



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: \_\_\_\_\_

# Shigellosis

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**  
    **Diarrhea** Maximum # of stools in 24 hours: \_\_\_\_\_  
    Bloody diarrhea  
    **Abdominal cramps or pain**  
    Nausea  
    Vomiting  
    **Fever** Highest measured temp (°F): \_\_\_\_\_  
 Oral  Rectal  Other: \_\_\_\_\_  Unk

### 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

### Predisposing Conditions

**Y N DK NA**  
    Immunosuppressive therapy or disease

### Laboratory

Collection date \_\_\_/\_\_\_/\_\_\_

**Y N DK NA**  
    **Shigella isolated**  
 Shigella species: \_\_\_\_\_  
 PFGE pattern: \_\_\_\_\_

### Clinical Findings

**Y N DK NA**  
    **Hemolytic uremic syndrome (HUS)**  
    Kidney dialysis as result of illness

## NOTES

**INFECTION TIMELINE**

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

Days from onset:	<b>Exposure period</b>		o n s e t	<b>Contagious period</b>	
	-7	-1		weeks	
Calendar dates:					

**EXPOSURE (Refer to dates above)**

<p><b>Y N DK NA</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Travel out of the state, out of the country, or outside of usual routine Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country Destinations/Dates: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does case know anyone with similar symptoms or illness?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with lab confirmed case <input type="checkbox"/> Household <input type="checkbox"/> Sexual <input type="checkbox"/> Needle use <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Epidemiologic link to a confirmed human case</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contact with diapered or incontinent child or adult</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Congregate living Type: <input type="checkbox"/> Barracks <input type="checkbox"/> Corrections <input type="checkbox"/> Long term care <input type="checkbox"/> Dormitory <input type="checkbox"/> Boarding school <input type="checkbox"/> Camp <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Group meal (e.g. potluck, reception)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Food from restaurants Restaurant name/Location: _____</p>	<p><b>Y N DK NA</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Source of home drinking water known <input type="checkbox"/> Individual well <input type="checkbox"/> Shared well <input type="checkbox"/> Public water system <input type="checkbox"/> Bottled water <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drank untreated/unchlorinated water (e.g. surface, well)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sewage or human excreta</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any type of sexual contact with others during exposure period # female sexual partners: _____ # male sexual partners: _____</p>
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**NOTES**

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

**PATIENT PROPHYLAXIS/TREATMENT**

**PUBLIC HEALTH ISSUES**      **PUBLIC HEALTH ACTIONS**

<p><b>Y N DK NA</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employed as food worker</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-occupational food handling (e.g. potlucks, receptions) during contagious period</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employed as health care worker</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employed in child care or preschool</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attends child care or preschool</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Household member or close contact in sensitive occupation or setting (HCW, child care, food)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outbreak related</p>	<p><input type="checkbox"/> Exclude individuals in sensitive occupations (HCW, food, child care) or situation until 2 negative stools</p> <p><input type="checkbox"/> Consider excluding symptomatic contacts in sensitive occupations (HCW, food, child care) or situations (child care) until 2 negative stools</p> <p><input type="checkbox"/> Initiate trace-back investigation</p> <p><input type="checkbox"/> Child care inspection</p> <p><input type="checkbox"/> Hygiene education provided</p> <p><input type="checkbox"/> Restaurant inspection</p> <p><input type="checkbox"/> Follow-up of household members</p> <p><input type="checkbox"/> Work or child care restriction for household member</p> <p><input type="checkbox"/> Testing of home/other water supply</p> <p><input type="checkbox"/> Other, specify: _____</p>
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Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_/\_\_\_/\_\_\_

Local health jurisdiction \_\_\_\_\_

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