

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:

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(1-3)

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

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> (85)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (92-103)
<input type="checkbox"/> <i>V. cholerae</i> O1 (107)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (114-125)
<input type="checkbox"/> <i>V. cholerae</i> O139 (129)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (136-147)
<input type="checkbox"/> <i>V. cholerae non-O1, non-O139</i> (151)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (158-169)
<input type="checkbox"/> <i>V. cincinnatiensis</i> (173)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (180-191)
<input type="checkbox"/> <i>V. damsela</i> (195)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (202-213)
<input type="checkbox"/> <i>V. fluvialis</i> (217)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (224-235)
<input type="checkbox"/> <i>V. furnissii</i> (239)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (246-257)
<input type="checkbox"/> <i>V. hollisae</i> (261)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (268-279)
<input type="checkbox"/> <i>V. metschnikovii</i> (283)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (290-301)
<input type="checkbox"/> <i>V. mimicus</i> (305)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (312-323)
<input type="checkbox"/> <i>V. parahaemolyticus</i> (327)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (334-345)
<input type="checkbox"/> <i>V. vulnificus</i> (349)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (356-367)
<input type="checkbox"/> <i>Vibrio</i> species - not identified (371)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (378-389)
<input type="checkbox"/> Other (specify): _____ (390-405)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ (416-427)

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. (472-7)

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

2. Symptoms and signs:

Fever temp. max. (483-5) (486) (487) (488) F (1) C (2) Nausea Vomiting Diarrhea (max. no. stools/24 hours:) (493-494) Visible blood in stools Abdominal cramps

Headache Muscle pain Cellulitis Bullae Shock (systolic BP <90) Other (specify):

3. Total duration of illness:

(days) (550-552)

4. Admitted to a hospital for this illness?

Yes No Unk. Admission date: Mo. Day Yr. Discharge date: Mo. Day Yr.

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

Yes No Unk. If YES, describe:

6. Did patient die?

Yes No Unk. If YES, date of death: Mo. Day Yr.

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

Yes No Unk. (643) 1 2 3

If YES, name(s) of antibiotic(s):

Date began antibiotic:

Mo. Day Yr. (644-646) (647-652) (659-661) (662-667) (674-676) (677-682)

Date ended antibiotic:

Mo. Day Yr. (647-652) (653-658) (668-673) (683-688)

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 before this Vibrio illness began?

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?

Yes No Unk. (951) If YES, describe: (952-970)

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

Yes No Unk. (973) 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:

Type of seafood Clams Crab Lobster Mussels Oysters Shrimp Crawfish Other shellfish Fish

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?

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
Date of exposure: Mo. Day Yr.
Time of exposure: Hour Min. am (1) pm (2)
If YES, specify body of water location:
If YES to any of the above, answer each: 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 (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:
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?
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)

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) Other (specify): (1405)
Business (1402)
Tourism (1403)
Military (1404)
Unk. (1427)

8. Has patient ever received a cholera vaccine?
(If YES, specify type most recently received):
Oral (1429) Parenteral (1430)
Most recent date: Mo. Day Yr.

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. Day Yr.
Title/Agency:
Tel.:

CDC Use Only
Source: (1443)
Comment: (1444-1454)
Syndrome: (1455)
CDC Isolate No.
(1456-1463)

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. Amount consumed: _____

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): _____

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.)

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)

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? (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): _____

14. Physical characteristics of harvest area as close as possible to harvest date: Result Date Measured Mo. Day Yr. Maximum ambient temp. (1715-1718) Surface water temp. (1726-1727) Salinity (ppt) (1735-1736) Total rainfall (inches in prev. 5 days) (1743-1744) Fecal coliform count (1751-1755)

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: _____

Person completing section IV: _____

Date: Mo. Day Yr. _____

Title/Agency: _____

Tel.: _____