

Form for Added Vibrio vulnificus Data Collection For Patients with Exposure to Oysters

Case # _____	Reporting State: _____	Investigator _____	Diagnosis _____
<u>ENVIRONMENTAL : TO BE COMPLETED BY ENVIRONMENTAL HEALTH OR DEPT. OF AG</u>			
1. Commercial or recreational?	C	<input type="checkbox"/>	R <input type="checkbox"/> DK <input type="checkbox"/>
2. Did the oysters conform to required time/temperature limits at harvest?	YES	<input type="checkbox"/>	NO <input type="checkbox"/> DK <input type="checkbox"/>
3. Did the oysters conform to required time/temperature limit at the certified processor?	YES	<input type="checkbox"/>	NO <input type="checkbox"/> DK <input type="checkbox"/>
4. Did the oysters conform to required time/temperature limits during the:			
Trucking	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DK <input type="checkbox"/>
Retail	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DK <input type="checkbox"/>
Home	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DK <input type="checkbox"/>
	Wholesale	YES <input type="checkbox"/>	NO <input type="checkbox"/> DK <input type="checkbox"/>
	Restaurant	YES <input type="checkbox"/>	NO <input type="checkbox"/> DK <input type="checkbox"/>
If NO to Question 2, 3, or 4, indicate question number(s) and explain.			
Question # _____ Explanation _____			
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<u>EPIDEMIOLOGY: QUESTIONS 5-8 SHOULD BE COMPLETED BY INTERVIEW OF THE PATIENT/FAMILY</u>			
5. Were the oysters consumed: Check all that apply:			
Shellstock	<input type="checkbox"/>	Shucked	<input type="checkbox"/>
Natural raw	<input type="checkbox"/>	Post harvest treated	<input type="checkbox"/>
Cooked	<input type="checkbox"/>	(how?) _____	
5a. What else was eaten? (Cross contamination or other food source?) _____			
Comments: _____			
6. Was the patient aware of a pre-existing medical condition? YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/>			
If yes,			
(a) Explain _____			
(b) Was the patient under the care of a physician or other health care provider? YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/>			
(c) If Yes to (b), did the physician or other health care provider inform the patient of the risk of consuming raw oysters? YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/>			
7. Other than a physician or other health care provider, was the patient aware of the risk of eating raw oysters from other sources? YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/>			
(a) If yes, check all that apply: Electronic media <input type="checkbox"/> Print media <input type="checkbox"/> Internet <input type="checkbox"/> Consumer Advisory or Posted warnings <input type="checkbox"/>			
Family <input type="checkbox"/> Friends <input type="checkbox"/> Other (specify): _____			
<u>ENVIRONMENTAL AND EPIDEMIOLOGY:</u>			
8. Was a warning or consumer advisory of the risk of eating raw oysters posted at the retail establishment? YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/>			
If yes,			
(a) How was the warning or consumer advisory displayed? _____			
(b) Did the patient see the warning? YES <input type="checkbox"/> NO <input type="checkbox"/> DK <input type="checkbox"/>			

Thank you for responding to these questions that are not included in the official CDC form 52.79.