



Shiga toxin-producing *Escherichia coli* 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 _____ LHJ Case ID (optional) _____

LHJ 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 _____ LHJ _____

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

Acute anemia with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear

Renal injury (hematuria, proteinuria, or elevated creatinine levels (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline)

Y N Unk

Hemolytic Uremic Syndrome (HUS) (Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear, AND Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine levels)

Thrombotic Thrombocytopenic Purpura (TTP)

Kidney dialysis as a result of illness

Coagulopathy (platelets <100,000)

Any other complication _____

Predisposing Conditions**Y N Unk**

Antibiotic taken for this diarrheal illness

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 8 days before symptom onset)

Travel

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

Risk and Exposure Information

Y N Unk

- 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: 1-8 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 _____

Type of Business (enter number next to choices above)	Business name	Address/location

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

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

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

Y M N Unk
 Any food sampled (grocery, warehouse stores, food court, etc.) _____

Consumed any of the following during exposure period

Meat

- Y M N Unk**
 Beef (e.g., ground, intact, raw)
 Ground beef (e.g., hamburger patties, meatloaf, casseroles, tacos) _____
 Date consumed ___/___/___
 Ate ground beef at home Purchase location/source _____
 Ate ground beef away from home Purchase location/source _____
 In what form(s) was the beef purchased Bulk Patties Unk Other _____
 Intact beef (e.g., steak, stew, roast, kebab or similar) _____
 Date consumed ___/___/___
 Ate intact beef at home Purchase location/source _____
 Ate intact beef away from home Purchase location/source _____
 Any raw beef dish (e.g., steak tartare, kitfo, carpaccio) _____

- Y M N Unk**
 Other meat (e.g., buffalo, wild game, goat)
 Buffalo/bison
 Venison, elk, boar, arctic mammal, or other wild game
 Venison Elk Bear Boar Arctic mammal Other wild game _____
 Other meat (e.g., goat, lamb) _____

Other processed meat products

- Y M N Unk**
 Other processed meat products (e.g., jerky, deli meats, sausage)
 Dried meat strips or jerky
 Dry/semi-dry ready to eat sausage such as salami, pepperoni, or summer sausage
 Deli-style meats
 Any fresh sausage Chicken Turkey Pork Beef Other _____
 Any other meat products _____

Miscellaneous meat exposure

Y M N Unk

- Were any of the previously indicated meats/poultry consumed rare, undercooked, or raw
 Goat Lamb Beef Pork Poultry Wild game meat Other _____
- Handled any raw meat, even if you did not eat it
 Goat Lamb Beef Pork Poultry Wild game meat Other _____
- Ground beef present in the household even if not eaten

Eggs and Dairy

Y M N Unk

- 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 _____
- Any raw/unpasteurized dairy product left over
- Artisanal or gourmet cheese (e.g., from gourmet cheese section of grocery store, farmer's market, or cheese shop)
 Type, variety or brand _____

Produce

Y M N Unk

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

	Fresh spinach		Iceberg lettuce		Romaine lettuce	
Eaten at	<input type="checkbox"/> Home	<input type="checkbox"/> Away from home	<input type="checkbox"/> Home	<input type="checkbox"/> Away from home	<input type="checkbox"/> Home	<input type="checkbox"/> Away from home
Type of leafy green eaten at home	<input type="checkbox"/> Pre-packaged/bagged	<input type="checkbox"/> Loose/head	<input type="checkbox"/> Shredded	<input type="checkbox"/> Other	<input type="checkbox"/> Pre-packaged/bagged	<input type="checkbox"/> Loose/head
Eaten at home details (Purchase location/source/brand)						
Form of leafy green outside home	<input type="checkbox"/> On burger/sandwich/wrap	<input type="checkbox"/> Salad/salad bar	<input type="checkbox"/> Other	<input type="checkbox"/> On burger/sandwich/wrap	<input type="checkbox"/> Salad/salad bar	<input type="checkbox"/> Other

Y M N Unk

- Other leafy green vegetables such as spring mix, field greens, baby greens, and gourmet salad mix
 Type _____

Y M N Unk

- Sprouts (e.g., alfalfa, bean, clover, broccoli, radish; including from a salad bar or on a sandwich)
 Brand(s) _____ Purchase location(s) _____
- Alfalfa
- Bean (including Mung)
- Clover
- Broccoli
- Radish (including Daikon)
- Other _____

Y M N Unk

- Fresh herbs (e.g., cilantro, basil, parsley, chives, mint, other)
- Cilantro
- Basil
- Parsley
- Sage
- Thyme
- Dill
- Chives
- Mint
- Oregano
- Other fresh herbs _____

Y M N Unk

- Fresh tomatoes
- Roma
- Cherry
- Grape
- Sold on the vine
- Red round
- Other _____
- Fresh tomatoes on a sandwich, burger, or salad _____
- Fresh tomato salsa or pico de gallo, not from a can/jar _____
- Other fresh produce _____
- Frozen vegetables _____
- Fresh fruit (e.g., berries, melons, citrus, tropical fruit)
- Berries _____
- Melons _____
- Tropical (e.g., kiwi, papaya, guava, pomegranate, mango, pineapple) _____
- Non-tropical tree fruit (e.g., apples, pears, peaches) _____
- Fresh citrus (including lemon/lime on a drink) _____
- Other fresh fruit _____
- Any pre-cut fruit _____
- Frozen fruit (e.g., berries, other)
- Frozen berries _____
- Other frozen fruit _____

Drinks

Y M N Unk

- Juices and Smoothies
- Smoothie Fresh-made Pre-packaged Describe _____
- Juice or cider Type _____
- Unpasteurized juices or cider Type _____
- Kombucha Describe _____
- Homemade

Other Foods/Supplements

Y M N Unk

- Nuts/seeds
- Any nuts Peanuts Almonds Walnuts Cashews Pistachios Hazelnuts/filberts
- Other _____
- Peanut butter or peanut butter containing foods (e.g., peanut butter crackers)
- Nut butter or spread other than peanut butter (e.g., Nutella, almond butter, soy nut butter)
- Seeds or foods made from seeds Sesame Sunflower Pumpkin Chia Flax
- Halva Other _____
- 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
- Describe _____

Animal Exposure

Y N Unk

- Any contact with pet animals at home or elsewhere
- Cats or kittens
- Dogs or puppies
- 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 other 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 _____

Animal Settings

Y N Unk

- Live on a farm or other setting that has farm animals _____
- Household member works with animals _____
- Hunting/butchering _____
- Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)

Exposure to any of the following facilities/settings even if no direct animal contact

	Y	N	Unk	Describe	Type of exposure
Research facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Slaughterhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Veterinary facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

Visited or worked on any of the following settings even if no direct animal contact

	Y	N	Unk	Location, animals, etc.	Type of exposure
Petting zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Dairy farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other farm contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Agricultural 'Farm and Feed' store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
County/state fairs, 4-H events, or similar events where animals are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Pet store or other places where animals are sold or adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Attended any school events, birthday parties, or similar events with animals/pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other setting with animals Describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> 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 individuals in sensitive occupations or settings (HCW, food, childcare) until 2 negative stools
Case cleared 2 negative labs Health officer approved Other _____
 Test close contacts in sensitive occupations or situations
 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

Note: Antibiotics are not recommended for treating this disease

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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