



# 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 _____ <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 \_\_\_\_\_

<b>Type of Business</b> (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 (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		
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			<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 \_\_\_\_\_

**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  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 document**Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

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

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