



# Salmonellosis

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Age at symptom onset \_\_\_\_\_  Years  Months  
 Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_ LHM Case ID (optional) \_\_\_\_\_

LHM notification date \_\_\_/\_\_\_/\_\_\_

### Classification

Classification pending  Confirmed  Investigation in progress  Not reportable  Probable  Ruled out  Suspect

### Investigation status

Complete  Complete – not reportable to DOH  Unable to complete Reason \_\_\_\_\_  In progress

Dates: **Investigation start** \_\_\_/\_\_\_/\_\_\_ Investigation complete \_\_\_/\_\_\_/\_\_\_ Record complete \_\_\_/\_\_\_/\_\_\_ **Case complete** \_\_\_/\_\_\_/\_\_\_

## REPORT SOURCE

Initial report source \_\_\_\_\_ LHM \_\_\_\_\_

Reporter organization \_\_\_\_\_

Reporter name \_\_\_\_\_ Reporter phone \_\_\_\_\_

All reporting sources (list all that apply) \_\_\_\_\_

## DEMOGRAPHICS

Sex at birth:  Female  Male  Other  Unknown

Do you consider yourself (your child) Hispanic, Latino/a, or Latinx?

**Ethnicity**  Hispanic, Latino/a, Latinx  Non-Hispanic, Latino/a, Latinx  Patient declined to respond  Unknown

What race or races do you consider yourself (your child)? You can be as broad or specific as you'd like (check all responses):

**Race**  Amer Ind/AK Native (*specify*:  Amer Ind **and/or**  AK Native)  Asian  Black or African American  
 Native HI/Pacific Islander (*specify*:  Native HI **and/or**  Pacific Islander)  White  Patient declined to respond  Unk

Additional race information:

Afghan  Afro-Caribbean  Arab  Asian Indian  Bamar/Burman/Burmese  Bangladeshi  Bhutanese  
 Central American  Cham  Chicano/a or Chicanx  Chinese  Congolese  Cuban  Dominican  Egyptian  
 Eritrean  Ethiopian  Fijian  Filipino  First Nations  Guamanian or Chamorro  Hmong/Mong  
 Indigenous-Latino/a or Indigenous-Latinx  Indonesian  Iranian  Iraqi  Japanese  Jordanian  Karen  
 Kenyan  Khmer/Cambodian  Korean  Kuwaiti  Lao  Lebanese  Malaysian  Marshallese  Mestizo  
 Mexican/Mexican American  Middle Eastern  Mien  Moroccan  Nepalese  North African  Oromo  
 Pakistani  Puerto Rican  Romanian/Rumanian  Russian  Samoan  Saudi Arabian  Somali  
 South African  South American  Syrian  Taiwanese  Thai  Tongan  Ugandan  Ukrainian  
 Vietnamese  Yemeni  Other: \_\_\_\_\_

What is your (your child's) preferred language? Check one:

Amharic  Arabic  Balochi/Baluchi  Burmese  Cantonese  Chinese (unspecified)  Chamorro  Chuukese  
 Dari  English  Farsi/Persian  Fijian  Filipino/Pilipino  French  German  Hindi  Hmong  Japanese  
 Karen  Khmer/Cambodian  Kinyarwanda  Korean  Kosraean  Lao  Mandarin  Marshallese  Mixteco  
 Nepali  Oromo  Panjabi/Punjabi  Pashto  Portuguese  Romanian/Rumanian  Russian  Samoan  
 Sign languages  Somali  Spanish/Castilian  Swahili/Kiswahili  Tagalog  Tamil  Telugu  Thai  Tigrinya  
 Ukrainian  Urdu  Vietnamese  Other language: \_\_\_\_\_  Patient declined to respond  Unknown

Interpreter needed  Yes  No  Unk

**EMPLOYMENT AND SCHOOL**

Employed  Yes  No  Unk Occupation \_\_\_\_\_ Industry \_\_\_\_\_  
Employer \_\_\_\_\_ Work site \_\_\_\_\_ City \_\_\_\_\_

Student/Day care  Yes  No  Unk  
Type of school  Preschool/day care  K-12  College  Graduate School  Vocational  Online  Other  
School name \_\_\_\_\_ School address \_\_\_\_\_  
City/State/County \_\_\_\_\_ Zip \_\_\_\_\_ Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

