PATIENT'S NAME: | **TEL.:** Home Work

ADDRESS:

PHYSICIAN'S NAME: | **TEL.:**

– PATIENT IDENTIFIERS NOT TRANSMITTED TO CDC

Reset Form

SEND COMPLETED REPORT TO STATE INFECTION CONTROL

State will forward to: Centers for Disease Control and Prevention
Enteric Diseases Epidemiology Branch
1600 Clifton Road, MS C09
Atlanta, GA 30333 | Fax 404-639-2205

CDC
Centers for Disease Control and Prevention

CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

OMB 0920- 0004 Exp. Date 06/30/2013

I. DEMOGRAPHIC AND ISOLATE INFORMATION

REPORTING HEALTH DEPARTMENT

1. First three letters of patient's last name: ☐☐☐

State: ☐☐ | City: | County/Parish:

State Epi No.: | State Lab Isolate ID: | CDC USE ONLY ☐☐ ☐☐ ☐☐ ☐☐ ☐☐ | FDA No.

2. Date of birth: Mo. ☐☐ Day ☐☐ Yr. ☐☐☐☐

3. Age: Years ☐☐ Mos. ☐☐

4. Sex: ☐ M (1) ☐ F (2) ☐ Unk. (9)

5. Ethnicity: Hispanic or Latino Origin? ☐ Yes (1) ☐ No (2) ☐ Unk. (9) Reset #5

6. Race: Reset #6 ☐ American Indian/ Alaska Native (5) ☐ Asian (4) ☐ Black or African American (2) ☐ Native Hawaiian or other Pacific Islander (6) ☐ White (1) ☐ Unk. (9)

7. Occupation: _____

8. Vibrio species isolated (check one or more): Reset #4

Species	Source of specimen(s) collected from patient: Stool	Blood	Wound	Other	Date specimen collected (If more than one specify earliest date) Mo. Day Yr.	If wound or other, specify site :
☐ *V. alginolyticus*	☐	☐	☐	☐		
☐ *V. cholerae* O1	☐	☐	☐	☐		
☐ *V. cholerae* O139	☐	☐	☐	☐		
☐ *V. cholerae* non -O1, non -O139	☐	☐	☐	☐		
☐ *V. cincinnatiensis*	☐	☐	☐	☐		
☐ *Photobacterium damselae* subsp.*damselae* (formerly *V. damsela*)	☐	☐	☐	☐		
☐ *V. fluvialis*	☐	☐	☐	☐		
☐ *V. furnissii*	☐	☐	☐	☐		
☐ *Grimontia hollisae* (formerly *V. hollisae*)	☐	☐	☐	☐		
☐ *V. metschnikovii*	☐	☐	☐	☐		
☐ *V.h mimicus*	☐	☐	☐	☐		
☐ *V. parahaemolyticus*	☐	☐	☐	☐		
☐ *V. vulnificus*	☐	☐	☐	☐		
☐ *Vibrio* species -not identified	☐	☐	☐	☐		
☐ Other (specify): _____	☐	☐	☐	☐		

9. Were other organisms isolated from the same specimen that yielded *Vibrio*? Reset #9 Yes (1) ☐ No (2) ☐ Unk. (9) ☐

Other (specify): _____

10. Was the identification of the species of *Vibrio* (e.g., *vulnificus, fluvialis*) confirmed at the State Public Health Laboratory? Reset #10 Yes (1) ☐ No (2) ☐ Unk. (9) ☐

11. Complete the following information if the isolate is *Vibrio cholerae* O1 or O139:

Serotype (check one): ☐ Inaba (1) ☐ Ogawa (2) ☐ Hikojima (3) ☐ Not Done (4) ☐ Unk. (9)

Biotype (check one): ☐ El Tor (1) ☐ Classical (2) ☐ Not Done (3) ☐ Unk. (9)

Toxigenic? (check one): Yes (1) ☐ No (2) ☐ Unk. (9) ☐

If YES, toxin positive by: (check all, that apply) ☐ ELISA ☐ Latex agglutination ☐ Other (specify): _____

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Name of Hospital: _____

Address: _____

State: ☐☐ Age: ☐☐ Sex: ☐

II. CLINICAL INFORMATION

Vibrio species: _____

1. Date and time of onset of first symptoms:

Mo. ☐☐ Day ☐☐ Yr. ☐☐

Hour ☐☐ Min. ☐☐ ☐ am (1) ☐ pm (2)

2. Symptoms and signs:

Reset #2

	Yes (1)	No (2)	Unk. (9)
Fever ..... max. temp. ☐☐☐.☐ ☐ F (1) ☐ C (2)	☐	☐	☐
Nausea	☐	☐	☐
Vomiting	☐	☐	☐
Diarrhea (max. no. stools/24 hours: _____)	☐	☐	☐
Visible blood in stools	☐	☐	☐
Abdominal cramps	☐	☐	☐
Headache	☐	☐	☐
Muscle pain	☐	☐	☐
Cellulitis	☐	☐	☐
Bullae	☐	☐	☐
Shock (systolic BP <90)	☐	☐	☐
Other	☐	☐	☐

