CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

I. DEMOGRAPHIC AND ISOLATE INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/Parish</td>
<td></td>
</tr>
<tr>
<td>patient's last name</td>
<td>[3-3]</td>
</tr>
<tr>
<td>State</td>
<td>[6-15]</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State Epi No.</td>
<td>[27-37]</td>
</tr>
<tr>
<td>State Lab Isolate ID</td>
<td>[38-46]</td>
</tr>
<tr>
<td>CDC USE ONLY</td>
<td></td>
</tr>
<tr>
<td>FDA No.</td>
<td>[46]</td>
</tr>
<tr>
<td>Reporting Health Department</td>
<td></td>
</tr>
</tbody>
</table>

2. Date of birth: Mo. Day Yr. (76-79)
3. Age: Years Mos. (76-79)
4. Sex: (6) M (1) F (2) Unk (3) Yes (4) No (5) Unk (6)
5. Ethnicity: (51) Asian (50) Black or African American (51) Native Hawaiian or Other Pacific Islander (52) White (53) Unk (54)
6. Race: (75) White (1) Black or African American (2) Alaska Native (3) American Indian or Aleut (4) Native Hawaiian or Other Pacific Islander (5) Unk (6)
7. Occupation: (71-81)

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

<table>
<thead>
<tr>
<th>Species</th>
<th>Source of specimen(s) collected from patient</th>
<th>Date specimen collected (If more than one specify earliest date)</th>
<th>If wound or other, specify site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. alginolyticus</td>
<td>Stool Blood Wound Other</td>
<td>Mo. Day Yr. [81-91]</td>
<td></td>
</tr>
<tr>
<td>V. cholerae O1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. cholerae O139</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. cholerae non-O1, non-O139</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. cincinnatiensis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. damsona</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. fluvialis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. furnissii</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. hollisae</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. metschnikovii</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. mimicus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. parahaemolyticus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. vulnificus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vibrio species - not identified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Were other organisms isolated from the same specimen that yielded Vibrio? Yes (1) No (2) Unk (3) | (428) |

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 (3) | (453) |

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serotype</td>
<td>Inaba (1) Ogawa (2) Hikojima (3) Not Done (4)</td>
</tr>
<tr>
<td>Biotyp</td>
<td>El Tor (1) Classical (2) Not Done (3)</td>
</tr>
<tr>
<td>Toxigenic</td>
<td>ELISA (453) Other (specify):</td>
</tr>
</tbody>
</table>

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**II. CLINICAL INFORMATION**

1. Date and time of onset of first symptoms:
   - Mo.          Day           Yr.  [502-507]
   - Hour Min. am (2) pm (2)  [508-513]

2. Symptoms and signs:
   - Fever ... temp.  [519-524]
   - Nausea  [528-533]
   - Vomiting  [535-540]
   - Diarrhea  [542-548]
   - Visible blood in stools  [551-556]
   - Abdominal cramps  [558-563]
   - Max. no. stools/24 hours: _____  [565-566]

3. Total duration of illness:
   - (days)  [568-573]

4. Admitted to a hospital for this illness?  [575-580]
   - Admission date: Mo.          Day           Yr.  [581-590]
   - Discharge date: Mo.          Day           Yr.  [592-601]

5. Any sequelae? (e.g., amputation, skin graft)  [599-600]
   - If YES, describe:
   - Date: Mo.          Day           Yr.  [603-612]
   - Unk.  [613-614]
   - If YES, specify treatment and dates:
   - Date began antibiotic: Mo.          Day           Yr.  [616-625]
   - Date ended antibiotic: Mo.          Day           Yr.  [627-636]

6. Did the patient die?  [638-640]
   - If YES, date of death: Mo.          Day           Yr.  [645-654]
   - Unk.  [655-656]

7. Did patient take an antibiotic as treatment for this illness?  [658-660]
   - Yes  [658-659]  No  [660-661]  Unk.  [662-663]
   - If YES, name(s) of antibiotic(s):
   - Date began antibiotic: Mo.          Day           Yr.  [665-674]
   - Date ended antibiotic: Mo.          Day           Yr.  [676-685]

8. Pre-existing conditions:
   - Alcoholism  [687-688]
   - Diabetes  [691-692]
   - Peptic ulcer  [694-695]
   - Gastric surgery  [696-697]
   - Heart disease  [698-699]
   - Hematologic disease  [701-702]
   - Immunodeficiency  [704-705]
   - Liver disease  [706-707]
   - Malignancy  [709-710]
   - Renal disease  [712-713]
   - Other  [715-716]

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  [718-719]
   - Chemotherapy  [721-722]
   - Radiotherapy  [724-725]
   - Systemic steroids  [726-727]
   - Immunosuppressants  [728-729]
   - Antacids  [731-732]
   - H2-Blocker or other ulcer medication  [733-734]

**III. EPIDEMIOLOGIC INFORMATION**

1. Did this case occur as part of an outbreak?  [737-738]
   - Yes  [737-738]  No  [739-740]  Unk.  [741-742]
   - If YES, describe:

