North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

North Carolina Public Health

ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this disease event to the local health department.

CAMPYLOBACTERIOSIS
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 50

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate *(mm/dd/yyyy)* / /
						SSN

Instructions for completing the Communicable Disease Report Form can be found in the NC Public Health Communicable Disease Manual online at: epi.publichealth.nc.gov/cd/lhds/manuals/cd/toc.html.

Questions? Concerns? Contact the NC EDSS Helpdesk:
Phone: .....(919) 715-5548
Toll Free: .....(877) 625-9259
Email: .....ncedsshelpdesk@ncmail.net

NC EDSS LAB RESULTS Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	

NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE

Is/was patient symptomatic for this disease? ☐Y ☐N ☐U
If yes, symptom onset date (mm/dd/yyyy): __/__/____
CHECK ALL THAT APPLY:
Fever ☐Y ☐N ☐U
☐ Yes, subjective ☐ No
☐ Yes, measured ☐ Unknown
Highest measured temperature_____
Fever onset date (mm/dd/yyyy):____/____/____
Fatigue or malaise or weakness ☐Y ☐N ☐U
Guillain-Barre Syndrome ☐Y ☐N ☐U
Arthritis ☐Y ☐N ☐U
Extent: ☐ One joint ☐ Multiple joints
☐ Reactive
Nausea ☐Y ☐N ☐U
Vomiting ☐Y ☐N ☐U
Abdominal pain or cramps ☐Y ☐N ☐U
Diarrhea ☐Y ☐N ☐U
Describe (select all that apply)
☐ Bloody ☐ Non-bloody
☐ Watery ☐ Other
Maximum number of stools in a 24-hour period:_____
Other symptoms, signs, clinical findings, or complications consistent with this illness ☐Y ☐N ☐U
Please specify:

During the 10 days prior to onset of symptoms, did the patient have exposure to animals (includes animal tissues, animal products, or animal excreta)? ☐Y ☐N ☐U
Household pets? ☐Y ☐N ☐U
Specify pet(s):_____
Did patient own, work at, or visit a pet store, animal shelter, and/or animal breeder/wholesaler/ distributor? ☐Y ☐N ☐U
Did the patient handle any animals? ☐Y ☐N ☐U
Species: _____
Did patient/household contact work at, live on, or visit a farm, ranch, or dairy? ☐Y ☐N ☐U
Was patient exposed to animals associated with agriculture or aviculture (domestic/semi-domestic animals)? ☐Y ☐N ☐U

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? ☐Y ☐N ☐U
Specify: _____
_____

REASON FOR TESTING

Why was the patient tested for this condition?
☐ Symptomatic of disease
☐ Screening of asymptomatic person with reported risk factor(s)
☐ Exposed to organism causing this disease (asymptomatic)
☐ Household/close contact to a person reported with this disease
☐ Other, specify _____
☐ Unknown

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? ☐Y ☐N ☐U
Hospital name: _____
City, State:_____
Hospital contact name: _____
Telephone: (_____) _____ - _____
Admit date (mm/dd/yyyy): ____/____/____
Discharge date (mm/dd/yyyy):____/____/____

CLINICAL OUTCOMES

Discharge/Final diagnosis:_____
_____
Survived? ☐Y ☐N ☐U
Died? ☐Y ☐N ☐U
Died from this illness? ☐Y ☐N ☐U
Date of death (mm/dd/yyyy):_____/_____/_____

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate *(mm/dd/yyyy)* / /
						SSN

TRAVEL/IMMIGRATION

The patient is:
- ☐ Resident of NC
- ☐ Resident of another state or US territory
- ☐ None of the above

Did patient have a travel history during the 10 days prior to onset of symptoms? ☐ Y ☐ N ☐ U

List travel dates and destinations:

From _____/_____/_____ to _____/_____/_____

_____

_____

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? ☐ Y ☐ N ☐ U

List persons and contact information:

_____

_____

_____

Additional travel/residency information:

ISOLATION/QUARANTINE/CONTROL MEASURES

Restrictions to movement or freedom of action? ☐ Y ☐ N

Check all that apply:
- ☐ Work
- ☐ Child care
- ☐ School
- ☐ Sexual behavior
- ☐ Blood and body fluid
- ☐ Other, specify

_____

Date control measures issued: _____

Date control measures ended: _____

Was patient compliant with control measures? ☐ Y ☐ N

Did local health director or designee implement additional control measures? ☐ Y ☐ N