Site: _____

Site: _____

(specify): _____

3. Total duration of illness: _____ (days)

4. Admitted to a hospital for this illness? ☐ Yes (1) ☐ No (2) ☐ Unk. (9)

Admission date: Mo. ☐☐ Day ☐☐ Yr. ☐☐

Discharge date: Mo. ☐☐ Day ☐☐ Yr. ☐☐

5. Any sequelae? (e.g., amputation, skin graft)

☐ Yes (1) _____

☐ No (2) _____

☐ Unk. (9) _____

6. Did patient die? Reset #6

☐ Yes (1) ☐ No (2) ☐ Unk. (9)

If YES, date of death: Mo. ☐☐ Day ☐☐ Yr. ☐☐

7. Did patient take an antibiotic as treatment for this illness? (643)

Yes (1) ☐ No (2) ☐ Unk. (9) ☐

Reset #7

If YES, name(s) of antibiotic(s): Reset #4 Reset #5

1. _____ Date began antibiotic: Mo. ☐☐ Day ☐☐ Yr. ☐☐ Date ended antibiotic: Mo. ☐☐ Day ☐☐ Yr. ☐☐

2. _____

3. _____

8. Pre-existing conditions? Reset #8

	Yes (1)	No (2)	Unk. (9)
Alcoholism	☐	☐	☐
Diabetes	☐	☐	☐
Peptic ulcer	☐	☐	☐
Gastric surgery	☐	☐	☐
Heart disease	☐	☐	☐
Hematologic disease	☐	☐	☐
Immunodeficiency	☐	☐	☐
Liver disease	☐	☐	☐
Malignancy	☐	☐	☐
Renal disease	☐	☐	☐
Other	☐	☐	☐

on insulin? Yes (1) ☐ No (2) ☐ Unk. (9) ☐

type: _____

Heart failure? ☐ ☐ ☐

type: _____

type: _____

type: _____

type: _____

type: _____

specify: _____

9. Was the patient receiving any of the following treatments or taking any of the following medications in the 30 days before this *Vibrio* illness began?

Reset #9

	Yes (1)	No (2)	Unk. (9)	If YES, specify treatment and dates:
Antibiotics	☐	☐	☐	_____
Chemotherapy	☐	☐	☐	_____
Radiotherapy	☐	☐	☐	_____
Systemic steroids	☐	☐	☐	_____
Immunosuppressants	☐	☐	☐	_____
Antacids	☐	☐	☐	_____
H_2-Blocker or other ulcer medication (e.g., Tagamet, Zantac, Omeprazole)	☐	☐	☐	_____

III. EPIDEMIOLOGIC INFORMATION

1. Did this case occur as part of an outbreak? (Two or more cases of *Vibrio* infection) Yes (1) ☐ No (2) ☐ Unk. (9) ☐ Reset #1

If YES, describe: _____

2. Did the patient travel outside his/her home state in the 7 days before illness began? **Patient home state:** ☐☐ Reset #2

Yes (1) ☐ No (2) ☐ Unk. (9) ☐

If YES, list destination(s) and dates:

City/State/Country	Date Entered (Mo. Day Yr.)	Date Left (Mo. Day Yr.)
1. _____	☐☐ ☐☐ ☐☐	☐☐ ☐☐ ☐☐
2. _____	☐☐ ☐☐ ☐☐	☐☐ ☐☐ ☐☐
3. _____	☐☐ ☐☐ ☐☐	☐☐ ☐☐ ☐☐

3. Please specify which of the following seafoods were eaten by the patient in the 7 days before illness began: (If multiple times, most recent meal) Reset #3

Type of seafood	Yes (1)	No (2)	Unk. (9)	Mo.	Day	Yr.	Any eaten raw? Yes (1)	No (2)	Unk. (9)
Clams	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Crab	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Lobster	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Mussels	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Oysters	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐

Type of seafood	Yes (1)	No (2)	Unk. (9)	Mo.	Day	Yr.	Any eaten raw? Yes (1)	No (2)	Unk. (9)
Shrimp	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Crawfish	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Other shellfish (specify): _____	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐
Fish (specify): _____	☐	☐	☐	☐☐	☐☐	☐☐	☐	☐	☐

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State: Age: Sex:

III. EPIDEMIOLOGIC INFORMATION (CONT.)

Vibrio species: _____

Reset #4

4. In the 7 days before illness began, was patient's skin exposed to any of the following?

	Yes (1)	No (2)	Unk. (9)
A body of water (fresh, salt, or brackish water)			
Drippings from raw or live seafood			
Other contact with marine or freshwater life			

If YES, specify body of water location: _____

Date of exposure: Mo. Day Yr.

