Shigellosis

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 childs) 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

Y N Unk
☐ ☐ ☐ **Diarrhea** *(3 or more loose stools within a 24 hour period)* Onset date ___/___/___
☐ ☐ ☐ Bloody stools
☐ ☐ ☐ **Abdominal pain or cramps**
☐ ☐ ☐ Nausea
☐ ☐ ☐ Vomiting
☐ ☐ ☐ Tenesmus
☐ ☐ ☐ **Any fever**, subjective or measured Temp measured? ☐ Yes ☐ No Highest measured temp _______ºF

Predisposing Conditions

Y N Unk
☐ ☐ ☐ Immunosuppressive therapy or condition, or disease Specify ______________________
☐ ☐ ☐ Other underlying medical condition Specify ______________________

Hospitalization

Y N Unk
☐ ☐ ☐ Hospitalized at least overnight for this illness Facility name ______________________
Hospital admission date ___/___/___ Discharge ___/___/___ HRN ______________________

Y N Unk
☐ ☐ ☐ Admitted to ICU Date admitted to ICU ___/___/___ Date discharged from ICU ___/___/___
☐ ☐ ☐ Still hospitalized As of ___/___/___

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 1-7 days before symptom onset)

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	☐ County/City ________ ☐ State ________ ☐ Country ________ ☐ Other ________	☐ County/City ________ ☐ State ________ ☐ Country ________ ☐ Other ________	☐ County/City ________ ☐ State ________ ☐ Country ________ ☐ 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
☐ ☐ ☐ Occupational
☐ ☐ ☐ Other ________________________________

☐ ☐ ☐ Attends child-care or preschool Location/details ________________________________

☐ ☐ ☐ Contact with diapered or incontinent child or adult

Food Exposure - ***Food exposure timeframe: 1-7 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:

- ☐ (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
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		
			☐ Bfast ☐ Bru ☐ Lun ☐ HH ☐ Din ☐ Other ________		

Y M N Unk

☐ ☐ ☐ ☐ Any food sampled (grocery, warehouse stores, food court, etc.) ____

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

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**

☐ ☐ ☐ 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

Case Name ________________________________ LHJ Case ID ________________________________

Suspected exposure type ☐ Foodborne ☐ Waterborne ☐ Person to person ☐ Sexual ☐ Health care associated ☐ Unk
☐ Other ________________________________
Describe ________________________________

Suspected exposure setting ☐ Daycare/Childcare ☐ School (not college) ☐ Doctor's office ☐ Hospital ward ☐ Hospital ER
☐ Hospital outpatient facility ☐ Home ☐ Work ☐ College ☐ Military ☐ Correctional facility ☐ Place of worship
☐ Laboratory ☐ Long term care facility ☐ Homeless/shelter ☐ International travel ☐ Out of state travel ☐ Transit
☐ Social event ☐ Large public gathering ☐ Restaurant ☐ Hotel/motel/hostel ☐ Other ________________________________
Describe ________________________________

Exposure Summary

Suspected transmission type (check all that apply) ☐ Foodborne ☐ Waterborne ☐ Person to person ☐ Sexual
☐ Health care associated ☐ Unk ☐ Other ________________________________
Describe ________________________________

Suspected transmission setting (check all that apply) ☐ Daycare/Childcare ☐ School (not college) ☐ Doctor's office
☐ Hospital ward ☐ Hospital ER ☐ Hospital outpatient facility ☐ Home ☐ Work ☐ College ☐ Military
☐ Correctional facility ☐ Place of worship ☐ Laboratory ☐ Long term care facility ☐ Homeless/shelter
☐ International Travel ☐ Out of state travel ☐ Transit ☐ Social event ☐ Large public gathering ☐ Restaurant
☐ Hotel/motel/hostel ☐ Other ________________________________
Describe ________________________________

Public Health Issues

Y N Unk
☐ ☐ ☐ Household member or close contact in sensitive occupation or setting (HCW, childcare, food)
☐ ☐ ☐ Follow-up of household members
☐ ☐ ☐ Non-occupational food handling (e.g., potlucks, receptions) during contagious period
☐ ☐ ☐ Employed as a food handler
☐ ☐ ☐ Employed as a health care worker
☐ ☐ ☐ Employed in or resident of long-term care facility
☐ ☐ ☐ Employed in childcare or preschool
☐ ☐ ☐ Attends childcare or preschool

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 ________________________________
☐ ☐ ☐ Hygiene education provided
☐ ☐ ☐ Childcare inspection
☐ ☐ ☐ Restaurant inspection Restaurant name/location ________________________________
☐ ☐ ☐ Work or childcare restriction for household member
☐ ☐ ☐ Commercial product implicated
☐ ☐ ☐ Water supply implicated
☐ ☐ ☐ Testing of home/other water supply
☐ ☐ ☐ Letter sent Date ___/___/___ Batch date ___/___/___
☐ ☐ ☐ Any other public health action ________________________________

TREATMENT

Y N Unk
☐ ☐ ☐ Did patient receive prophylaxis/treatment
Specify medication ________________________
Number of days actually taken _______

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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