

<b>PATIENT'S NAME:</b>	<b>TEL.:</b> Home _____ Work _____
<b>ADDRESS:</b>	
<b>PHYSICIAN'S NAME:</b>	<b>TEL.:</b>

- PATIENT IDENTIFIERS NOT TRANSMITTED TO CDC

**SEND COMPLETED REPORT TO STATE INFECTION CONTROL**  
Centers for Disease Control and Prevention  
Enteric Diseases Epidemiology Branch  
1600 Clifton Road, MS D36  
Atlanta, GA 30333  
Fax 404-639-2205  
OMB 0920-0004 Exp. Date 06/30/2010



## CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

### I. DEMOGRAPHIC AND ISOLATE INFORMATION

<b>1. First three letters of patient's last name:</b> <input type="text"/> <input type="text"/> <input type="text"/> (1-3)	<b>REPORTING HEALTH DEPARTMENT</b>		
	<b>State:</b> <input type="text"/> <input type="text"/> (4-5)	<b>City:</b> (6-15)	<b>County/Parish:</b> (16-26)
	<b>State Epi No.:</b> (27-37)	<b>State Lab Isolate ID:</b> (38-45)	<b>FDA No.:</b> (61-69)

<b>2. Date of birth:</b>	<b>3. Age:</b>	<b>4. Sex:</b> (80)	<b>5. Ethnicity:</b> (81)	<b>6. Race:</b> (70)	<b>7. Occupation:</b> (71-81)
Mo. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (70-75)	Years <input type="text"/> Mos. <input type="text"/> (76-79)	M (1) F (2) Unk. (9)	Hispanic or Latino Origin? Yes (1) Unk (9) No (2)	Black or African American (2) American Indian/ Alaska Native (5) Asian (4) Native Hawaiian or other Pacific Islander (6) White (1) Unk. (9)	

<b>8. Vibrio species isolated</b> (check one or more):				Date specimen collected				
Species	Source of specimen(s) collected from patient (If more than one specify earliest date)				Date specimen collected			If wound or other, specify site :
	Stool	Blood	Wound	Other	Mo.	Day	Yr.	
<i>V. alginolyticus</i> .....				(85)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(86-91) _____ (92-103)
<i>V. cholerae</i> O1 .....				(107)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(108-113) _____ (114-125)
<i>V. cholerae</i> O139 .....				(129)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(130-135) _____ (136-147)
<i>V. cholerae non-O1, non-O139</i> .....				(151)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(152-157) _____ (158-169)
<i>V. cincinnatiensis</i> .....				(173)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(174-179) _____ (180-191)
<i>V. damsela</i> .....				(195)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(196-201) _____ (202-213)
<i>V. fluvialis</i> .....				(217)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(218-223) _____ (224-235)
<i>V. furnissii</i> .....				(239)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(240-245) _____ (246-257)
<i>V. hollisae</i> .....				(261)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(262-267) _____ (268-279)
<i>V. metschnikovii</i> .....				(283)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(284-289) _____ (290-301)
<i>V. mimicus</i> .....				(305)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(306-311) _____ (312-323)
<i>V. parahaemolyticus</i> .....				(327)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(328-333) _____ (334-345)
<i>V. vulnificus</i> .....				(349)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(350-355) _____ (356-367)
<i>Vibrio</i> species - not identified .....				(371)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(372-377) _____ (378-389)
Other (specify): _____ (390-405)				(409)	<input type="text"/>	<input type="text"/>	<input type="text"/>	(410-415) _____ (416-427)

<b>9. Were other organisms isolated from the same specimen that yielded Vibrio?</b> Yes (1) No (2) Unk. (9) (428) Specify organism(s): _____ (429-450)	<b>10. Was the identification of the species of Vibrio (e.g., vulnificus, fluvialis) confirmed at the State Public Health Laboratory?</b> Yes (1) No (2) Unk. (9) (451)
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<b>11. Complete the following information if the isolate is Vibrio cholerae O1 or O139:</b>		
<b>Serotype</b> (452) (check one) Inaba (1) Not Done (4) Ogawa (2) Unk. (9) Hikojima (3)	<b>Biotype</b> (453) (check one) El Tor (1) Not Done (3) Classical (2) Unk. (9)	<b>Toxicogenic?</b> (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 (1) pm (2) (478-9) (480-1) (482)

