Shiga toxin-producing E. coli

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 □ DK Date of interview __/__/___

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

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

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 _________________________

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 (no H type)Shiga toxin+ culture
□ □ □ □ E. coli O157 (no H type) culture, without Shiga toxin+ [Probable]
□ □ □ □ EHEC titer elevated Type: __________________
□ □ □ □ Shiga toxin assay, no isolation of E. coli [Suspect]
□ □ □ □ Food specimen culture

Notes

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

DOH 210-025 (Rev. 01/2014)
## INFECTION TIMELINE:
All questions refer to the 1 – 8 days before onset.

<table>
<thead>
<tr>
<th>Calendar dates:</th>
<th>Days from onset:</th>
<th>Exposure period</th>
<th>Contagious period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-8 days -1 days Onset</td>
<td>(weeks)</td>
<td></td>
</tr>
</tbody>
</table>

### EXPOSURES

#### Enter Data in PHIMS

#### Hard Copy Only

<table>
<thead>
<tr>
<th>EXPOSURE (Refer to dates above)</th>
<th>Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case knows anyone with similar symptoms</td>
<td></td>
</tr>
<tr>
<td>- household contact</td>
<td>- daycare</td>
</tr>
<tr>
<td>- other attendees at common event</td>
<td></td>
</tr>
<tr>
<td>- Other, specify</td>
<td></td>
</tr>
<tr>
<td>Contact with lab confirmed case:</td>
<td></td>
</tr>
<tr>
<td>- Household</td>
<td>- Casual</td>
</tr>
<tr>
<td>- Needle use</td>
<td>- Other:</td>
</tr>
<tr>
<td>Epidemiologic link to a confirmed human case</td>
<td></td>
</tr>
<tr>
<td>Contact with diapered or incontinent child or adult</td>
<td></td>
</tr>
<tr>
<td>Visited, lived or worked in a residential facility</td>
<td></td>
</tr>
<tr>
<td>Travel out of the state, out of the country, or outside of usual routine</td>
<td></td>
</tr>
<tr>
<td>Out of:</td>
<td>County</td>
</tr>
<tr>
<td>Dates/Locations:</td>
<td></td>
</tr>
<tr>
<td>Were you on any kind of special or restricted diet for medical, weight loss, religious or other reasons?</td>
<td>If yes, describe:</td>
</tr>
<tr>
<td>Known contaminated food product?</td>
<td>Specify:</td>
</tr>
<tr>
<td>Do you try to select mostly organic products?</td>
<td></td>
</tr>
<tr>
<td>- Produce</td>
<td>- Other products</td>
</tr>
</tbody>
</table>

### Sources of food – Hard Copy Only

Sources of food: (check all that apply)

- Grocery store or supermarkets
- Warehouse stores (e.g., Costco, Sam’s Club)
- Small markets, mini marts & convenience stores
- Ethnic specialty markets (Mexican, Asian or Indian)
- Health food stores or Co-ops
- Fish or meat specialty shops (butcher’s shop, etc.)
- Farmer’s markets, roadside stands, open-air markets, or food purchased directly from a farm
- School or other institutional setting
- Other, specify: |

<table>
<thead>
<tr>
<th>Y N DK NA</th>
<th>Restaurants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Name(s)/location(s):</td>
</tr>
<tr>
<td></td>
<td>Note: Add meal details below (hard copy); names/locations should be entered in PHIMS.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Y N DK NA</th>
<th>Group meal, (e.g., potluck, reception)</th>
</tr>
</thead>
</table>

### Shiga toxin-producing E. coli:

Case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered.
## INFECTION TIMELINE:
All questions refer to the 1 – 8 days before onset.

