Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-418-5515

Yersiniosis

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Diarrhea** Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	Bloody diarrhea
☐	☐	☐	☐	**Abdominal cramps or pain**
☐	☐	☐	☐	**Fever** Highest measured temp (^{o}F): ____ ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Abdominal or other GI surgery performed within last 30 days
☐	☐	☐	☐	Immunosuppressive therapy or disease
☐	☐	☐	☐	Iron storage diseases (e.g. hemochromatosis)

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Reactive arthritis
☐	☐	☐	☐	**Sepsis syndrome**

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	***Y. enterocolitica* or *Y. pseudotuberculosis* isolation (stool, urine, or normally sterile site)**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

Washington State Department of Health **Case Name:** _____

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

	Exposure period		onset	***Contagious period***
Days from onset:	-10	-3		weeks
Calendar dates:				

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
_____
_____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Contact with lab confirmed case
☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____

☐ ☐ ☐ ☐ Contact with diapered/incontinent child or adult

☐ ☐ ☐ ☐ Chitterlings

☐ ☐ ☐ ☐ Chitterlings prepared in household

☐ ☐ ☐ ☐ Raw or rare pork or pork products

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/location: _____
_____

Y N DK NA

☐ ☐ ☐ ☐ Source of home drinking water known
☐ Individual well ☐ Shared well
☐ Public water system ☐ Bottled water
☐ Other: _____

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)

☐ ☐ ☐ ☐ Exposure to pets
Was the pet sick? ☐**Y** ☐**N** ☐**DK** ☐**NA**

☐ ☐ ☐ ☐ Zoo, farm, fair, or pet shop visit

☐ ☐ ☐ ☐ Any contact with animals at home or elsewhere
Pigs or swine ☐**Y** ☐**N** ☐**DK** ☐**NA**

☐ ☐ ☐ ☐ Any medical or dental procedure

☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates)
Date of receipt: __/__/__

☐ ☐ ☐ ☐ Organ or tissue transplant recipient,
Date: __/__/__

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Employed as food worker

☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Household member works at or attends childcare or preschool

☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Exclude case from sensitive occupations (HCW, food, childcare) or situations (child care) until diarrhea ceases

☐ Hygiene education provided

☐ Restaurant inspection

☐ Child care inspection

☐ Follow-up of household members

☐ Investigation of raw milk dairy

☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

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