

INFECTION TIMELINE

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

Exposure period
Days from onset: -4 -0

o
n
s
e
t

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: _____

- Shellfish or seafood
County or location shellfish collected: _____

- Undercooked, or raw: Y N DK NA
- Handled raw seafood

- 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

Note: Section IV (only) of the CDC surveillance report form is also required for each seafood type ingested during the exposure period. The CDC surveillance report form can be found at: <http://www.doh.wa.gov/ehp/sf/vibqx.pdf>

PATIENT PROPHYLAXIS / TREATMENT

Y N DK NA

- Antibiotics prescribed for this illness Antibiotic name: _____
Date/time antibiotic treatment began: ___/___/___ AM PM # days antibiotic actually taken: _____

PUBLIC HEALTH ISSUES

Y N DK NA

- Outbreak related

PUBLIC HEALTH ACTIONS

- Initiate trace-back investigation
- Restaurant inspection
- Other, specify: _____

NOTES

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

Local health jurisdiction _____