



# Salmonellosis

(Do not use for Typhoid Fever)

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

**Salmonella culture (clinical specimen)**

Salmonella serotype: \_\_\_\_\_

PFGE result: \_\_\_\_\_

**Detection of Salmonella using a non-culture based method [Suspect]**

### Clinical Findings

Y N DK NA

**Bacteremia**

Sepsis syndrome

**Septic arthritis**

Reactive arthritis

## 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:	<b>Exposure period</b>		o n s e t	<b>Contagious period</b>	
	-5	-1		weeks	
Calendar dates:					

**EXPOSURE (Refer to dates above)**

Take a detailed 5-day food history

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
- Contact with lab confirmed case  
 Household  Casual  Sexual  
 Needle use  Other: \_\_\_\_\_
- Epidemiologic link to a confirmed human case**
- Contact with diapered or incontinent child or adult
- Poultry
- Undercooked poultry
- Handled raw poultry
- Eggs
- Raw or runny eggs or food with raw eggs (e.g. home-made eggnog or ice cream, raw dough or batter)
- Raw fruits or vegetables
- Sprouts (e.g. alfalfa, clover, bean)
- Unpasteurized milk (cow)
- Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- Juices or ciders Type: \_\_\_\_\_
- Unpasteurized juices or ciders
- Known contaminated food product
- Group meal (e.g. potluck, reception)
- Food from restaurants  
Restaurant name/Location: \_\_\_\_\_
- Source of drinking water known  
 Individual well  Shared well  
 Public water system  Bottled water  
 Other: \_\_\_\_\_

Y N DK NA

- Drank untreated/unchlorinated water (e.g. surface, well)
- Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- 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: \_\_\_\_\_
- Exposure to pets  
Was the pet sick:  Y  N  DK  NA
- Raw pet food or dried pet treats
- Zoo, farm, fair, or pet shop visit
- Livestock or farm poultry  
 chicks  ducks  other: \_\_\_\_\_
- Any contact with animal at home or elsewhere
- Cat or kitten
- Reptile (e.g. lizard, snake, turtle)
- Any type of sexual contact with others during exposure period  
# female sexual partners: \_\_\_\_\_  
# male sexual partners: \_\_\_\_\_

**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 individual in sensitive occupations (HCW, food, child care) or situations until 2 negative stools
- Consider excluding symptomatic contacts from sensitive occupations (HCW, food, child care) or situations (child care) until 2 negative stools
- Culture close contacts in sensitive occupations (HCW, food, child care) or situations (child care) regardless of symptoms
- Initiate trace-back investigation
- Hygiene education provided
- Restaurant inspection  Investigation of raw milk/dairy
- Child care inspection  Other \_\_\_\_\_

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_

Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_

Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_