Vibriosis required variables are in **bold**. Answers are: Yes, Maybe, No, Unknown to case
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---

**Case Name ___________________________________**

**LHJ Case ID___________________________________**

**Any complication ____________________________________**

**Predisposing Conditions**

- **Antacid use in 30 days prior to onset**
- **H2 blocker or ulcer medication (e.g., Tagamet, Zantac, Omeprazole) use in 30 days prior to onset**
- **Chemotherapy in 30 days prior to onset**
- **Chronic heart disease**
- **Heart failure**
- **Liver disease**
- **Lung disease**
- **Peptic ulcer**
- **Liver disease**
- **Chronic kidney disease**
- **Diabetes mellitus**
- **Hemolytic anemia**
- **Immunodeficiency**
- **Immunosuppressive therapy or condition, or disease**
- **Malignancy**
- **Alcoholism**
- **Other underlying medical conditions**

**Culture Information**

- **Confirmed at state or federal public health lab**

**Hospitalization**

- **Confirmed at least overnight for this illness**
- **Died of this illness**

**RISK AND RESPONSE (Ask about exposures 7 days before symptom onset)**

**Travel**

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel out of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County/City</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Destination name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start and end dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Risk and Exposure Information**

- **Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor)**
- **Does the case know anyone else with similar symptoms or illness?**
- **Known contaminated food product**

**Water Exposure**

- **Skin exposed to water or aquatic organisms in 7 days before illness began**
- **Skin exposed to a body of water (fresh, salt or brackish) in 7 days before illness began**
- **Other contact with marine or freshwater life**
- **Skin exposed to drippings from raw or live seafood**

**Did case incur a wound before or during exposure?**

- **Yes, had a pre-existing wound**
- **Yes, sustained a wound (during exposure)**
- **Yes, uncertain if wound was new or old (at time of exposure)**

---
**Food Exposure - Food exposure timeframe: 7 days prior to onset of illness**

<table>
<thead>
<tr>
<th>Type</th>
<th>Eaten</th>
<th>Eaten Raw</th>
<th>Multiple Dates</th>
<th>Last date consumed</th>
<th>Type</th>
<th>Eaten</th>
<th>Eaten Raw</th>
<th>Multiple Dates</th>
<th>Last date consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td></td>
<td></td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clams</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
<td>Mussels</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
</tr>
<tr>
<td>Crabs</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
<td>Oysters</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
</tr>
<tr>
<td>Crawfish</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
<td>Scallops</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
</tr>
<tr>
<td>Fish</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
<td>Shrimp</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
</tr>
<tr>
<td>Lobster</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
<td>Other shellfish (specify)</td>
<td>Y</td>
<td>N</td>
<td>U</td>
<td>7/7</td>
</tr>
</tbody>
</table>

**Please fill in below if investigating specific seafood**

Type of seafood being investigated (from list above) __________________________
Date of consumption of the seafood being investigated __________/________/________
How prepared □ Fully cooked □ Undercooked □ Raw □ Unknown
Additional relevant information on product preparation (e.g., specific variety of seafood consumed and plating)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ □ □ Any dining partners consume the same seafood
□ □ □ Any become ill Describe__________________________

How was the seafood obtained □ Harvested by the patient or a friend of the patient □ Oyster bar or restaurant
□ Seafood market □ Truck or roadside vendor □ Food store □ Other

Name of location where seafood was obtained __________________________
Phone # __________

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

□ □ □ Was this seafood imported from another country Exporting country ____________________________
□ □ □ Was this business inspected as part of this investigation
□ □ □ Was there evidence of improper handling or storage (check all that apply)

□ □ Holding temperature violation □ □ Cross-contamination □ □ Co-mingling of live and dead shellfish
□ □ Improper storage □ □ Other ________________________________________________________________

How were the shellfish distributed to the business □ Shellstock (sold in shell) □ Shucked □ Unk □ Other ______________

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

□ □ □ Are shipping tags available from the suspected lot If Yes, attach tags to the record
□ □ □ CDC surveillance form completed

**Exposure and Transmission Summary**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

□ □ □ Epi-linked to a confirmed or probable case
□ □ □ Outbreak related

Likely geographic region of exposure □ In Washington – county ____________ □ Other state ____________
□ Not in US - country ____________ □ Unk

International travel related □ During entire exposure period □ During part of exposure period □ No international travel

Suspected exposure type □ Foodborne □ Waterborne □ Animal related □ Unk
□ □ □ Other ________________________________

Describe ________________________________

Suspected exposure setting □ Home □ Work □ College □ Military □ Place of worship □ International travel
□ Out of state travel □ Transit □ Social event □ Large public gathering □ Restaurant □ Hotel/motel/hostel
□ □ □ Other ________________________________

Describe ________________________________

Vibriosis required variables are in **bold**. Answers are: Yes, Maybe, No, Unknown to case
Exposure Summary

Public Health Interventions/Actions

Y    N   Unk  
- Restaurant inspection  Name/Location ____________________________
- Commercial product implicated
- Initiate trace-back investigation
- Letter sent  Date ___/___/___  Batch date ___/___/___
- Any other public health action

TREATMENT

Y    N   Unk
- Did patient receive prophylaxis/treatment
  Specify antibiotic _________________________
  Treatment start date ___/___/___  Treatment end date ___/___/___

NOTES

LAB RESULTS

Lab report information
Lab report reviewed – LHJ
WDRS user-entered lab report note

Submitter ___________________________________
Performing lab for entire report ___________________________________
Referring lab ___________________________________

Specimen
Specimen identifier/accession number _________________________
Specimen collection date ___/___/___  Specimen received date ___/___/___
WDRS specimen type _____________________________
WDRS specimen source site _____________________________
WDRS specimen reject reason _____________________________

Test performed and result
WDRS test performed
WDRS test result, coded
WDRS test result, comparator
WDRS result, numeric only (enter only if given, including as necessary Comparator and Unit of measure) _______
WDRS unit of measure _______
Test method ___________________________________
WDRS interpretation code ___________________________________
Test result – Other, specify _____________________________

WDRS result summary □ Positive □ Negative □ Indeterminate □ Equivocal □ Test not performed □ Pending
Test result status □ Final results; Can only be changed with a corrected result
  □ Preliminary results
  □ Record coming over is a correction and thus replaces a final result
  □ Results cannot be obtained for this observation
  □ Specimen in lab; results pending

Result date ___/___/___

Upload document

Ordering Provider
WDRS ordering provider ___________________________________

Ordering facility

Vibriosis required variables are in bold. Answers are: Yes, Maybe, No, Unknown to case
| WDRS ordering facility name | ________________________________ |