



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:

max. temp. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	F (1) Yes (1) No (2) Unk. (9)	C (2) ..	(483-5) (486) (487) (488)	(489)	Headache .....	(497)
Nausea .....	(490)	Muscle pain ..	(498)	(491)	Cellulitis .....	(499) Site: _____
Vomiting .....	(491)	Bullae .....	(515)	(492)	Shock .....	(531)
Diarrhea .....	(492)	Other .....	(532) (specify): _____	(493-494)	(516-530)	(516-530)
(max. no. stools/24 hours: _____)	(493-494)	Visible blood in stools .....	(495)	(496)	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)

If YES, date of death:

Yes (1) Mo.  Day  Yr.

No (2) \_\_\_\_\_

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. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (647-652)	Date ended antibiotic: Mo. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (653-658)
2. _____ (659-661)	(662-667)	(668-673)
3. _____ (674-676)	(677-682)	(683-688)

#### 8. Pre-existing conditions?

Alcoholism .....	Yes (1) No (2) Unk. (9)	(689)	Yes (1) No (2) Unk. (9)
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)
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 .....	Yes (1) No (2) Unk. (9)	(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 <sub>2</sub> -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? Yes (1) No (2) Unk. (9)

(Two or more cases of Vibrio infection)

(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)

Patient home state:  (971-972)

City/State/Country

1. _____ (974-1004)	Date Entered: Mo. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (1005-1010)	Date Left: Mo. <input type="text"/> Day <input type="text"/> Yr. <input type="text"/> (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)	Type of seafood	Yes (1)	No (2)	Unk. (9)	Mo.	Day	Yr.	Any eaten raw? Yes (1) No (2) Unk. (9)
Clams .....	(1103)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1104-1109) (1110)	Shrimp .....	(1143)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1144-1149) (1150)
Crab .....	(1111)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1112-1117) (1118)	Crawfish ....	(1151)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1152-1157) (1158)
Lobster ...	(1119)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1120-1125) (1126)	Other shellfish .....	(1159)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1160-1165) (1166)
Mussels ..	(1127)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1128-1133) (1134)	(specify): _____				<input type="text"/>	<input type="text"/>	<input type="text"/>	(1167-1191)
Oysters ..	(1135)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1136-1141) (1142)	Fish .....	(1192)			<input type="text"/>	<input type="text"/>	<input type="text"/>	(1193-1198) (1199)
								(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) .. (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) Construction/repairs ..... (1247)

Swimming/diving/wading ..... (1244) Bitten/stung ..... (1248)

Walking on beach/shore/fell on rocks/shells ..... (1245) Other: (specify) ..... (1249)

Boating/skiing/surfing ..... (1246) \_\_\_\_\_ (1261-1275)

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

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

● If skin was exposed to water, indicate type: (1276) Additional comments: \_\_\_\_\_

Salt (1) Brackish (3) Unk. (9)

Fresh (2) Other (8) (specify): \_\_\_\_\_ (1277-1284) \_\_\_\_\_ (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 : \_\_\_\_\_ (1292-1320)

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

Other person(s) with cholera or cholera-like illness ..... (1324)

Raw seafood ..... (1321) Street-vended food ..... (1325)

Cooked seafood ..... (1322) Other ..... (1326)

Foreign travel ..... (1323) (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) Friends (1355) Travel agency (1358)

Airport (departure gate) (1353) Private physician (1356) CDC travelers' hotline (1359)

Newspaper (1354) Health department (1357) Other (specify): (1360) \_\_\_\_\_ (1361-1400)

**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) \_\_\_\_\_ (1406-1426)

Business (1402)

Tourism (1403) Unk. (1427)

Military (1404)

**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**

Person completing section I - III: _____ Date: Mo. Day Yr. (1437-1442)		<b>CDC Use Only</b> Source: (1443) Comment: (1444-1454)
		Syndrome: (1455) <b>CDC Isolate No.</b> _____ (1456-1463)
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):** \_\_\_\_\_

**Date consumed:** Mo.   Day   Yr.   (1464-1480) (1481-1486)

**Time consumed:** Hour   Min.   am (1) pm (2) (1487-8) (1489-90) (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) If YES, specify exporting country if known: \_\_\_\_\_ (1531) (1532-1554)

**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.) (1555)

**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)  
Food store (3) (specify): \_\_\_\_\_ (1557-1590)

**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:**

**Date:** Mo.   Day   Yr.   (1619-1633) (1640-1645) (1646)

**Status:** Approved (1) Conditional (3) Prohibited (2) Other (8) (specify): \_\_\_\_\_ (1647-1666)

Mo.   Day   Yr.   (1667-1687) (1688-1693) (1694)

Approved (1) Conditional (3) Prohibited (2) 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. ....	<input type="text"/> (1715-1718)	<input type="text"/> <input type="text"/> <input type="text"/> (1720-1725)
Surface water temp. ....	<input type="text"/> (1726-1727)	<input type="text"/> <input type="text"/> <input type="text"/> (1729-1734)
Salinity (ppt) ....	<input type="text"/> (1735-1736)	<input type="text"/> <input type="text"/> <input type="text"/> (1737-1742)
Total rainfall (inches in prev. 5 days) ....	<input type="text"/> (1743-1744)	<input type="text"/> <input type="text"/> <input type="text"/> (1745-1750)
Fecal coliform count ....	<input type="text"/> (1751-1755)	<input type="text"/> <input type="text"/> <input type="text"/> (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.:** \_\_\_\_\_