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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 D36
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

1. First three letters of patient's last name: (1-3)

REPORTING HEALTH DEPARTMENT

State: (4-5) | **City:** (6-15) | **County/Parish:** (16-26)

State Epi No.: (27-37) | **State Lab Isolate ID:** (38-49) | **CDC USE ONLY** (50-60) | **FDA No.:** (61-69)

2. Date of birth: Mo. Day Yr. (70-75)

3. Age: Years Mos. (76-79)

4. Sex: (80) M (1) F (2) Unk. (9)

5. Ethnicity: (81) 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: (71-81)

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

Species	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				(85)	(86-91)	(92-103)
V. cholerae O1				(107)	(108-113)	(114-125)
V. cholerae O139				(129)	(130-135)	(136-147)
V. cholerae ***non***-O1, ***non***-O139				(151)	(152-157)	(158-169)
V. cincinnatiensis				(173)	(174-179)	(180-191)
V. damsela				(195)	(196-201)	(202-213)
V. fluvialis				(217)	(218-223)	(224-235)
V. furnissii				(239)	(240-245)	(246-257)
V. hollisae				(261)	(262-267)	(268-279)
V. metschnikovii				(283)	(284-289)	(290-301)
V. mimicus				(305)	(306-311)	(312-323)
V. parahaemolyticus				(327)	(328-333)	(334-345)
V. vulnificus				(349)	(350-355)	(356-367)
Vibrio species - not identified				(371)	(372-377)	(378-389)
Other (specify): (390-405)				(409)	(410-415)	(416-427)

9. Were other organisms isolated from the same specimen that yielded *Vibrio*? Yes (1) No (2) Unk. (9) (428) Reset #9

Specify organism(s): (429-450)

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) (451)

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

Serotype (452) (check one)
Inaba (1) Ogawa (2) Hikojima (3) Not Done (4) Unk. (9)

Biotype (453) (check one)
El Tor (1) Classical (2) Not Done (3) Unk. (9)

Toxigenic? (454) (check one) Yes (1) No (2) Unk. (9)

If YES, toxin positive by: (check all, that apply)
ELISA (455)
Latex agglutination (456)
Other (specify): (457-471)

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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. (472-7)

Hour Min. am (1) pm (2) (478-9) (480-1) (482)

2. Symptoms and signs:

	Yes (1)	No (2)	Unk. (9)	
Fever ..... max. temp. (483-5) . (486) (487) F (1) C (2) (488)				(489)
Nausea				(490)
Vomiting				(491)
Diarrhea				(492)
(max. no. stools/24 hours: _____) (493-494)				
Visible blood in stools				(495)
Abdominal cramps				(496)

Reset #2

	Yes (1)	No (2)	Unk. (9)	
Headache				(497)
Muscle pain ..				(498)
Cellulitis				(499) Site:
Bullae				(515) Site: (516-530)
Shock ..... (systolic BP <90)				(531)
Other				(532) (specify): (533-549)

3. Total duration of illness:

(days) (550-552)

4. Admitted to a hospital for this illness? (55

Reset #4

Yes (1) No (2) Unk.(9)

	Mo.	Day	Yr.	
Admission date:				(554-559)
Discharge date:				(560-565)

5. Any sequelae? (e.g., amputation, skin graft) (566)

If YES, describe:

Reset #5

Yes (1) No (2) Unk.(9) (567-635)

6. Did patient die? (636)

Reset #6

Yes (1) No (2) Unk.(9)

If YES, date of death: Mo. Day Yr. (637-642)

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):

		Date began antibiotic: Mo. Day Yr.		Date ended antibiotic: Mo. Day Yr.	
1.	(644-646)	(647-652)		(653-658)	
2.	(659-661)	(662-667)		(668-673)	
3.	(674-676)	(677-682)		(683-688)	

8. Pre-existing conditions?

Reset #8

	Yes (1)	No (2)	Unk. (9)		
Alcoholism				(689)	
Diabetes				(690)	on insulin? Yes (1) No (2) Unk. (9) (691)
Peptic ulcer				(692)	
Gastric surgery				(693)	type: (694-709)
Heart disease				(710)	Heart failure? (711)
Hematologic disease				(712)	type: (713-728)
Immunodeficiency ...				(729)	type: (730-745)
Liver disease				(746)	type: (747-762)
Malignancy				(763)	type: (764-779)
Renal disease				(780)	type: (781-796)
Other				(797)	specify: (798-810)

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				(811)	
Chemotherapy				(831)	
Radiotherapy				(851)	
Systemic steroids ..				(871)	
Immunosuppressants				(891)	
Antacids				(911)	(912-930)
H_2-Blocker or other ulcer medication ..... (e.g., Tagamet, Zantac, Omeprazole)				(931)	(932-950)

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) (951)

Reset #1

If YES, describe: (952-970)

2. Did the patient travel outside his/her home state in the 7 days before illness began?

Reset #2

Yes (1) No (2) Unk. (9) (973)

Patient home state: (971-972)

If YES, list destination(s) and dates:

	City/State/Country	Date Entered Mo. Day Yr.		Date Left Mo. Day Yr.	
1.	(974-1004)	(1005-1010)		(1011-1016)	
2.	(1017-1047)	(1048-1053)		(1054-1059)	
3.	(1060-1090)	(1091-1096)		(1097-1102)	

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				(1103)		(1104-1109)		(1110)
Crab				(1111)		(1112-1117)		(1118)
Lobster ...				(1119)		(1120-1125)		(1126)
Mussels ..				(1127)		(1128-1133)		(1134)
Oysters ..				(1135)		(1136-1141)		(1142)

