



Listeriosis

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

Fever Highest measured temp: _____ °F
Type: Oral Rectal Other: _____ Unk

Headache

Stiff neck

Diarrhea Maximum # of stools in 24 hours: _____

Abdominal cramps or pain

Nausea

Vomiting

Predisposing Conditions

Y N DK NA

Immunosuppressive therapy or disease

Underlying illness Specify: _____

Infant <38 weeks gestation (preemie)

Gestational age: _____

Miscarriage or stillbirth

Pregnant

Estimated delivery date ___/___/___

OB name, address, phone: _____

Postpartum mother (<= 6 weeks)

Clinical Findings

Y N DK NA

Meningitis

Meningoencephalitis

Primary bacteremia

Sepsis syndrome

Altered mental status

Abscess or infected lesion

Septic arthritis

Clinical Findings (continued)

Y N DK NA

Other clinical findings consistent with illness
Findings: _____

Admitted to intensive care unit

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

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

Collection date ___/___/___

Source _____

P N I O NT

L. monocytogenes culture (from normally sterile site: blood or cerebrospinal fluid; joint, pleural or pericardial fluid)

L. monocytogenes culture (placental or fetal tissue from a miscarriage or stillbirth)

Food specimen

NOTES

INFECTION TIMELINE

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

Exposure period

Days from onset:

Calendar dates:

o
n
s
e
t

Contagious period

* in stool

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
Destinations/Dates: _____
- Case knows anyone with similar symptoms
- If newborn, birth mother had febrile illness during this pregnancy
- If infant, confirmed infection in birth mother
- If newborn, confirmed Listeria infection in birth mother
- Unpasteurized milk (cow)
- Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- Prepackaged, ready-to-eat meat (e.g. hotdogs, bologna, turkey)
- Deli sliced meat or cheese
- Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
- Preserved, smoked, or traditionally prepared fish
- Known contaminated food product

Y N DK NA

- Group meal (e.g. potluck, reception)
- Food from restaurants
Restaurant name/Location: _____

Y N DK NA

- Farm or dairy residence or work
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- Zoo, farm, fair, or pet shop visit
- Soil exposure (e.g. gardening, potting soil, construction)

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

Note: CDC surveillance report form is also required. The CDC surveillance report form can be found at:

- English: http://www.cdc.gov/national-surveillance/PDFs/ListeriaCaseReportFormOMB0920-0004_alfalfa.pdf
- Spanish: <http://www.cdc.gov/national-surveillance/PDFs/listeria-spanish.pdf>

PUBLIC HEALTH ISSUES

PUBLIC HEALTH ACTIONS

- Any public health action, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___