Appendix XII: *Cholera* and other *Vibrio* Illness Surveillance Report

PATIENT'S NAME:	TEL.: Home ( ) Work ( )
ADDRESS:	
PHYSICIAN'S NAME:	TEL.: ( )

– PATIENT IDENTIFIERS NOT TRANSMITTED TO CDC –

SEND COMPLETED REPORT TO STATE INFECTION CONTROL

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

State will forward to: Centers for Disease Control and Prevention, Foodborne and Diarrheal Diseases Branch M/S A38, 1600 Clifton Road, Atlanta, GA 30333

OMB 0920-0322 Exp. Date 12/31/2002

I. DEMOGRAPHIC AND ISOLATE INFORMATION

1. First three letters of patients first name: ☐☐☐ (1-3)

REPORTING HEALTH DEPARTMENT

State: (4-5)	City: (6-15)	County/Parish: (16-26)
State No.: (27-37)	CDC USE ONLY (38-46)	FDA No.: (49-57)

2. Date of birth: Mo. Day Yr. (58-63)

3. Age: Years Mos. (64-67)

4. Sex: (68) ☐ M (1) ☐ F (2) ☐ Unk. (9)

5. Race/Ethnicity: (69) ☐ White (not Hispanic) (1) ☐ Black (not Hispanic) (2) ☐ Hispanic (3) ☐ Asian/Pacific Islander (4) ☐ American Indian/Alaska Native (5) ☐ Other: _____ (6) ☐ Unk. (9)

6. Occupation: (70-81) _____

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

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*	☐ (82)	☐ (83)	☐ (84)	☐ (85)	(86-91)	(92-103)
☐ *V. cholerae* O1	☐ (104)	☐ (105)	☐ (106)	☐ (107)	(108-113)	(114-125)
☐ *V. cholerae* O139	☐ (126)	☐ (127)	☐ (128)	☐ (129)	(130-135)	(136-147)
☐ *V. cholerae non-O1, non-O139*	☐ (148)	☐ (149)	☐ (150)	☐ (151)	(152-157)	(158-169)
☐ *V. cincinnatiensis*	☐ (170)	☐ (171)	☐ (172)	☐ (173)	(174-179)	(180-191)
☐ *V. damsela*	☐ (192)	☐ (193)	☐ (194)	☐ (195)	(196-201)	(202-213)
☐ *V. fluvialis*	☐ (214)	☐ (215)	☐ (216)	☐ (217)	(218-223)	(224-235)
☐ *V. furnissii*	☐ (236)	☐ (237)	☐ (238)	☐ (239)	(240-245)	(246-257)
☐ *V. hollisae*	☐ (258)	☐ (259)	☐ (260)	☐ (261)	(262-267)	(268-279)
☐ *V. metschnikovii*	☐ (280)	☐ (281)	☐ (282)	☐ (283)	(284-289)	(290-301)
☐ *V. mimicus*	☐ (302)	☐ (303)	☐ (304)	☐ (305)	(306-311)	(312-323)
☐ *V. parahaemolyticus*	☐ (324)	☐ (325)	☐ (326)	☐ (327)	(328-333)	(334-345)
☐ *V. vulnificus*	☐ (346)	☐ (347)	☐ (348)	☐ (349)	(350-355)	(356-367)
☐ *Vibrio* species - not identified	☐ (368)	☐ (369)	☐ (370)	☐ (371)	(372-377)	(378-389)
☐ Other (specify): _____ (390-405)	☐ (406)	☐ (407)	☐ (408)	☐ (409)	(410-415)	(416-427)

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

Specify organism(s): _____ (429-450)

9. 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)

10. 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)

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): _____ (457-470)

Appendix XII: *Cholera* and other *Vibrio* Illness Surveillance Report

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

2. Symptoms and signs: max. temp. ___ (483-5) (486) (487) (488) ☐ F (1) ☐ C (2)

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

5. Any sequelae? (e.g., amputation, skin graft) (566) ☐ Yes (1) ☐ No (2) ☐ Unk. (9)
If YES, describe: _____ (567-635)

6. Did patient die? (636) ☐ 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) ☐
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?

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

	Yes (1)	No (2)	Unk. (9)		If YES, specify treatment and dates:
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)
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) If YES, describe: _____ (952-970)

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

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)
Shrimp	☐	☐	☐	(1143)		(1144-1149)	☐	☐	☐	(1150)
Crawfish	☐	☐	☐	(1151)		(1152-1157)	☐	☐	☐	(1158)
Other shellfish (specify): _____	☐	☐	☐	(1159)		(1160-1165)	☐	☐	☐	(1166) (1167-1191)
Fish (specify): _____	☐	☐	☐	(1192)		(1193-1198)	☐	☐	☐	(1199) (1200-1225)

Appendix XII: *Cholera* and other *Vibrio* Illness Surveillance Report

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) ☐ ☐ ☐ (1226) — If YES, specify body of water location: _____ (1229-1242)
- Drippings from raw or live seafood ☐ ☐ ☐ (1227)
- Other contact with marine or freshwater life ☐ ☐ ☐ (1228)

If YES to any of the above, answer each: (Yes (1) / No (2) / Unk. (9))

- Handling/cleaning seafood ☐ ☐ ☐ (1243)
- Swimming/diving/wading ☐ ☐ ☐ (1244)
- Walking on beach/shore/ fell on rocks/shells ☐ ☐ ☐ (1245)
- Boating/skiing/surfing ☐ ☐ ☐ (1246)
- Construction/repairs ☐ ☐ ☐ (1247)
- Bitten/stung ☐ ☐ ☐ (1248)
- Other: (specify) ☐ ☐ ☐ (1249) _____ (1261-1275)

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

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

- 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: (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? (Yes (1) / No (2) / Unk. (9)) ☐ ☐ ☐ (1351)

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

- ☐ Pre-travel clinic (1352)
- ☐ Airport (departure gate) (1353)
- ☐ Newspaper (1354)
- ☐ Friends (1355)
- ☐ Private physician (1356)
- ☐ Health department (1357)
- ☐ Travel agency (1358)
- ☐ CDC travelers' hotline (1359)
- ☐ Other (specify): (1360) _____ (1361-1380)

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 (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)

(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

_____

CDC Use Only

Source: (1443) ☐

Comment: (1444-1454) _____

Syndrome: (1455) ☐

CDC Isolate No. _____ (1456-1462)

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

Title/Agency: _____ Tel.: ( )

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0322). Do not send the completed form to this address.

Appendix XII: *Cholera* and other *Vibrio* Illness Surveillance Report

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 Min. (1487-8) (1489-90) ☐ am (1) ☐ pm (2) (1491)
   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? (1513)
   ☐ 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) ☐ (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.)

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:
    _____ (1639-1639) Date: Mo. Day Yr. (1640-1645) Status: ☐ Approved (1) ☐ Prohibited (2) (1646) ☐ Conditional (3) ☐ Other (8) (specify): _____ (1647-1693)
    _____ (1687-1687) Date: Mo. Day Yr. (1688-1693) Status: ☐ Approved (1) ☐ Prohibited (2) (1694) ☐ 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? Yes (1) ☐ No (2) ☐ Unk. (9) ☐ (1762) If YES, specify deficiencies:
    _____

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

Title/Agency: _____ Tel.: ( )

CDC 52.79 REV.07/2000 (Page 4 of 4) CHOLERA AND OTHER *VIBRIO* ILLNESS SURVEILLANCE REPORT