**COMMUNICATIONS**

Primary HCP name \_\_\_\_\_ Phone \_\_\_\_\_

OK to talk to patient (If Later, provide date)  Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
Date of interview attempt \_\_\_/\_\_\_/\_\_\_  Complete  Partial  Unable to reach  Patient could not be interviewed  
Alternate contact:  Parent/Guardian  Spouse/Partner  Friend  Other \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Outbreak related  Yes  No LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

**CLINICAL INFORMATION**

Complainant ill  Yes  No  Unk Symptom Onset \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date \_\_\_/\_\_\_/\_\_\_  
Illness duration \_\_\_\_\_  Days  Weeks  Months  Years Illness is still ongoing  Yes  No  Unk

**Clinical Features**

*Signs and Symptoms*

**Y N Unk**

**Diarrhea** (3 or more loose stools within a 24 hour period) Onset date \_\_\_/\_\_\_/\_\_\_

Bloody diarrhea

**Abdominal pain or cramps**

Nausea

Vomiting

**Any fever, subjective or measured** Temp measured?  Yes  No Highest measured temp \_\_\_\_\_°F

*Complications*

**Y N Unk**

**Bacteremia**

Sepsis syndrome

**Septic arthritis**

Reactive arthritis

**Y N Unk**

Urinary tract infection    Any other complication \_\_\_\_\_

**Predisposing Conditions**

**Y N Unk**

Immunosuppressive therapy or condition, or disease \_\_\_\_\_

Other underlying medical conditions \_\_\_\_\_

**Hospitalization**

**Y N Unk**

Hospitalized at least overnight for this illness Facility name \_\_\_\_\_  
Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_

Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

Died of this illness Death date \_\_\_/\_\_\_/\_\_\_ *Please fill in the death date information on the Person Screen*

**RISK AND RESPONSE (Ask about exposures 1 to 5 days before symptom onset)**

**Travel**

|                     | Setting 1                                                                                                                                                            | Setting 2                                                                                                                                                            | Setting 3                                                                                                                                                            |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Travel out of:      | <input type="checkbox"/> County/City _____<br><input type="checkbox"/> State _____<br><input type="checkbox"/> Country _____<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> County/City _____<br><input type="checkbox"/> State _____<br><input type="checkbox"/> Country _____<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> County/City _____<br><input type="checkbox"/> State _____<br><input type="checkbox"/> Country _____<br><input type="checkbox"/> Other _____ |
| Destination name    |                                                                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                      |
| Start and end dates | ___/___/___ to ___/___/___                                                                                                                                           | ___/___/___ to ___/___/___                                                                                                                                           | ___/___/___ to ___/___/___                                                                                                                                           |

**Risk and Exposure Information**

**Y N Unk**

- Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Country \_\_\_\_\_
- Does the case know anyone else with similar symptoms or illness  
Onset date, shared meals, relationship, etc. \_\_\_\_\_
- Contact with lab confirmed case
- Childcare/Day care
- Household
- Sexual
- Other \_\_\_\_\_
- Attends childcare or preschool Location/details \_\_\_\_\_
- Contact with diapered or incontinent child or adult
- Visited, lived, or worked in a residential facility

**Dietary Information**

**Y N Unk**

- Special or restricted diet (medical, weight-loss, religious, cultural, vegetarian/vegan, allergies, etc.)  
 Kosher  Dairy-free  Halal  Gluten free  Raw foods  Vegetarian  Vegan  Weight control  
 Allergy to food  Other
- Describe diet \_\_\_\_\_
- Select mostly organic products  
 Produce  Other products

**Food Exposure - Food exposure timeframe: 1-5 days prior to onset of illness**

**Sources of food IN home** - During exposure timeframe did you (your child) eat foods from:

- (1) Grocery stores or supermarkets
- (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- (3) Fish or meat specialty shops (butcher shop, etc)
- (4) Warehouse stores (Costco, Sam's Club, etc.)
- (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- (6) Live animal market, custom slaughter facility
- (7) Small markets/mini markets (convenience stores, gas stations, etc)
- (8) Health food stores or co-ops
- (9) Ethnic specialty markets (Mexican, Asian, Indian)
- (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- (11) Other \_\_\_\_\_

| <b>Type of Business</b><br>(enter number next to choices above) | <b>Business name</b> | <b>Address/location</b> |
|-----------------------------------------------------------------|----------------------|-------------------------|
|                                                                 |                      |                         |
|                                                                 |                      |                         |
|                                                                 |                      |                         |
|                                                                 |                      |                         |
|                                                                 |                      |                         |
|                                                                 |                      |                         |