Type of seafood	Yes (1)	No (2)	Unk. (9)		Mo. Day Yr.		Any eaten raw? Yes (1) No (2) Unk. (9)	
Shrimp				(1143)		(1144-1149)		(1150)
Crawfish				(1151)		(1152-1157)		(1158)
Other shellfish				(1159)		(1160-1165)		(1166)
(specify):						(1167-1191)		
Fish				(1192)		(1193-1198)		(1199)
(specify):						(1200-1225)		

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State: Age: Sex:

III. EPIDEMIOLOGIC INFORMATION (CONT.)

Vibrio species:

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

	Yes (1)	No (2)	Unk. (9)	
A body of water (fresh, salt, or brackish water)	☐	☐	☐	(1226)
Drippings from raw or live seafood	☐	☐	☐	(1227)
Other contact with marine or freshwater life	☐	☐	☐	(1228)

If YES, specify body of water location: (1229-1242)

Date of exposure: Mo. Day Yr. (1250-5)

Time of exposure: Hour (1256-7) Min. (1258-9) ☐ am (1) ☐ pm (2) (1260)

If YES to any of the above, answer each:

	Yes (1)	No (2)	Unk. (9)		Yes (1)	No (2)	Unk. (9)	
Handling/cleaning seafood	☐	☐	☐	(1243)	Construction/repairs	☐	☐	☐	(1247)
Swimming/diving/wading	☐	☐	☐	(1244)	Bitten/stung	☐	☐	☐	(1248)
Walking on beach/shore/ fell on rocks/shells	☐	☐	☐	(1245)	Other: (specify)	☐	☐	☐	(1249)
Boating/skiing/surfing	☐	☐	☐	(1246)					

(1261-1275)

- If skin was exposed to water, indicate type: (1276)

☐ Salt (1) ☐ Brackish (3) ☐ Unk. (9) ☐ Fresh (2) ☐ Other (8) (specify): (1277-1284)

Additional comments: (1285-1290)

- If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound? (choose one): (1291)

☐ 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). (1292-1320)

If isolate is *Vibrio cholerae* O1or 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: Reset #5

	Yes (1)	No (2)	Unk. (9)	
Raw seafood	☐	☐	☐	(1321)
Cooked seafood	☐	☐	☐	(1322)
Foreign travel	☐	☐	☐	(1323)
Other person(s) with cholera or cholera-like illness	☐	☐	☐	(1324)
Street-vended food	☐	☐	☐	(1325)
Other	☐	☐	☐	(1326)

(specify): (1327-1350)

6. If answered "yes" to foreign travel (question III. 5), had the patient been educated in cholera prevention measures before travel? Reset #6 Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1351)

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

☐ Pre-travel clinic (1352) ☐ Friends (1355) ☐ Travel agency (1358)
☐ Airport (departure gate) (1353) ☐ Private physician (1356) ☐ CDC travelers' hotline (1359)
☐ Newspaper (1354) ☐ Health department (1357) ☐ Other (specify): (1360) (1361-1400)

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

☐ To visit relatives/friends (1401)
☐ Business (1402)
☐ Tourism (1403)
☐ Military (1404)
☐ Other (specify): (1405) (1406-1426)
☐ Unk. (1427)

8. Has patient ever received a cholera vaccine? Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1428)

Reset #8

(If YES, specify type most recently received):

☐ Oral (1429) ☐ Parenteral (1430)

Most recent date: Mo. Day Yr. (1431-1436)

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

Person completing section I - III: **Date:** Mo. Day Yr. (1437-1442)

Title/Agency: **Tel.:**

CDC Use Only

Source: (1443) ☐

Comment: (1444-1454)

Syndrome: (1455) ☐

CDC Isolate No. (1456-1463)

(OVER)

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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): (1464-1480)

Date consumed: Mo. Day Yr. (1481-1486)

Time consumed: Hour (1487-8) Min. (1489-90) am (1) pm (2) (1491) Reset #1

Amount consumed: (1492-1512)

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): (1514-1530)

3. Was seafood imported from another country? Reset #3 Yes (1) No (2) Unk. (9) (1531) If YES, specify exporting country if known: (1532-1554)

4. Was this fish or shellfish harvested by the patient or a friend of the patient? Yes (1) No (2) Unk. (9) (1555) (If YES, go to question 12.) Reset #4

5. Where was this seafood obtained? (1556) (Check one)

Oyster bar or restaurant (1) Seafood market (4) Unk. (9)
Truck or roadside vendor (2) Other (8) (specify): (1557-1590)
Food store (3)

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): (1592-1610)

8. Date restaurant or food outlet received seafood: Mo. Day Yr. (1611-1616)

9. Was this restaurant or food outlet inspected as part of this investigation? Yes (1) No (2) Unk. (9) (1617)

10. Are shipping tags available from the suspect lot? (1618) 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: (1619-1639) **Date:** Mo. Day Yr. (1640-1645) **Status:** (1646) Approved (1) Prohibited (2) Conditional (3) Other (8) (specify): (1647-1666)

(1667-1687) (1688-1693) (1694) Approved (1) Prohibited (2) Conditional (3) Other (8) (specify): (1695-1714)

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

	Result		Date Measured Mo. Day Yr.
Maximum ambient temp. (1715-1718)		F (1) C (2) (1719)	(1720-1725)
Surface water temp. (1726-1727)		F (1) C (2) (1728)	(1729-1734)
Salinity (ppt) (1735-1736)			(1737-1742)
Total rainfall (inches in prev. 5 days) (1743-1744)			(1745-1750)
Fecal coliform count (1751-1755)			(1756-1761)

(Attach copy of coliform data)

15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point? Reset #15 Yes (1) No (2) Unk. (9) (1762) If YES, specify deficiencies:

Person completing section IV:

Date: Mo. Day Yr. (1763-1768)

Title/Agency:

Tel.:

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