



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

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:

Listeriosis

County _____

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

Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk

Headache

Stiff neck

Diarrhea Maximum # of stools in 24 hours: _____

Abdominal cramps or pain

Nausea

Vomiting

Predisposing Conditions

Y N DK NA

Immunosuppressive therapy or disease

Underlying illness Specify: _____

Infant <38 weeks gestation (preemie)

Gestational age: _____

Miscarriage or stillbirth

Pregnant

Estimated delivery date ___/___/___

OB name, address, phone: _____

Postpartum mother (<= 6 weeks)

Clinical Findings (continued)

Y N DK NA

Other clinical findings consistent with illness
 Findings: _____

Admitted to intensive care unit

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

L. monocytogenes isolation (normally sterile site: blood or cerebrospinal fluid, joint, pleural or pericardial fluid)

L. monocytogenes isolation (placental or fetal tissue from a miscarriage or stillbirth)

Food specimen submitted for testing

Clinical Findings

Y N DK NA

Meningitis

Meningoencephalitis

Bacteremia

Sepsis syndrome

Altered mental status

Abscess or infected lesion

Septic arthritis

NOTES

INFECTION TIMELINE

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

Exposure period

Days from onset:

Calendar dates:

o
n
s
e
t

Contagious period

* in stool

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
Destinations/Dates: _____
- Case knows anyone with similar symptoms
- If newborn, birth mother had febrile illness during this pregnancy
- If infant, confirmed infection in birth mother
- If newborn, confirmed Listeria infection in birth mother
- Unpasteurized milk (cow)
- Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
- Prepackaged, ready-to-eat meat (e.g. hotdogs, bologna, turkey)

Y N DK NA

- Deli sliced meat or cheese
- Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
- Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
- Preserved, smoked, or traditionally prepared fish
- Known contaminated food product
- Group meal (e.g. potluck, reception)
- Food from restaurants
Restaurant name/Location: _____

Y N DK NA

- Farm or dairy residence or work
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
- Zoo, farm, fair, or pet shop visit
- Soil exposure (e.g. gardening, potting soil, construction)

- 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

- Outbreak related

PUBLIC HEALTH ACTIONS

- Any public health action, specify: _____

NOTES

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____