If yes, specify: _____

_____

Were written isolation orders issued? ☐ Y ☐ N

If yes, where was the patient isolated? _____

_____

Date isolation started? _____

Date isolation ended? _____

Was the patient compliant with isolation? ☐ Y ☐ N

CHILD CARE/SCHOOL/COLLEGE

Patient in child care? ☐ Y ☐ N ☐ U

Patient a child care worker or volunteer in child care? ☐ Y ☐ N ☐ U

Patient a parent or primary caregiver of a child in child care? ☐ Y ☐ N ☐ U

Is patient a student? ☐ Y ☐ N ☐ U

Type of school:

Is patient a school WORKER / VOLUNTEER in NC school setting? ☐ Y ☐ N ☐ U

Give details:

BEHAVIORAL RISK & CONGREGATE LIVING

During the 10 days prior to onset of symptoms, did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)**?** ☐ Y ☐ N ☐ U

Name of facility: _____

Dates of contact: from ___/___/___ until ___/___/___

During the 10 days prior to onset of symptoms, did the patient attend social gatherings or crowded settings? ☐ Y ☐ N ☐ U

If yes, specify: _____

In what setting was the patient most likely exposed?

- ☐ Restaurant
- ☐ Home
- ☐ Work
- ☐ Child Care
- ☐ School
- ☐ University/College
- ☐ Camp
- ☐ Doctor's office/ Outpatient clinic
- ☐ Hospital In-patient
- ☐ Hospital Emergency Department
- ☐ Laboratory
- ☐ Long-term care facility /Rest Home
- ☐ Military
- ☐ Prison/Jail/Detention Center
- ☐ Place of Worship
- ☐ Outdoors, including woods or wilderness
- ☐ Athletics
- ☐ Farm
- ☐ Pool or spa
- ☐ Pond, lake, river or other body of water
- ☐ Hotel / motel
- ☐ Social gathering, other than listed above
- ☐ Travel conveyance (airplane, ship, etc.)
- ☐ International
- ☐ Community
- ☐ Other (specify)

_____

- ☐ Unknown

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? ☐ Y ☐ N ☐ U

If yes, specify:

ANIMAL EXPOSURE

In the 10 days prior to onset of symptoms, did the patient:

Have contact with commercial animal products (i.e. wool, hair, hides, fur, raw/smoked meat, bones, bone meal)**?** ☐ Y ☐ N ☐ U

Work at or visit a slaughterhouse (abattoir), meat-packing plant, poultry or wild game processing facility? ☐ Y ☐ N ☐ U

Work at or visit a fair with livestock or a petting zoo? ☐ Y ☐ N ☐ U

Work at or visit a zoo, zoological park, or aquarium? ☐ Y ☐ N ☐ U

Work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory? ☐ Y ☐ N ☐ U

Provide the nature of contact, dates, location, and other specifics for any question answered yes.

_____

_____

_____

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

- ☐ In NC
  - City _____
  - County _____
- ☐ Outside NC, but within US
  - City _____
  - State _____
  - County _____
- ☐ Outside US
  - City _____
  - Country _____
- ☐ Unknown

Is the patient part of an outbreak of this disease? ☐ Y ☐ N

Notes:

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? ☐ Y ☐ N ☐ U

Date of interview (mm/dd/yyyy): _____/_____/_____

Were interviews conducted with others? ☐ Y ☐ N ☐ U

Who was interviewed?

Were health care providers consulted? ☐ Y ☐ N ☐ U

Who was consulted?

Medical records reviewed (including telephone review with provider/office staff)? ☐ Y ☐ N ☐ U

Specify reason if medical records were not reviewed:

Notes on medical record verification:

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate *(mm/dd/yyyy)* / /
						SSN

