

| | |
|--------------------------|---------------------------------------|
| PATIENT'S NAME: | TEL.: Home _____ Work _____ |
| ADDRESS: | |
| PHYSICIAN'S NAME: | TEL.: |

- PATIENT IDENTIFIERS NOT TRANSMITTED TO CDC



CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

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 D63
 Atlanta, GA 30333
 Fax 404-639-2205
 OMB 0920- 0004 Exp. Date 0 6/30/2013

I. DEMOGRAPHIC AND ISOLATE INFORMATION

REPORTING HEALTH DEPARTMENT

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

| | | |
|--|--|--|
| | | |
|--|--|--|

(1-3)

| | | | | |
|--|---|--|------------------------------------|--|
| State: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table> <small>(4-5)</small> | | | City: <small>(6-15)</small> | County/Parish: <small>(16-26)</small> |
| | | | | |
| State Epi No.: <small>(27-37)</small> | State Lab Isolate ID: <small>(38-48)</small> | FDA No.: <small>(61-69)</small> | | |

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) (9)
 No (2)

6. Race: (70)

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

7. Occupation: (71-81)

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

| Species | Source of specimen(s) collected from patient | | | | Date specimen collected (If more than one specify earliest date) | | | If wound or other, specify site : |
|--|--|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| | Stool | Blood | Wound | Other | Mo. | Day | Yr. | |
| <input type="checkbox"/> <i>V. alginolyticus</i> <small>(85)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(86-91)</small> _____ <small>(92-103)</small> |
| <input type="checkbox"/> <i>V. cholerae</i> O1 <small>(107)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(108-113)</small> _____ <small>(114-125)</small> |
| <input type="checkbox"/> <i>V. cholerae</i> O139 <small>(129)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(130-135)</small> _____ <small>(136-147)</small> |
| <input type="checkbox"/> <i>V. cholerae non-O1, non-O139</i> <small>(151)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(152-157)</small> _____ <small>(158-169)</small> |
| <input type="checkbox"/> <i>V. cincinnatiensis</i> <small>(173)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(174-179)</small> _____ <small>(180-191)</small> |
| <input type="checkbox"/> <i>V. damsela</i> <small>(195)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(196-201)</small> _____ <small>(202-213)</small> |
| <input type="checkbox"/> <i>V. fluvialis</i> <small>(217)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(218-223)</small> _____ <small>(224-235)</small> |
| <input type="checkbox"/> <i>V. furnissii</i> <small>(239)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(240-245)</small> _____ <small>(246-257)</small> |
| <input type="checkbox"/> <i>V. hollisae</i> <small>(261)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(262-267)</small> _____ <small>(268-279)</small> |
| <input type="checkbox"/> <i>V. metschnikovii</i> <small>(283)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(284-289)</small> _____ <small>(290-301)</small> |
| <input type="checkbox"/> <i>V. mimicus</i> <small>(305)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(306-311)</small> _____ <small>(312-323)</small> |
| <input type="checkbox"/> <i>V. parahaemolyticus</i> <small>(327)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(328-333)</small> _____ <small>(334-345)</small> |
| <input type="checkbox"/> <i>V. vulnificus</i> <small>(349)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(350-355)</small> _____ <small>(356-367)</small> |
| <input type="checkbox"/> <i>Vibrio</i> species - not identified <small>(371)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(372-377)</small> _____ <small>(378-389)</small> |
| <input type="checkbox"/> Other (specify): _____ <small>(390-405)</small> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <small>(410-415)</small> _____ <small>(416-427)</small> |

9. Were other organisms isolated from the same specimen that yielded *Vibrio*?

Yes (1) No (2) Unk. (9)
(428)

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?

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) Not Done (4)
 Ogawa (2) Unk. (9)
 Hikojima (3)

Biotype (453) (check one)

El Tor (1) Not Done (3)
 Classical (2) Unk. (9)

Toxicogenic? (454) (check one) If YES, toxin positive by: (check all, that apply)

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

ELISA (455)
 Latex agglutination (456)
 Other (specify): _____ (457-471)

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 pm. 2. Symptoms and signs: Fever, Nausea, Vomiting, Diarrhea, Visible blood in stools, Abdominal cramps, Headache, Muscle pain, Cellulitis, Bullae, Shock, Other.

3. Total duration of illness: (days). 4. Admitted to a hospital for this illness? Admission date: Discharge date: 5. Any sequelae? If YES, describe: 6. Did patient die? If YES, date of death:

7. Did patient take an antibiotic as treatment for this illness? If YES, name(s) of antibiotic(s): Date began antibiotic: Date ended antibiotic:

8. Pre-existing conditions? Alcoholism, Diabetes, Peptic ulcer, Gastric surgery, Heart disease, Hematologic disease, Immunodeficiency, Liver disease, Malignancy, Renal disease, Other. 9. Was the patient receiving any of the following treatments or taking any of the following medications in the 30 days this Vibrio illness began? before: Antibiotics, Chemotherapy, Radiotherapy, Systemic steroids, Immunosuppressants, Antacids, H2-Blocker or other ulcer medication.

