	Investigation complete date ____ / ____ / ____
Local health jurisdiction _____		Record complete date ____ / ____ / ____

Shigellosis: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered