



Salmonellosis

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 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 _____

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
 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 _____ <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

- 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 _____

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 (Chipolte, 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.) _____

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 _____
- 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 PendingTest 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 documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____