



# Yersiniosis

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 \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Contact 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**  
   Diarrhea (3 or more loose stools within a 24 hour period) Onset date \_\_\_/\_\_\_/\_\_\_  
   Bloody diarrhea  
   Abdominal pain or cramps  
   Any fever, subjective or measured If yes, Temp measured?  Yes  No Highest measured temp \_\_\_\_\_ °F

### Clinical Features

**Y N Unk**  
   Reactive arthritis  
   Sepsis syndrome  
   Abscess, infected lesion, wound or break in skin  
   Mesenteric lymphadenitis  
   Appendectomy  
   Erythema nodosum

**Predisposing Conditions**

**Y N Unk**

- Abdominal or other GI surgery performed within last 30 days
- Immunosuppressive therapy or condition, or disease \_\_\_\_\_
- Iron storage disease (e.g., hemochromatosis)

**Hospitalization**

**Y N Unk**

- Hospitalized at least overnight for this illness Facility name \_\_\_\_\_  
Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_
- Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

- Died of this illness Death date \_\_\_/\_\_\_/\_\_\_ *Please fill in the death date information on the Person Screen*
- Autopsy performed
- Death certificate lists disease as a cause of death or a significant contributing condition

**RISK AND RESPONSE (Ask about exposures 3-10 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 \_\_\_\_\_
- Contact with lab confirmed case
- Household
- Sexual
- Does the case know anyone else with similar symptoms or illness  
Onset date, shared meals, relationship, etc. \_\_\_\_\_
- Attends child-care or preschool Location/details \_\_\_\_\_
- Contact with diapered or incontinent child or adult
- Blood transfusion or blood products (e.g., IG, factor concentrates) recipient Date \_\_\_/\_\_\_/\_\_\_
- Blood transfusion or organ transplant Date \_\_\_/\_\_\_/\_\_\_ Location \_\_\_\_\_  
Reason \_\_\_\_\_

**Food Exposure - Food exposure timeframe: 3-10 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.) \_\_\_\_\_

**Consumed any of the following during exposure period**

*Meat*

- Y M N Unk**
- Pork (pig, roast, chops, bacon, ham, other)
- Consumed raw or undercooked
- Whole roasted pig Specify \_\_\_\_\_
- Bacon
- Pork chops
- Ground pork
- Ham
- Pork roast
- Wild boar, any cut
- Chitterlings/chitlins
- Prepared in household
- Other pork \_\_\_\_\_

*Other Processed Meat Products*

Other processed meat products (e.g., jerky, deli meats, sausage) \_\_\_\_\_

*Eggs and Dairy*

- Y M N Unk**
- 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

**Water Exposure**

**Y N Unk**

**Describe**

- Source of drinking water known
- 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

**Y N Unk**

- Any sick pets Describe \_\_\_\_\_
- Any new household pets in the last month \_\_\_\_\_
- Any contact with farm animals, including chickens or ducks
- Pigs or swine
- Other animal contact \_\_\_\_\_
- Applied or handled compost/manure
- Contact with animal manure/droppings other than dogs or cats \_\_\_\_\_

*Animal Settings*

**Y N Unk**

- Live on a farm or other setting that has farm animals \_\_\_\_\_
- Household member works with animals \_\_\_\_\_
- Hunting/butchering \_\_\_\_\_
- Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter)

*Exposure to any of the following facilities/settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Describe</b>	<b>Type of exposure</b>
Research facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Slaughterhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Veterinary facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

*Visited or worked on any of the following settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Location, animals, etc.</b>	<b>Type of exposure</b>
Petting zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Dairy farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other farm contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Agricultural 'Farm and Feed' store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
County/state fairs, 4-H events, or similar events where animals are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Pet store or other places where animals are sold or adopted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Attended any school events, birthday parties, or similar events with animals/pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other setting with animals Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

**Exposure and Transmission Summary****Y N Unk**   **Epi-linked to a confirmed or probable case**   Outbreak relatedLikely geographic region of exposure  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_  
 Not in US - country \_\_\_\_\_  UnkInternational travel related  During entire exposure period  During part of exposure period  No international travelSuspected exposure type  Foodborne  Waterborne  Animal related  Person to person  Blood products  Unk  
 Other \_\_\_\_\_

Describe \_\_\_\_\_

Exposure summary \_\_\_\_\_

**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 (childcare) until diarrhea ceases   Hygiene education provided   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 medication \_\_\_\_\_

**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 \_\_\_\_\_