**Sources of food outside home** - During exposure timeframe did you (your child) eat foods from:

- (1) Fast casual (Chipolte, Panera, etc)
- (2) Fast food (McDonald's, Burger King, Wendy's)
- (3) Sandwich shop, deli
- (4) Jamaican, Cuban, or Caribbean
- (5) Ready-to-eat prepared food from grocery or deli
- (6) An event where food was served (catered event, festival, church, or community meal)
- (7) Mexican, Salvadorian, other Hispanic/Latino-style
- (8) Food trucks, food stalls/stands
- (9) School, hospital, senior center, or other institutional setting
- (10) Chinese, Japanese, Vietnamese, other Asian-style
- (11) All-you-can-eat buffet
- (12) Breakfast, brunch, diner, or café
- (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African
- (14) Any takeout from a restaurant
- (15) Healthy restaurant (vegetarian, vegan, salad-based)
- (16) Salad bar at a grocery store or restaurant
- (17) Other \_\_\_\_\_

| Type of Business<br>(enter number next to choices above) | Restaurant/venue name | Date | Time of meal<br>(Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)                                                                                                                  | Food ordered/eaten | Address/location |
|----------------------------------------------------------|-----------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |
|                                                          |                       |      | <input type="checkbox"/> Bfast <input type="checkbox"/> Bru<br><input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din<br><input type="checkbox"/> Other |                    |                  |

**Y M N Unk**

Any food sampled (grocery, warehouse stores, food court, etc.) \_\_\_\_\_

**Meat**

**Y M N Unk**

Poultry (e.g. chicken, turkey)

**Y M N Unk**

Pork (e.g., whole pig, roast, chops, bacon, ham)

**Y M N Unk**

Beef (e.g., ground, intact, raw)

**Seafood**

**Y M N Unk**

Fish and seafood Type \_\_\_\_\_

Raw fish (e.g., sushi rolls, ceviche, tartare) \_\_\_\_\_

**Eggs and Dairy**

**Y M N Unk**

Eggs

Any eggs or egg-containing dishes

Raw, runny, or over-easy eggs Describe \_\_\_\_\_

Ate anything made with raw eggs (e.g., cookie dough, cake batter, homemade ice cream/mayo)

Specify \_\_\_\_\_

Handled raw eggs

Raw/unpasteurized milk (including cow, goat, sheep, etc.)

Dairy animal type  Cow  Goat  Sheep  Other \_\_\_\_\_

Type, variety or brand \_\_\_\_\_

Any raw/unpasteurized milk left over

Cheese made from raw/unpasteurized milk including homemade, farm-fresh, and door-to-door cheeses

Type, variety or brand \_\_\_\_\_

Any raw/unpasteurized cheese left over

Other raw/unpasteurized dairy product (e.g., yogurt, kefir, ice cream)

Type, variety or brand \_\_\_\_\_

**Y M N Unk**

- Any raw/unpasteurized dairy product left over
- Ate cheese from unpasteurized milk such as queso fresco or queso blanco Type/brand \_\_\_\_\_

*Produce*

**Y M N Unk**

- Leafy greens (e.g., arugula, mesculun, spinach, lettuce)

**Y M N Unk**

- Sprouts (e.g., alfalfa, bean, clover, broccoli, radish; including from a salad bar or on a sandwich)

**Y M N Unk**

- Fresh herbs (e.g., cilantro, basil, parsley, chives, mint, other)

**Y M N Unk**

- Fresh tomatoes

**Y M N Unk**

- Other fresh produce \_\_\_\_\_

- Fresh fruit (e.g., berries, melons, citrus, tropical fruit)

**Y M N Unk**

- Frozen fruit (e.g., berries, other)

*Drinks*

**Y M N Unk**

- Juices and Smoothies
- Smoothie  Fresh-made  Pre-packaged Describe \_\_\_\_\_
- Juice or cider Type \_\_\_\_\_
- Unpasteurized juices or cider Type \_\_\_\_\_

*Other Foods/Supplements*

**Y M N Unk**

- Vitamins, nutritional or herbal supplements (e.g., teas, tablets, pills) \_\_\_\_\_
- Drink powdered nutritional supplements \_\_\_\_\_
- Marijuana containing or infused products \_\_\_\_\_
- New or different foods or beverages consumed during the exposure \_\_\_\_\_

