



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 _____

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		
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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		
			<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 documentOrdering Provider

WDRS ordering provider _____

Ordering facility

WDRS ordering facility name _____

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