



Vibriosis (non-cholera)

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 # stools in 24 hours: _____
 Bloody diarrhea
 Watery diarrhea
 Abdominal cramps or pain
 Nausea
 Vomiting
 Fever Highest measured temp (°F): _____
 Oral Rectal Other: _____ Unk
 Headache
 Muscle aches or pain (myalgia)
 Rash

Predisposing Conditions

- Y N DK NA
 Immunosuppressive therapy or disease
 Systemic corticosteroids in last 30 days
 Cancer, solid tumors, or hematologic malignancies
 Chemotherapy 30 days prior to onset
 Chronic diabetes
 Insulin-dependent diabetes
 Chronic heart disease
 Preexisting heart failure
 Gastric surgery or gastrectomy in past
 Peptic ulcer
 Chronic liver disease
 Chronic kidney disease
 H2 blocker or ulcer medication (e.g. Tagamet, Zantac, Omeprazole)
 Radiotherapy in last 30 days
 Antibiotic use in 30 days prior to onset
 Acute injury or wound Date: ___/___/___
 Anatomic site: _____
 Alcoholism
 Antacid use regularly
 Hematologic disease

Clinical Findings

- Y N DK NA
 Sepsis syndrome
 Shock
 Cellulitis
 Cutaneous ulcer
 Other clinical findings consistent with illness
 Specify: _____

Hospitalization

- Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___ exception

- Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Laboratory

Collection date ___/___/___
 Source _____

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

P N I O NT

- Pathogenic *Vibrionaceae* species (except toxigenic *V. cholerae*) culture (clinical specimen)
 Specimen source: Stool Wound
 Other: _____
 V. parahaemolyticus
 V. vulnificus
 V. alginolyticus
 V. fluvialis
 Non-toxigenic *V. cholerae*
 Other pathogenic non-cholera species
 Specify: _____
 Unknown
 Food specimen culture

INFECTION TIMELINE

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

Exposure period
Days from onset:

o
n
s
e
t

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
 Casual Household Sexual
 Needle use Other: _____
- Shellfish or seafood
County or location shellfish collected: _____
- Raw or undercooked shellfish or seafood
 CDC surveillance report form completed (see note below)

Y N DK NA

- Handled raw seafood
- 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 (e.g. lakes, rivers, pools, wading pools, fountains)
- Skin exposed to water or aquatic organisms
- Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

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:

http://www.doh.wa.gov/notify/forms/CDC5279_COISvibriosis.pdf

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

- Antibiotics prescribed for this illness
Date antibiotic treatment began: ___/___/___ Antibiotic name: _____
- # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

PUBLIC HEALTH ACTIONS

- Initiate trace-back investigation
- Restaurant inspection
- Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___