### Enter Data in PHIMS

<table>
<thead>
<tr>
<th>Meat</th>
<th>Hard Copy Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y N DK NA</td>
<td>Purchase information:</td>
</tr>
<tr>
<td>Did you eat any raw red meat, even if you did not eat it?</td>
<td>Facility and location:</td>
</tr>
<tr>
<td>Type: Ground beef Steak Stew Roast Lamb Goat Venison Other</td>
<td>Brand:</td>
</tr>
<tr>
<td>Any ground beef at home?</td>
<td>Date bought:</td>
</tr>
<tr>
<td>In what form(s) was the beef purchased?</td>
<td>If steak, type/cut:</td>
</tr>
<tr>
<td>Bulk Patties Other Unk</td>
<td></td>
</tr>
<tr>
<td>Any ground beef outside your home?</td>
<td></td>
</tr>
<tr>
<td>Did you eat any ground beef?</td>
<td></td>
</tr>
<tr>
<td>Rare, undercooked, or raw? Y N Unk</td>
<td></td>
</tr>
<tr>
<td>Any ground beef at home?</td>
<td></td>
</tr>
<tr>
<td>In what form(s) was the beef purchased?</td>
<td></td>
</tr>
<tr>
<td>Bulk Patties Other Unk</td>
<td></td>
</tr>
<tr>
<td>Did you eat any intact beef (e.g., steaks, stews, roasts or similar)?</td>
<td></td>
</tr>
<tr>
<td>Type: Steak Stew Roast Other</td>
<td></td>
</tr>
<tr>
<td>Rare, undercooked, or raw?</td>
<td></td>
</tr>
<tr>
<td>Ate steak outside the home?</td>
<td></td>
</tr>
<tr>
<td>Wild game meat</td>
<td></td>
</tr>
<tr>
<td>Type: Buffalo/Bison Venison Elk Boar Other</td>
<td></td>
</tr>
<tr>
<td>Did you eat jerky or any dry/semi-dry ready-to-eat sausage such as salami, pepperoni or summer sausage (thuringer, mortadella, etc).</td>
<td></td>
</tr>
<tr>
<td>Other meat products? Specify</td>
<td></td>
</tr>
</tbody>
</table>

## Raw/Unpasteurized Products

| Y N DK NA | Purchase information: |
| Raw milk | Facility and location: |
| Type: Cow Goat Other, specify | Brand: |
| Date bought: | Is there product remaining? Y N Unk |
| Cheese made from raw milk | |
| Type: Queso fresco Queso blanco Other, specify | |
| Date bought: | |
| Artisanal or gourmet cheese | |
| Type: | |
| Date bought: | |
| Unpasteurized juice or cider | |
| Type: | |
| Date bought: | |
| Other unpasteurized product? | |
| Type: Kefir Ice cream Other, specify | |

---

Shiga toxin-producing *E. coli*: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered.
INFECTION TIMELINE:
All questions refer to the 1 – 8 days before onset.

Enter Data in PHIMS

Fruit

Y N DK NA Fresh fruit
- Type: □ Berries □ Pre-cut fruit □ Melons
□ Tropical (e.g. pineapple, kiwi, mango)
□ Other, specify_____________________________
- Specify:

Y N DK NA Frozen fruit
- Specify:

Leafy Greens

Y N DK NA Iceberg lettuce
- Any Iceberg lettuce eaten at home? □ Y □ N □ Unk
- In what form(s) was the Iceberg lettuce purchased?
□ Pre-packaged/bagged □ Loose/Head □ Both
- Any Iceberg lettuce outside the home? □ Y □ N □ Unk
- Form of Iceberg lettuce outside home:
□ On burger/sandwich/wrap □ Salad/salad bar
□ Both □ Other

Y N DK NA Romaine lettuce
- Any Romaine lettuce eaten at home? □ Y □ N □ Unk
- In what form(s) was the Romaine lettuce purchased?
□ Pre-packaged/bagged □ Loose/Head □ Both
- Any Romaine lettuce outside the home? □ Y □ N □ Unk
- Form of Romaine lettuce outside home:
□ On burger/sandwich/wrap □ Salad/salad bar
□ Both □ Other

Y N DK NA Spinach
- Any spinach eaten at home? □ Y □ N □ Unk
- In what form(s) was the spinach purchased?
□ Pre-packaged/bagged □ Loose/Head □ Both
- Any spinach eaten outside the home? □ Y □ N □ Unk
- Form of spinach outside home:
□ On burger/sandwich/wrap □ Salad/salad bar
□ Both □ Other