2. Symptoms and signs:

Fever temp. (483-5) (486) (487) (488) F (1) C (2) .. (489)
Headache (497)
Nausea (490)
Muscle pain (498)
Vomiting (491)
Cellulitis (499) Site: (500-514)
Diarrhea (492) Bullae (515) Site: (516-530)
(max. no. stools/24 hours: ) (493-494)
Shock (systolic BP <90) (531)
Visible blood in stools (495) Other (532) (specify): (533-549)
Abdominal cramps (496)

3. Total duration of illness:

(days) (550-552)

4. Admitted to a hospital for this illness? (553)

Yes (1) Admission date: Mo. Day Yr. (554-559)
No (2) Discharge date: Mo. Day Yr. (560-565)
Unk.(9)

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

If YES, describe:
Yes (1)
No (2)
Unk.(9) (567-635)

6. Did patient die? (636)

Yes (1) If YES, date of death:
No (2) Mo. Day Yr.
Unk.(9) (637-642)

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

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

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

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

8. Pre-existing conditions?

Alcoholism (689) Yes (1) No (2) Unk. (9)
Diabetes (690) on insulin? (691) Yes (1) No (2) Unk. (9)
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?

Antibiotics (811) (812-830)
Chemotherapy (831) (832-850)
Radiotherapy (851) (852-870)
Systemic steroids (871) (872-890)
Immunosuppressants (891) (892-910)
Antacids (911) (912-930)
H2-Blocker or other ulcer medication (931) (932-950)
(e.g., Tagamet, Zantac, Omeprazole)

III. EPIDEMIOLOGIC INFORMATION

1. Did this case occur as part of an outbreak? (951) Yes (1) No (2) Unk. (9)

(Two or more cases of Vibrio infection)

If YES, describe: (952-970)

2. Did the patient travel outside his/her home state in the 7 days before illness began? (973)

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

Patient home state: (971-972)
City/State/Country
Date Entered: Mo. Day Yr. (1005-1010)
Date Left: Mo. Day Yr. (1011-1016)
1. (974-1004) (1017-1047) (1048-1053) (1054-1059)
2. (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)

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)
Shrimp (1143) (1144-1149) (1150)
Crab (1111) (1112-1117) (1118)
Crawfish (1151) (1152-1157) (1158)
Lobster (1119) (1120-1125) (1126)
Other shellfish (1159) (1160-1165) (1166)
(specify): (1167-1191)
Mussels (1127) (1128-1133) (1134)
Fish (1192) (1193-1198) (1199)
Oysters (1135) (1136-1141) (1142)
(specify): (1200-1225)

**III. EPIDEMIOLOGIC INFORMATION (CONT.)**

**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) ..				If YES, specify body of water location: _____	(1229-1242)
Drippings from raw or live seafood .....					(1227)
Other contact with marine or freshwater life .....				<b>If YES to any of the above, answer each:</b>	
	Yes (1)	No (2)	Unk. (9)		Yes (1) No (2) Unk. (9)
Date of exposure: Mo. Day Yr. <input type="text"/> <input type="text"/> <input type="text"/>				Handling/cleaning seafood ..	(1243) Construction/repairs .....
Time of exposure: Hour Min. am (1) pm (2) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				Swimming/diving/wading .....	(1244) Bitten/stung .....
				Walking on beach/shore/fell on rocks/shells .....	(1245) Other: (specify) .....
				Boating/skiing/surfing .....	(1246) _____

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

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

Additional comments: \_\_\_\_\_

• 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* 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 .....				Other person(s) with cholera or cholera-like illness .....
Cooked seafood .....				Street-vended food .....
Foreign travel .....				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)	_____ (1406-1426)
Tourism (1403)	Unk. (1427)
Military (1404)	

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

**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 <sup>(1)</sup> pm <sup>(2)</sup> **Amount consumed:**  <sup>(1464-1480)</sup> <sup>(1481-1486)</sup> <sup>(1487-8)</sup> <sup>(1489-90)</sup> <sup>(1491)</sup> <sup>(1492-1512)</sup>

