



Yersiniosis

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 LHM 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

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 _____

Y N Unk

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		

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

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pork (pig, roast, chops, bacon, ham, other) |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Consumed raw or undercooked |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Whole roasted pig Specify _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Bacon |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pork chops |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ground pork |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ham |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pork roast |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Wild boar, any cut |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Chitterlings/chitlins |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Prepared in household |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Other pork _____ |

Other Processed Meat Products

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

Eggs and Dairy

Y M N Unk

- | | |
|---|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Raw/unpasteurized milk (including cow, goat, sheep, etc.)
Dairy animal type <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____
Type, variety or brand _____ |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Any raw/unpasteurized milk left over |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Cheese made from raw/unpasteurized milk including homemade, farm-fresh, and door-to-door cheeses
Type, variety or brand _____ |

Y M N Unk

- 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 _____

Y N Unk

- 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

	Y N Unk	Describe	Type of exposure
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

	Y N Unk	Location, animals, etc.	Type of exposure
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**Y N Unk** 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 RESULTSLab 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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