



Yersiniosis

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

Laboratory

Collection date ___/___/___
 Source _____

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

P N I O NT

Y. enterocolitica* or *Y. pseudotuberculosis
culture (stool, urine, abscess, or normally sterile site)

Predisposing Conditions

Y N DK NA
 Abdominal or other GI surgery performed within last 30 days
 Immunosuppressive therapy or disease
 Iron storage diseases (e.g. hemochromatosis)

Clinical Findings

Y N DK NA
 Reactive arthritis
 Sepsis syndrome
 Abscess

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 _____

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

-10 -3

o
n
s
e
t

Contagious period

weeks

Calendar dates:

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 contact Sexual
 - Needle use Other: _____

- Contact with diapered/incontinent child or adult
- Chitterlings
- Chitterlings prepared in household
- Raw or rare pork or pork products
- Unpasteurized milk (cow)
- 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: _____
- Drank untreated/unchlorinated water (e.g. surface, well)

Y N DK NA

- Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
- Exposure to pets
 - Was the pet sick? Y N DK NA
- Zoo, farm, fair, or pet shop visit
- Any contact with animals at home or elsewhere
 - Pigs or swine
- Any medical or dental procedure
- Blood transfusion or blood products (e.g. IG, factor concentrates)
 - Date of receipt: __/__/__
- Organ or tissue transplant recipient,
 - Date: __/__/__

How was this person likely exposed to the disease:

- Food Drinking Water Recreational water
- Animal Environment Person 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

Y N DK NA

- Employed as food worker
- Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- Employed in child care or preschool
- Attends child care or preschool
- Household member works at or attends childcare or preschool

PUBLIC HEALTH ACTIONS

- Exclude case from sensitive occupations (HCW, food, childcare) or situations (child care) until diarrhea ceases
- Hygiene education provided
- Restaurant inspection
- Child care inspection
- Follow-up of household members
- Investigation of raw milk dairy
- Other, specify: _____

NOTES

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