Washington State Department of Health

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

Campylobacteriosis

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
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting
☐	☐	☐	☐	**Fever** Highest measured temp (^{o}F): _____ ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Guillain-Barre syndrome
☐	☐	☐	☐	Reactive arthritis

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	
☐	☐	☐	☐	***Campylobacter* isolation**

Campylobacter species: _____

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	-1		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 Destinations/Dates: _____ _____
☐	☐	☐	☐	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 or incontinent child or adult
☐	☐	☐	☐	Congregate living Type: ☐ Barracks ☐ Corrections ☐ Long term care ☐ Dormitory ☐ Boarding school ☐ Camp ☐ Shelter ☐ Other: _____
☐	☐	☐	☐	Poultry Undercooked: ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	Handled raw poultry
☐	☐	☐	☐	Unpasteurized milk (cow)
☐	☐	☐	☐	Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)

Y	N	DK	NA	
☐	☐	☐	☐	Group meal (e.g. potluck, reception)
☐	☐	☐	☐	Food from restaurants Restaurant name/Location: _____ _____
☐	☐	☐	☐	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)
☐	☐	☐	☐	Case or household member lives or works on farm/dairy
☐	☐	☐	☐	Exposure to pets Was the pet sick? ☐**Y** ☐**N** ☐**DK** ☐**NA**
☐	☐	☐	☐	Zoo, farm, fair or pet shop visit
☐	☐	☐	☐	Livestock or farm poultry
☐	☐	☐	☐	Outdoor or recreational activities (e.g. lawn mowing, gardening, hunting, hiking, camping, sports, yard work)

☐ **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

Y	N	DK	NA	
☐	☐	☐	☐	Employed as food worker
☐	☐	☐	☐	Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐	☐	☐	☐	Employed as health care worker
☐	☐	☐	☐	Employed in child care or preschool
☐	☐	☐	☐	Attends child care or preschool
☐	☐	☐	☐	Household member or close contact in sensitive occupation or setting (HCW, child care, food)
☐	☐	☐	☐	Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Child care inspection
- ☐ Investigation of raw milk dairy
- ☐ Work or child care restriction for household member
- ☐ Exclude from sensitive occupations (HCW, child, food) or situations (child care) until diarrhea ceases
- ☐ Initiate trace-back investigation
- ☐ Other, specify: _____

NOTES

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

Local health jurisdiction _____

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