**Water Exposure**

**Y N Unk**

**Describe**

- Source of drinking water known
- Bottled water \_\_\_\_\_
- Public water system \_\_\_\_\_
- Individual well \_\_\_\_\_
- Shared well \_\_\_\_\_
- Other \_\_\_\_\_
- Untreated/unchlorinated water (e.g., surface, well, lake, stream, spring) \_\_\_\_\_
- Any recreational water exposure (e.g., lake, river, pool, waterpark) \_\_\_\_\_
- Water site name/location \_\_\_\_\_
- Treatment  Treated  Untreated  Unk
- Type  Lake  River  Pool/hot tub  Wading pool  Fountain  Waterpark
- Splash pad/water playground  Other

**Animal Exposure**

**Y N Unk**

- Any contact with pet animals at home or elsewhere
- Cats or kittens
- Dogs or puppies
- Rats, mice, gerbils, or hamsters
- Pocket or "exotic" pets (ferrets, pygmy hedgehogs, sugar gliders, guinea pigs, prairie dogs, etc.)
- Specify \_\_\_\_\_
- Pet birds such as parakeets, parrots, cockatiels
- Water pets in an aquarium (goldfish, aquatic frogs, snails, etc.)
- Amphibians, such as frogs, toads, or salamanders
- Snakes
- Frozen mice, rats, or similar pet food for snakes
- Turtles or tortoises
- Other reptiles, such as lizards, geckos, etc. \_\_\_\_\_
- Any sick pets \_\_\_\_\_
- Any new household pets in the last month \_\_\_\_\_

**Y N Unk**

- Any contact with pet food or treats
- Raw pet food Type/variety/brand \_\_\_\_\_
- Pet treats or chews (pig ears, pizzles, rawhide, hooves, etc.) Type/variety/brand \_\_\_\_\_
- Prepackaged pet food (canned or dry) Type/variety/brand \_\_\_\_\_

**Y N Unk**

- Any contact with farm animals, including chickens or ducks
- Cows or calves
- Donkeys
- Goats
- Horses or ponies
- Sheep
- Pigs or swine
- Baby chicks, ducklings or baby poultry \_\_\_\_\_
- Adult chickens, turkeys, or other adult poultry \_\_\_\_\_
- Deer

**Y N Unk**

- Other animal contact \_\_\_\_\_
- Applied or handled compost/manure
- Contact with animal manure/droppings other than dogs or cats \_\_\_\_\_
- Any contact with dried animal droppings or pellets (e.g., owl pellets for science projects)

*Animal Settings***Y N Unk**

- Live on a farm or other setting that has farm animals \_\_\_\_\_
- Household member works with animals \_\_\_\_\_
- Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter
- Hunting/butchering \_\_\_\_\_
- Type of exposure  Work  Visit

**Sexual Exposure****Y N Unk**

- Any type of sexual contact with others during the exposure period
- Number of sexual partners during exposure period \_\_\_\_\_ Female \_\_\_\_\_ Male

**Exposure and Transmission Summary****Y N Unk**

- Epi-linked to a confirmed or probable case**
- Known contaminated food product \_\_\_\_\_
- 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

**Public Health Issues****Y N Unk**

- Employed as a food handler
- Non-occupational food handling (e.g., potlucks, receptions) during contagious period
- Employed as a health care worker
- Employed in childcare or preschool
- Attends childcare or preschool
- Household member or close contact in sensitive occupation or setting (HCW, childcare, food)
- Employed in or resident of long-term care facility

**Public Health Interventions/Actions**

**Y N Unk**

- Exclude case from sensitive occupations (HCW, food, childcare) or situations
- Test close contacts in sensitive occupations or situations
- Exclude symptomatic contacts from sensitive occupations (HCW, food, childcare) or situations (childcare) until diarrhea ceases
- Hygiene education provided Date \_\_\_/\_\_\_/\_\_\_
- Restaurant inspection Name/location \_\_\_\_\_
- Childcare inspection
- Testing of home/other water supply
- Food testing
- Commercial product implicated
- Initiate trace-back investigation
- Investigation of raw milk dairy
- 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 \_\_\_/\_\_\_/\_\_\_
- Prescribed duration  Days  Weeks  Months

**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

WDRS ordering facility name \_\_\_\_\_

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[doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).