Time of exposure: Hour Min. am (1) pm (2)

If YES, to any of the above, answer each:

	Yes (1)	No (2)	Unk. (9)
Handling/cleaning seafood			
Swimming/diving/wading			
Walking on beach/shore/ fell on rocks/shells			
Boating/skiing/surfing			
Construction/repairs			
Bitten/stung			
Other: (specify)			

_____

- If skin was exposed to water, indicate type:
  - Salt (1) Brackish (3) Unk. (9)
  - Fresh (2) Other(specify): (8) _____

Additional comments: _____

- If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound? (choose one):
  - YES, sustained a wound. (1) YES, had a pre-existing wound. (2) YES, uncertain if wound new or old. (3) NO (4) Unk. (9)

If YES, describe how wound occurred and site on body :
(Note: Skin bullae that appear as part of the acute illness should be recorded in section II, Clinical Information, only).

_____

If isolate is *Vibrio cholerae* O1 or O139, please answer questions 5 - 8.

5. If patient was infected with *V. cholerae* O1 or O139, to which of the following risks was the patient exposed in the 4 days before illness began:

	Yes (1)	No (2)	Unk. (9)
Raw seafood			
Cooked seafood			
Foreign travel			
Other person(s) with cholera or cholera-like illness			
Street-vended food			
Other			

(specify): _____

6. If answered "yes" to foreign travel (question III. 5), had the patient been educated in cholera prevention measures before travel? Yes (1) No (2) Unk. (9)

If YES, check all source(s) of information received:

- Pre-travel clinic
- Airport (departure gate)
- Newspaper
- Friends
- Private physician
- Health department
- Travel agency
- CDC travelers' hotline
- Other (specify): _____

7. If answered "yes" to foreign travel (question III. 5), what was the patient's reason for travel? (check all that apply)

- To visit relatives/friends (1401)
- Business
- Tourism
- Military
- Other (specify): _____
- Unk.

8. Has patient ever received a cholera vaccine? Yes (1) No (2) Unk. (9)

(If YES, specify type most recently received):

Oral Parenteral

Most recent date: Mo. Day Yr.

If domestically acquired illness due to <u>any</u> *Vibrio* species is suspected to be related to seafood consumption, please complete section IV (Seafood Investigation).

ADDITIONAL INFORMATION or COMMENTS

CDC Use Only Source:

Comment: _____

Syndrome:

CDC Isolate No. _____

Person completing section I - III: _____ Date: Mo. Day Yr.

Title/Agency: _____ Tel.: _____

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State: Age: Sex:

IV. SEAFOOD INVESTIGATION SECTION

Vibrio species:

For each seafood ingestion investigated, please complete as many of the following questions as possible. (Include additional pages section IV if more than one seafood type was ingested and investigated.)

1. Type of seafood (e.g., clams):

Date consumed: Mo. Day Yr.

Time consumed: Hour Min. am (1) pm (2)

Amount consumed:

Reset #1

If patient ate multiple seafoods in the 7 days before onset of illness, please note why this seafood was investigated (e.g.,consumed raw, implicated in outbreak investigation):

2. How was this fish or seafood prepared? Reset #2

Raw (1) Baked (2) Boiled (3) Broiled (4) Fried (5) Steamed (6) Unk. (9) Other (8) (specify):

Reset #3

3. Was seafood imported from another country? Yes (1) No (2) Unk. (9)

If YES, specify exporting country if known:

4. Was this fish or shellfish harvested by the patient or a friend of the patient? Yes (1) No (2) Unk. (9) (If YES, go to question 12.) Reset #4

5. Where was this seafood obtained? (Check one)

Oyster bar or restaurant (1)
Truck or roadside vendor (2)
Food store (3)
Seafood market (4)
Other (8) (specify):

6. Name of restaurant, oyster bar, or food store: Tel:

Address:

7. If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet? (1591)

Shellstock (sold in the shell) (1) Shucked (2) Unk. (9) Other (8) (specify):

8. Date restaurant or food outlet received seafood: Mo. Day Yr.

9. Was this restaurant or food outlet inspected as part of this investigation? Yes (1) No (2) Unk. (9)

10. Are shipping tags available from the suspect lot? Yes (1) No (2) Unk. (9) (Attach copies if available)

11. Shippers who handled suspected seafood: (please include certification numbers if on tags)

12. Source(s) of seafood:

13. Harvest site: Date: Mo. Day Yr. Status: Reset #13

Approved (1) Prohibited (2) Conditional (3) Other (8) (specify):

Approved (1) Prohibited (2) Conditional (3) Other (8) (specify):

14. Physical characteristics of harvest area as close as possible to harvest date: Reset #14

	Result		Date Measured Mo. Day Yr.
Maximum ambient temp.		F (1) C (2)	
Surface water temp.		F (1) C (2)	
Salinity (ppt)			
Total rainfall (inches in prev. 5 days)			
Fecal coliform count			(Attach copy of coliform data)

15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point? Yes (1) No (2) Unk. (9) If YES, specify deficiencies: Reset #15

Person completing section IV: Date: Mo. Day Yr.

Title/Agency: Tel.:

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