



Shiga toxin-producing *E. coli*

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 Suspect
 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
 OK to talk to case? Yes No DK Date of interview ___/___/___

Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

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
 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

Laboratory

Collection date ___/___/___
 Source _____

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

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: _____
 [*Probable*]
 Shiga toxin assay, no isolation of *E. coli* [*Suspect*]
 Food specimen culture

NOTES

INFECTION TIMELINE

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

DOH 210-025 (Rev. 9/16/2011)

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

Exposure period

Days from onset: -8 -1

Calendar dates:

Contagious period

o
n
s
e
t

1 week to weeks

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 Sexual
 Needle use Other: _____

Contact with diapered or incontinent child or adult

Beef
 Rare, undercooked, or raw: Y N DK NA

Ground beef
 Rare, undercooked, or raw: Y N DK NA

Handled raw meat

Venison or other wild game meat

Other meat products: _____

Raw fruits or vegetables

Sprouts (e.g. alfalfa, clover, bean)

Fresh herbs Type: _____

Unpasteurized milk (cow)

Juices or cider, Type: _____

Unpasteurized juices or cider

Known contaminated food product

Group meal (e.g. potluck, reception)

Food from restaurants
 Restaurant name/location: _____

Y N DK NA

Source of drinking water known
 Individual well Shared well
 Public water system Bottled water
 Other: _____

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

Recreational water exposure
 Natural water Pools, spas, water park, fountain
 Both
 Name/Location _____

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: _____

Zoo, farm, fair or pet shop visit

Any contact with animals at home or elsewhere
 Cattle, cow or calf

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 from sensitive occupation (HCW, food, 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 ___/___/___