Washington State Department of Health

Vibriosis (non-cholera)

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

Signs and Symptoms

Y	N	Unk	
☐	☐	☐	**Any fever**, subjective or measured Temp measured? ☐ Yes ☐ No Highest measured temp _____ºF
☐	☐	☐	**Diarrhea** *(3 or more loose stools within a 24 hour period)* Onset date ___/___/___ Max # of stools in 24 hrs _____
☐	☐	☐	Bloody diarrhea
☐	☐	☐	**Abdominal pain or cramps**
☐	☐	☐	**Vomiting**
☐	☐	☐	**Cellulitis** Site of cellulitis _____
☐	☐	☐	Bullae (blisters) Site of bullae _____
☐	☐	☐	Myalgia (muscle aches or pain)
☐	☐	☐	Headache
☐	☐	☐	Otitis externa
☐	☐	☐	Wound infection
☐	☐	☐	**Shock**
☐	☐	☐	Other symptoms consistent with this illness _____

Vibriosis required variables are in **bold.** Answers are: Yes, Maybe, No, Unknown to case

Y N Unk
☐ ☐ ☐ Any complication _____

Predisposing Conditions

Y N Unk
☐ ☐ ☐ Antacid use in 30 days prior to onset Antacid _____
☐ ☐ ☐ H2 blocker or ulcer medication (e.g., Tagamet, Zantac, Omeprazole) use in 30 days prior to onset
Medication _____
☐ ☐ ☐ Chemotherapy in 30 days prior to onset Treatment _____ Treatment date ___/___/___
☐ ☐ ☐ Chronic heart disease
☐ ☐ ☐ Heart failure
☐ ☐ ☐ Gastric surgery or gastrectomy in past
☐ ☐ ☐ Peptic ulcer
☐ ☐ ☐ Liver disease Type _____
☐ ☐ ☐ Chronic kidney disease Disease _____
☐ ☐ ☐ Diabetes mellitus
☐ ☐ ☐ Hematologic disease
☐ ☐ ☐ Immunodeficiency
☐ ☐ ☐ Immunosuppressive therapy or condition, or disease Specify _____
☐ ☐ ☐ Malignancy Type _____
☐ ☐ ☐ Alcoholism
☐ ☐ ☐ Other underlying medical conditions _____

Culture Information

Y N Unk
☐ ☐ ☐ Confirmed at state or federal public health lab

Hospitalization

Y N Unk
☐ ☐ ☐ Hospitalized at least overnight for this illness Facility name _____
☐ ☐ ☐ Died of this illness Death date ___/___/___ *Please fill in the death date information on the Person Screen*

RISK AND RESPONSE (Ask about exposures 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. _____
☐ ☐ ☐ Known contaminated food product _____

Water Exposure

Y N Unk
☐ ☐ ☐ Skin exposed to water or aquatic organisms in 7 days before illness began
☐ ☐ ☐ Skin exposed to a body of water (fresh, salt or brackish in 7 days before illness began
Date ___/___/___ Time _____ Location _____
Type ☐ Salt ☐ Fresh ☐ Brackish ☐ Unk ☐ Other _____
☐ ☐ ☐ Other contact with marine or freshwater life Date ___/___/___ Time _____
☐ ☐ ☐ Skin exposed to drippings from raw or live seafood Date ___/___/___ Time _____
Did case incur a wound before or during exposure ☐ No ☐ Ukn
☐ Yes, had a pre-existing wound
☐ Yes, sustained a wound (during exposure)
☐ Yes, uncertain if wound was new or old (at time of exposure)
Date of injury or wound ___/___/___ Describe _____
Anatomic site of injury or wound (e.g., head, arm) _____

Case Name _____ LHJ Case ID_____

Food Exposure - *Food exposure timeframe: 7 days prior to onset of illness*

Y N Unk

☐ ☐ ☐ Consumed shellfish or seafood during the 7 days before onset of illness

Type	**Eaten** Y N U	**Eaten Raw** Y N U	**Multiple Dates** Y N U	**Last date consumed**	**Type**	**Eaten** Y N U	**Eaten Raw** Y N U	**Multiple Dates** Y N U	**Last date consumed**
Clams	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___	Mussels	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___
Crabs	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___	Oysters	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___
Crawfish	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___	Scallops	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___
Fish	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___	Shrimp	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___
Lobster	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___	Other shellfish (specify)	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	___/___/___

Please fill in below if investigating specific seafood

Type of seafood being investigated (from list above) _____

Date of consumption of the seafood being investigated ___/___/___ Amount consumed _____

How prepared ☐ Fully cooked ☐ Undercooked ☐ Raw ☐ Unknown

Additional relevant information on product preparation (e.g., specific variety of seafood consumed and plating)

Y N Unk

☐ ☐ ☐ Any dining partners consume the same seafood

☐ ☐ ☐ Any become ill Describe _____

How was the seafood obtained ☐ Harvested by the patient or a friend of the patient ☐ Oyster bar or restaurant ☐ Seafood market ☐ Truck or roadside vendor ☐ Food store ☐ Other

Name of location where seafood was obtained _____ Phone # _____

Address _____ Date received ___/___/___

Y N Unk

☐ ☐ ☐ Was this seafood imported from another country Exporting country _____

☐ ☐ ☐ Was this business inspected as part of this investigation

☐ ☐ ☐ Was there evidence of improper handling or storage (check all that apply)

☐ Holding temperature violation ☐ Cross-contamination ☐ Co-mingling of live and dead shellfish ☐ Improper storage ☐ Other _____

How were the shellfish distributed to the business ☐ Shellstock (sold in shell) ☐ Shucked ☐ Unk ☐ Other _____

Y N Unk

☐ ☐ ☐ Are shipping tags available from the suspected lot *If Yes, attach tags to the record*

☐ ☐ ☐CDC surveillance form completed

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

Suspected exposure type ☐ Foodborne ☐ Waterborne ☐ Animal related ☐ Unk

☐ Other _____

Describe _____

Suspected exposure setting ☐ Home ☐ Work ☐ College ☐ Military ☐ Place of worship ☐ International travel ☐ Out of state travel ☐ Transit ☐ Social event ☐ Large public gathering ☐ Restaurant ☐ Hotel/motel/hostel

☐ Other _____

Describe _____

Exposure Summary

Public Health Interventions/Actions

Y N Unk

☐ ☐ ☐ Restaurant inspection Name/Location _____
☐ ☐ ☐ Commercial product implicated
☐ ☐ ☐ Initiate trace-back investigation
☐ ☐ ☐ 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 ___/___/___

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 _____