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?** <sup>(1513)</sup>  
 Raw <sup>(1)</sup> Baked <sup>(2)</sup> Boiled <sup>(3)</sup> Broiled <sup>(4)</sup> Fried <sup>(5)</sup> Steamed <sup>(6)</sup> Unk. <sup>(9)</sup> Other <sup>(8)</sup> (specify): \_\_\_\_\_ <sup>(1514-1530)</sup>

**3. Was seafood imported from another country?** Yes <sup>(1)</sup> No <sup>(2)</sup> Unk. <sup>(9)</sup> If YES, specify exporting country if known: \_\_\_\_\_ <sup>(1531)</sup> <sup>(1532-1554)</sup>

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

<b>5. Where was this seafood obtained?</b> <sup>(1556)</sup> (Check one) Oyster bar or restaurant <sup>(1)</sup> Seafood market <sup>(4)</sup> Unk. <sup>(9)</sup> Truck or roadside vendor <sup>(2)</sup> Other <sup>(8)</sup> Food store <sup>(3)</sup> (specify): _____ <sup>(1557-1590)</sup>	<b>6. Name of restaurant, oyster bar, or food store:</b> _____ <b>Tel.:</b> _____ <b>Address:</b> _____
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**7. If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet?** <sup>(1591)</sup>  
 Shellstock (sold in the shell) <sup>(1)</sup> Shucked <sup>(2)</sup> Unk. <sup>(9)</sup> Other <sup>(8)</sup> (specify): \_\_\_\_\_ <sup>(1592-1610)</sup>

<b>8. Date restaurant or food outlet received seafood:</b> Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Yr. <input type="text"/> <input type="text"/> <sup>(1611-1616)</sup>	<b>9. Was this restaurant or food outlet inspected as part of this investigation?</b> Yes <sup>(1)</sup> No <sup>(2)</sup> Unk. <sup>(9)</sup> <sup>(1617)</sup>
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<b>10. Are shipping tags available from the suspect lot?</b> <sup>(1618)</sup> Yes <sup>(1)</sup> No <sup>(2)</sup> Unk. <sup>(9)</sup> (Attach copies if available)	<b>11. Shippers who handled suspected seafood:</b> (please include certification numbers if on tags) _____ _____
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**12. Source(s) of seafood:**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>13. Harvest site:</b> _____ <b>Date:</b> Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Yr. <input type="text"/> <input type="text"/> <sup>(1619-1639)</sup> <sup>(1640-1645)</sup> <sup>(1646)</sup> <b>Status:</b> Approved <sup>(1)</sup> Conditional <sup>(3)</sup> Prohibited <sup>(2)</sup> Other <sup>(8)</sup> (specify): _____ <sup>(1647-1666)</sup>
_____ <sup>(1667-1687)</sup> <sup>(1688-1693)</sup> <sup>(1694)</sup> Approved <sup>(1)</sup> Conditional <sup>(3)</sup> Prohibited <sup>(2)</sup> Other <sup>(8)</sup> (specify): _____ <sup>(1695-1714)</sup>

<b>14. Physical characteristics of harvest area as close as possible to harvest date:</b>	<b>Result</b>	<b>Date Measured</b> Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Yr. <input type="text"/> <input type="text"/>
Maximum ambient temp. .... <sup>(1715-1718)</sup>	<input type="text"/>	F <sup>(1)</sup> C <sup>(2)</sup> <sup>(1719)</sup>
Surface water temp. .... <sup>(1726-1727)</sup>	<input type="text"/>	F <sup>(1)</sup> C <sup>(2)</sup> <sup>(1728)</sup>
Salinity (ppt) .... <sup>(1735-1736)</sup>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <sup>(1737-1742)</sup>
Total rainfall (inches in prev. 5 days) .... <sup>(1743-1744)</sup>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <sup>(1745-1750)</sup>
Fecal coliform count .... <sup>(1751-1755)</sup>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <sup>(1756-1761)</sup> (Attach copy of coliform data)

**15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point?** Yes <sup>(1)</sup> No <sup>(2)</sup> Unk. <sup>(9)</sup> <sup>(1762)</sup> If YES, specify deficiencies: \_\_\_\_\_

<b>Person completing section IV:</b> _____	<b>Date:</b> Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Yr. <input type="text"/> <input type="text"/> <sup>(1763-1768)</sup>
<b>Title/Agency:</b> _____	<b>Tel.:</b> _____