Washington State Department of Health

Listeriosis

County

Case name (last, first) _____

Birth date ___/___/___ Sex at birth ☐ F ☐ M ☐ Other 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
☐ Not reportable ☐ Probable ☐ Ruled out ☐ Suspect

Investigation status
☐ In progress
☐ Complete
☐ Complete – not reportable to DOH
☐ Unable to complete   Reason _____

Investigation start date ___/___/___

Investigation complete date ___/___/___

Case complete date ___/___/___

Outbreak related ☐ Yes ☐ No
LHJ Cluster ID _____ Cluster Name _____

DEMOGRAPHICS

Age at symptom onset _____ ☐ Years ☐ Months

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unk

Race (check all that apply) ☐ Unk ☐ Amer Ind/AK Native
☐ Asian ☐ Black/African Amer ☐ Native HI/other PI
☐ White ☐ Other _____

Primary language _____

Interpreter needed ☐ Yes ☐ No ☐ Unk

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 _____

REPORT SOURCE

Initial report source _____
LHJ _____
Reporter organization _____
Reporter name _____
Reporter phone _____

All reporting sources (list all that apply)
_____
_____
_____

COMMUNICATIONS

Primary HCP name _____
Phone _____

OK to talk to patient? (If later, provide time and date)
☐ Yes ☐ Later ____ AM/PM ___/___/___ ☐ Never

Date of interview attempt ___/___/___
Respondent ☐ Patient ☐ Surrogate ☐ Unk
☐ None, chart review only
Surrogate type ☐ Parent ☐ Child ☐ Sibling ☐ Spouse
☐ Other _____
☐ Patient could not be interviewed
Reason ☐ Refused ☐ Unable to reach ☐ Language barrier
☐ Other _____

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

Hospitalization

Y N Unk
☐ ☐ ☐ Hospitalized at least overnight for this illness   Facility name _____
Hospital admission date ___/___/___ Discharge ___/___/___
☐ ☐ ☐ Died of this illness   Death date ___/___/___ *Please fill in the death date information on the Person Screen*
☐ ☐ ☐   Autopsy performed
Location of death ☐ Outside of hospital (e.g., home or in transit to the hospital ☐ Emergency department (ED)
☐ Inpatient ward ☐ ICU ☐ Other _____

INTERVIEW THE CASE USING THE CDC LISTERIA INITIATIVE QUESTIONNAIRE.
https://www.cdc.gov/listeria/pdf/listeria-case-report-form-omb-0920-0004.pdf

UPLOAD THE COMPLETED QUESTIONNAIRE ON THE EVENT SUMMARY SCREEN.

Listeria required variables are in **bold.** Answers are: Yes, Maybe, No, Unknown to case, Don't know

Case Name _____   LHJ Case ID _____

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   **Ordering facility**
Ordering provider _____   Ordering facility name _____