Y N DK NA Other leafy greens
- Type: □ Mesclun □ Red leaf
□ Spring mix □ Butter
□ Radicchio □ Baby salad greens
□ Herb mix □ Kale
□ Other, specify_____________________________

Hard Copy Only

Purchase information:
Facility and location: _______________________
Brand: _________________________________
Date bought: __________________________

Iceberg outside the home details:

Romaine outside the home details:

Spinach outside the home details:

Purchase information:
Facility and location: _______________________
Brand: _________________________________
Date bought: __________________________

Packaging type: □ Pre-packaged □ Loose/Head
□ Other, specify_______________________ □ Unknown

Shiga toxin-producing E. coli: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered
**INFECTION TIMELINE:**
All questions refer to the 1 – 8 days before onset.

<table>
<thead>
<tr>
<th>Enter Data in PHIMS</th>
<th>Hard Copy Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>Y N DK NA</td>
<td></td>
</tr>
<tr>
<td>□ □ □ □</td>
<td></td>
</tr>
<tr>
<td>Sprouts</td>
<td></td>
</tr>
<tr>
<td>□ □ □ □</td>
<td></td>
</tr>
<tr>
<td>Type:</td>
<td></td>
</tr>
<tr>
<td>□ Alfalfa</td>
<td>□ Clover</td>
</tr>
<tr>
<td>□ Broccoli</td>
<td>□ Daikon radish</td>
</tr>
<tr>
<td>□ Other, specify</td>
<td></td>
</tr>
</tbody>
</table>

**Purchase information:**
Facility and location: ____________________
Brand: _________________________________
Date bought: _________________________

□ □ □ □ Fresh herbs
Type: □ Basil □ Cilantro □ Parsley
□ Sage □ Thyme □ Dill
□ Other, specify ____________________

**Purchase information:**
Facility and location: ____________________
Brand: _________________________________
Date bought: _________________________

□ □ □ □ Other fresh vegetables
Specify: ______________________________

□ □ □ □ Other frozen vegetables
Specify: ______________________________

**Water**

<table>
<thead>
<tr>
<th>Y N DK NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

Source of drinking water known
Type: □ Individual well □ Shared well
□ Public water system □ Bottled water
□ Other: ______________________________

Drank untreated/unchlorinated water (e.g. surface, well)
Details:

Recreational water exposure
Type: □ Natural water
□ Pools, spas, fountain, water park □ Both
□ Other: ______________________________

Name/Location: ______________________________
Treatment: □ Treated □ Untreated □ Both □ Unknown
Details:

**Animal Contact**

<table>
<thead>
<tr>
<th>Y N DK NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ □ □</td>
</tr>
</tbody>
</table>

Any contact with animals?
Type: □ Cow/calf □ Goat □ Sheep
□ Deer □ Horse/pony □ Donkey
□ Live poultry □ Dog □ Cat
□ Other: ______________________________

□ □ □ □ Visit or work at any of the following locations, even if no direct animal contact?
Live on farm □ Dairy farm
Other farm □ Veterinary facility
Slaughter house □ Research facility
Zoo □ Petting zoo
4-H event □ Fair
Animal show/display □ Pet shop
Hunting/butchering □ Other: ______________
Details:

□ □ □ □ Household member works with animals
Specify: ______________________________
Details:

□ □ □ □ Raw pet food / treats
Purchase information:
Facility and location: ____________________
Brand: _________________________________
Date bought: _________________________

□ □ □ □ Apply compost/manure

---

Shiga toxin-producing E. coli: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered
### INFECTION TIMELINE:
All questions refer to the 1 – 8 days before onset.

<table>
<thead>
<tr>
<th>Calendar dates</th>
<th>Days from onset</th>
<th>Exposure period</th>
<th>Contagious period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>-8 days</td>
<td>-1 days</td>
</tr>
</tbody>
</table>

#### Summary of exposures

**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

### PUBLIC HEALTH ISSUES

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>DK</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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 worker, child care) or situations (child care) until 2 negative stools
- Hygiene education provided Date: ___/___/___
- 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 ___/___/___

---

Shiga toxin-producing *E. coli*: case defining variables are in **bold**. Answers are: Yes, No, Unknown to case, Not asked /Not answered

---

Page: 6