FOOD RISK AND EXPOSURE

During the 10 days prior to onset of symptoms,
Did the patient eat any raw or undercooked meat or poultry? ☐Y ☐N ☐U
Specify meat/poultry: _____
Specify place of exposure: _____
Where does the patient/patient's family typically buy groceries?
Store name: _____
Store city: _____
Shopping center name/address: _____
Did the patient drink any bottled water? ☐Y ☐N ☐U
Specify type/brand: _____
Describe the source of drinking water used in the patient's home. Check all that apply:
☐ Bottled water supplied by a company
☐ Bottled water purchased from a grocery store
☐ Municipal supply (city water)
☐ Well water
During the 10 days prior to onset of symptoms, did the patient:
Eat any food items that came from a produce stand, flea market, or farmer's market? ☐Y ☐N ☐U
Specify source: _____
Eat any food items that came from a store or vendor where they do not typically shop for groceries? ☐Y ☐N ☐U
Specify source(s): _____
During the 10 days prior to onset of symptoms, was the patient:
Employed as food worker? ☐Y ☐N ☐U
Where employed? _____
Specify job duties: _____
What dates did the patient work?
From ____/____/____ until ____/____/____
Employed as food worker while symptomatic? ☐Y ☐N ☐U
Where did the patient work? _____
What dates did the patient work?
From ____/____/____ until ____/____/____
What day did the patient return to food service work?
Date: ____/____/____
Where did patient return to work? _____
Non-occupational food worker?
(e.g. potlucks, receptions) during contagious period ☐Y ☐N ☐U
Where employed? _____
Specify dates worked during contagious period:
From ____/____/____ until ____/____/____
Health care worker or child care worker handling food or medication in the contagious period ? ☐Y ☐N ☐U
Where employed? _____
Specify dates worked during contagious period: _____
During the 10 days prior to onset of symptoms, did the patient:
Handle raw meat other than poultry? ☐Y ☐N ☐U
Specify type of meat:
☐ Beef (hamburger/steak, etc)
☐ Pork (ham, bacon, pork chops, sausage, etc)
☐ Lamb/mutton
☐ Wild game, specify: _____
☐ Other, specify: _____
☐ Unknown
Notes:

Handle raw poultry? ☐Y ☐N ☐U
Specify type of poultry:
☐ Chicken
☐ Turkey
☐ Other, specify: _____
☐ Unknown
Drink unpasteurized milk? ☐Y ☐N ☐U
Specify type of milk:
☐ Cow
☐ Goat
☐ Sheep
☐ Other, specify: _____
☐ Unknown
Eat any other unpasteurized dairy products? ☐Y ☐N ☐U
Specify type of product:
☐ Queso fresco, Queso blanco or other Mexican soft cheese
☐ Butter
☐ Cheese from raw milk, specify: _____
☐ Food made from raw dairy product, specify: _____
☐ Other, specify: _____
Eat ground beef/hamburger? ☐Y ☐N ☐U
Eat other beef/beef products? ☐Y ☐N ☐U
☐ Roast
☐ Steak
☐ Other (specify): _____
Eat any poultry/poultry product? ☐Y ☐N ☐U
☐ Chicken
☐ Turkey
☐ Other (specify): _____
☐ Unknown
Eat pork/pork products? ☐Y ☐N ☐U
Specify type of pork/pork product:
☐ Sausage
☐ Smoked ☐ Unsmoked
☐ Chops
☐ Roast
☐ Ham
☐ Smoked ☐ Cured ☐ Canned
☐ Other, specify: _____
☐ Bacon
☐ BBQ
☐ Other, specify: _____
Eat wild game meat (bear, buffalo, deer, wild boar)**?** ☐Y ☐N ☐U
Specify type of wild game meat:
☐ Deer/venison
☐ Bear
☐ Wild boar/javelina/feral hog
☐ Other, specify: _____
Eat other meat / meat products (i.e. ostrich, emu, horse)? ☐Y ☐N ☐U
Specify other meat/meat product:
☐ Ostrich
☐ Emu
☐ Horse
☐ Other, specify: _____

Eat prepackaged, processed meat/meat products (does not include dried, smoked, or preserved products)**?** ☐Y ☐N ☐U
Specify type of prepackaged, processed meat/meat product:
☐ Hot dogs
☐ Cold Cuts
☐ Bologna
☐ Turkey
☐ Ham
☐ Other cold cut, specify _____
Any other ready-to-eat meat? Specify: _____
Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meat (i.e. summer sausage, salami, jerky)**?** ☐Y ☐N ☐U
Specify type of prepared meat:
☐ Summer sausage, specify: _____
☐ Salami
☐ Jerky
☐ Other, specify: _____
Eat deli-sliced (not pre-packaged) **meat?** ☐Y ☐N ☐U
Specify type of meat:
☐ Bologna
☐ Turkey
☐ Ham
☐ Roast beef
☐ Chicken
☐ Other, specify _____
Eat meat stews or meat pies? ☐Y ☐N ☐U
Specify: _____
Eat gravy (i.e. beef, chicken, turkey)**?** ☐Y ☐N ☐U
Specify: _____
Eat at a group meal? ☐Y ☐N ☐U
Specify:
☐ Place of Worship
☐ School:
☐ Social function
☐ Other, Specify: _____
Eat food from a restaurant? ☐Y ☐N ☐U
Name: _____
Location: _____
Did the patient ingest breast milk? ☐Y ☐N ☐U
Source of milk: _____
Did the patient ingest infant formula? ☐Y ☐N ☐U
Type: _____
Did the patient eat commercial baby food? ☐Y ☐N ☐U
Type: _____