III. EPIDEMIOLOGIC INFORMATION

1. Did this case occur as part of an outbreak? (Two or more cases of Vibrio infection) Yes No Unk. If YES, describe:

2. Did the patient travel outside his/her home state in the 7 days before illness began? Patient home state: City/State/Country. Date Entered: Date Left:

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) Type of seafood: Clams, Crab, Lobster, Mussels, Oysters, Shrimp, Crawfish, Other shellfish, Fish.

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

| | | | |
|---|--------------------------|--------------------------|---|
| Yes (1) | No (2) | Unk. (9) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1226) |
| A body of water (fresh, salt, or brackish water) .. | | | If YES, specify body of water location: _____ (1229-1242) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1227) |
| Drippings from raw or live seafood | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1228) |
| Other contact with marine or freshwater life | | | |
| If YES to any of the above, answer each: | | | |
| Yes (1) | No (2) | Unk. (9) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1243) |
| Handling/cleaning seafood .. | | | Construction/repairs |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1244) |
| Swimming/diving/wading | | | Bitten/stung |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1245) |
| Walking on beach/shore/fell on rocks/shells | | | Other: (specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1246) |
| Boating/skiing/surfing | | | _____ (1261-1275) |

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

| | | |
|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Salt (1) | <input type="checkbox"/> Brackish (3) | <input type="checkbox"/> Unk. (9) |
| <input type="checkbox"/> Fresh (2) | <input type="checkbox"/> 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 : _____ (1292-1320)

(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) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1321) |
| Raw seafood | | | Other person(s) with cholera or cholera-like illness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1322) |
| Cooked seafood | | | Street-vended food |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | (1323) |
| Foreign travel | | | Other |
| | | | (specify): _____ (1326) |

(1327-1350)

6. If answered "yes" to foreign travel (question III. 5), had the patient been educated in cholera prevention measures before travel? _____ (1351)

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

| | | |
|--|---|--|
| <input type="checkbox"/> Pre-travel clinic (1352) | <input type="checkbox"/> Friends (1355) | <input type="checkbox"/> Travel agency (1358) |
| <input type="checkbox"/> Airport (departure gate) (1353) | <input type="checkbox"/> Private physician (1356) | <input type="checkbox"/> CDC travelers' hotline (1359) |
| <input type="checkbox"/> Newspaper (1354) | <input type="checkbox"/> Health department (1357) | <input type="checkbox"/> 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)

| | |
|--|--|
| <input type="checkbox"/> To visit relatives/friends (1401) | <input type="checkbox"/> Other (specify): (1405) _____ (1406-1426) |
| <input type="checkbox"/> Business (1402) | |
| <input type="checkbox"/> Tourism (1403) | <input type="checkbox"/> Unk. (1427) |
| <input type="checkbox"/> Military (1404) | |

8. Has patient ever received a cholera vaccine? _____ (1428)

(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 *any* *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. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (1437-1442) | | CDC Use Only Source: (1443) <input type="checkbox"/> Comment: (1444-1454) _____ _____ _____ Syndrome: (1455) <input type="checkbox"/> CDC Isolate No. _____ _____ (1456-1463) |
| Title/Agency: _____ Tel.: _____ | | |

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: _____

(1464-1480) (1481-1486) (1487-8) (1489-90) (1491) (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? 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? Yes (1) No (2) Unk. (9) If YES, specify exporting country if known: _____

(1531) (1532-1554)

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.) _____

(1555)

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): _____ Food store (3)

(1557-1590)

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: _____ Date: Mo. Day Yr. _____ Status: Approved (1) Conditional (3) Prohibited (2) Other (8) (specify): _____

(1619-1639) (1640-1645) (1646) (1647-1666)

_____ Date: Mo. Day Yr. _____ Status: Approved (1) Conditional (3) Prohibited (2) Other (8) (specify): _____

(1667-1687) (1688-1693) (1694) (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) | <input type="checkbox"/> F (1) <input type="checkbox"/> C (2) (1719) | Mo. Day Yr. (1720-1725) |
| Surface water temp.(1726-1727) | <input type="checkbox"/> F (1) <input type="checkbox"/> C (2) (1728) | Mo. Day Yr. (1729-1734) |
| Salinity (ppt)(1735-1736) | | Mo. Day Yr. (1737-1742) |
| Total rainfall (inches in prev. 5 days)(1743-1744) | | Mo. Day Yr. (1745-1750) |
| Fecal coliform count(1751-1755) | | Mo. Day Yr. (1756-1761) (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) _____ (1762) If YES, specify deficiencies: _____

Person completing section IV: _____ Date: Mo. Day Yr. _____ (1763-1768)

Title/Agency: _____ Tel.: _____