2. Did the patient travel outside his/her home state in the 7 days before illness began?
   - Patient home state:  [744-745]
   - City/State/Country  [747-752]
   - Date Entered: Mo.          Day           Yr.  [754-763]
   - Date Left: Mo.          Day           Yr.  [765-774]
   - If YES, list destination(s) and dates:

3. Please specify which of the following seafoods were eaten by the patient in the 7 days before illness began:
   - Type of seafood
     - Clams  [777-778]
     - Crab  [780-781]
     - Lobster  [783-784]
     - Mussels  [786-787]
     - Oysters  [789-790]
   - Any eaten raw?  [792-793]
     - Yes  [792-793]  No  [794-795]  Unk.  [796-797]
   - Type of seafood
     - Shrimp  [799-800]
     - Crawfish  [802-803]
     - Other shellfish  [805-806]
     - Fish  [808-809]
   - Any eaten raw?  [811-812]

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III. EPIDEMIOLOGIC INFORMATION (CONT.)

4. In the 7 days before illness began, was patient's skin exposed to any of the following? If YES specify body of water location:

- A body of water (fresh, salt, or brackish water) ... (226)
- Drippings from raw or live seafood ... (227)
- Other contact with marine or freshwater life ... (228)

Date of exposure: Mo. Day Yr. (1228-1235)

Time of exposure: Hour Min. am (2) pm (2) (1246-1253)

If skin was exposed to water, indicate type: (226) Salt (1) Brackish (2) Unk. (9)

If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound? (choose one): (230) 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).

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 ... (1321) Yes No Unk. (1322)
- Cooked seafood ... (1321) Yes No Unk. (1322)
- Foreign travel ... (1331) Yes No Unk. (1332)

Other person(s) with cholera or cholera-like illness ... (1324)
Street-vended food ... (1325)
Other ... (1326)

PLEASE SPECIFY:

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

- Pre-travel clinic (1352)
- Friends (1355)
- Travel agency (1358)
- Airport (departure gate) (1353)
- Private physician (1356)
- CDC travelers' hotline (1339)
- Newspaper (1354)
- Health department (1357)
- Other (specify): (1358)

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): (1455)

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).

If isolate is Vibrio cholerae O1 or O139 please answer questions 5 - 8.

CDC Use Only

Source: (1443)

Comment: (1444-1454)

CDC Isolate No. (1455-1463)

CDC Isolate No. (1455)

Syndrome: (2455)

Person completing section I - III: __________________________

Date: Mo. Day Yr. (1437-1442)

Title/Agency: __________________________ Tel.: __________________________
### 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):**

<table>
<thead>
<tr>
<th>Date consumed: Mo.</th>
<th>Day</th>
<th>Yr.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time consumed: Hour</th>
<th>Min.</th>
<th>am</th>
<th>pm</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Amount consumed:</th>
</tr>
</thead>
</table>

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
- [ ] Baked
- [ ] Boiled
- [ ] Broiled
- [ ] Fried
- [ ] Steamed
- [ ] Unk.
- [ ] Other (specify): _________________

**3. Was seafood imported from another country?**

- [ ] Yes
- [ ] No
- [ ] Unk.

If YES, specify exporting country if known: ________________________________

**4. Was this fish or shellfish harvested by the patient or a friend of the patient?**

- [ ] Yes
- [ ] No
- [ ] Unk.

If YES, go to question 12.

**5. Where was this seafood obtained?**

- [ ] Oyster bar or restaurant
- [ ] Seafood market
- [ ] Truck or roadside vendor
- [ ] Other (specify): ________________________________

**6. Name of restaurant, oyster bar, or food store:**

<table>
<thead>
<tr>
<th>Tel.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

**7. If oysters, clams, or mussels were eaten, how were they distributed to the retail outlet?**

- [ ] Shellstock (sold in the shell)
- [ ] Shucked
- [ ] Unk.
- [ ] Other (specify): ________________________________

**8. Date restaurant or food outlet received seafood:**

<table>
<thead>
<tr>
<th>Mo.</th>
<th>Day</th>
<th>Yr.</th>
</tr>
</thead>
</table>

**9. Was this restaurant or food outlet inspected as part of this investigation?**

- [ ] Yes
- [ ] No
- [ ] Unk.

**10. Are shipping tags available from the suspect lot?**

- [ ] Yes
- [ ] No
- [ ] Unk.

(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:**

<table>
<thead>
<tr>
<th>Date: Mo.</th>
<th>Day</th>
<th>Yr.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
</tr>
<tr>
<td>Conditional</td>
</tr>
<tr>
<td>Prohibited</td>
</tr>
<tr>
<td>Unk.</td>
</tr>
</tbody>
</table>

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

- Maximum ambient temp. ________________
- Surface water temp. ________________
- Salinity (ppt) ________________
- Total rainfall (inches in prev. 5 days) ________________
- Fecal coliform count ________________

**15. Was there evidence of improper storage, cross-contamination, or holding temperature at any point?**

- [ ] Yes
- [ ] No
- [ ] Unk.

If YES, specify deficiencies:

_______________________________

Person completing section IV:

<table>
<thead>
<tr>
<th>Title/Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: Mo.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tel.:</th>
</tr>
</thead>
</table>

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