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

SALMONELLOSIS
Confidential Communicable Disease Report—Part 2

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

REMINDER to Local Health Department Staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

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

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

GENERAL DIAGNOSTIC INFORMATION

Is/was patient symptomatic for this disease? ☐Y ☐N ☐U **If yes, symptom onset date** (mm/dd/yyyy): __/__/____

CLINICAL FINDINGS

Check all that apply:

Fever ☐Y ☐N ☐U ☐Yes, subjective ☐No Fever ☐Yes, measured ☐Unknown
Highest measured temperature: Fever onset date (mm/dd yyyy):_____

Nausea ☐Y ☐N ☐U **Vomiting** ☐Y ☐N ☐U

Abdominal pain or cramps ☐Y ☐N ☐U

Diarrhea ☐Y ☐N ☐U Check all that apply: ☐Bloody ☐Non-bloody ☐Watery ☐Other
Maximum # stools 24-hour period:_____

Bacteremia ☐Y ☐N ☐U Date of positive blood culture:_____

Septicemia/sepsis ☐Y ☐N ☐U

REASON FOR TESTING

Why was the patient tested for this condition?

☐Symptomatic of disease ☐Exposed to organism causing this disease (asymptomatic) ☐Screening of asymptomatic person with reported risk factor(s)

☐Household / close contact to a person reported with this disease ☐Other, specify_____ ☐Unknown

PREGNANCY/ TREATMENT

Is the patient currently pregnant? ☐Y ☐N ☐U **Did the patient take an antibiotic as treatment for this illness?** ☐Y ☐N ☐U

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours ☐Y ☐N ☐U (If no, skip to Isolation/Quarantine/Control Measures)

Hospital name:_____ Admit date (mm/dd/yyyy): ____/____/____

City, State: _____ Discharge date (mm/dd/yyyy):____/____/____

Hospital contact name: _____ Telephone: (_____) _____ - _____

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ISOLATION/ QUARANTINE MEASURES

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

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

Was patient compliant with control measures? ☐Y ☐N ☐U

Date control measures issued:____/____/____

Date control measures ended:____/____/____

Did local health director or designee implement additional control measures? (cohort classrooms, special cleaning, active surveillance, etc.)

☐Y ☐N ☐U if yes, specify: _____

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? ☐Y ☐N ☐U **Died?** ☐Y ☐N ☐U

Died from this illness? ☐Y ☐N ☐

Date of Death: (mm/dd/yyyy)____/____/_____

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 7 days prior to onset of symptoms? ☐Y ☐N ☐U

From ____/____/____ Until ____/____/____

List dates of travel and destinations:

CHILDCARE/SCHOOL/COLLEGE

Is the patient in child care? ☐Y ☐N ☐U

Name of care provider:

Address:

City: State: Zip code:

Contact Name: Telephone:

Is the patient a child care worker or volunteer in child care? ☐Y ☐N ☐U

Name of care provider:

Address:

City: State: Zip code:

Contact Name: Telephone:

Is the patient a parent or primary caregiver of a child in child care? ☐Y ☐N ☐U

Name of care provider:

Address:

City: State: Zip code:

Contact Name: Telephone:

Patient wears diapers or shares a classroom with diapered children? ☐Y ☐N ☐U

Who wears diapers? ☐ Patient ☐ Classmate

List names of all childcare arrangements that involve diapering:

Is patient a student? ☐Y ☐N ☐U

Type of school: ☐ NC Public School (pre K-12) ☐ NC Private School (pre K-12) ☐ Other School (pre K) ☐ Community College/University ☐ Other academic institution (trade school, professional school, etc.)

Name of School: Address: City State:

Zip code: County: Telephone

BEHAVIORAL RISK/CONGREGATE LIVING

During the 7 days prior to onset of symptoms, did the patient live in any congregate living facilities (correctional, barracks, commune, boarding school, dormitory)?

☐Y ☐N ☐U Name of facility: Dates of contact: from ____/____/_____ to ____/____/_____

During the 7 days prior to onset of symptoms, did the patient attend any social gatherings or crowded settings (including weddings, birthday or other parties, conferences, etc.)? _____☐Y ☐N ☐U

If yes, specify:

OTHER EXPOSURE INFO:

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

If yes, specify: (Include contact name, onset date, if contact was ill prior to or after case)

During the 7 days prior to onset of symptoms did the patient have contact with sewage or human excreta? ☐Y ☐N ☐U

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FOOD AND RISK EXPOSURE

During the 7 days prior to onset of symptoms, did the patient drink any bottled water? ☐Y ☐N ☐U

Specify 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 ☐ Municipal supply (city water) ☐ Well water

Where does the patient/patient's family typically buy groceries? ***(use back of form for additionals stores)***

Store Name:	Store Name:
Store City:	Store City:
Store Address/Shopping Center:	Store Address/Shopping Center:

During the 7 days prior to onset of symptoms, did the patient:

Eat any food items that came from a produce stand, flea market, or farmers market? ☐Y ☐N ☐U Specify:

Eat any food items that came from a store or vendor where they do not typically shop for groceries? ☐Y ☐N ☐U Specify:

During the 7 days prior to onset of symptoms, was the patient:

Employed as food worker? ☐Y ☐N ☐U	Specify job duties:
Where employed:	What dates did the patient work? From ____/____/____ until ____/____/____
Employed as food worker while symptomatic? ☐Y ☐N ☐U	Specify job duties:
Where employed:	What dates did the patient work? From ____/____/____ until ____/____/____
A non-occupational food worker (e.g., potlucks, receptions)?	☐Y ☐N ☐U
Specify job duties:	
Where employed:	What dates did the patient work? From ____/____/____ until ____/____/____

DISEASE-SPECIFIC FOOD QUESTIONS

Dairy Products

During the 7 days prior to onset of symptoms, did the patient:

Handle shell eggs? ☐Y ☐N ☐U

Drink unpasteurized milk? ☐Y ☐N ☐U

Specify type of milk: ☐ Cow ☐ Goat ☐ Sheep ☐ Unknown ☐ Other (specify):_____

Obtained from: ☐ Farm: _____ ☐ Grocery:_____ ☐ Restaurant:_____ ☐ Other (specify):_____

Eat any other unpasterurized 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:_____

Obtained from: ☐ Farm: _____ ☐ Grocery:_____ ☐ Restaurant:_____ ☐ Other (specify):_____

Juice & Ciders

Drink unpasteruized juices or ciders? ☐Y ☐N ☐U Specify juices or ciders: ☐ Apple ☐ Orange ☐ Other (specify):_____

Beef Products

Eat ground beef or hamburger? ☐Y ☐N ☐U	Name of source:
Brand:	Was this food rare, undercooked or raw? ☐Y ☐N ☐U

Eat other beef/beef products? ☐Y ☐N ☐U Specify: ☐ Roast ☐ Steak ☐ Unknown ☐ Other (specify):_____

Was this food rare, undercooked or raw? ☐Y ☐N ☐U Brand:_____

Obtained from: ☐ Farm: _____ ☐ Grocery:_____ ☐ Restaurant:_____ ☐ Other (specify):_____

Name of source:_____

Poultry Products

Eat any poultry/poultry products? ☐Y ☐N ☐U Specify: ☐ Chicken ☐ Turkey ☐ Other (specify):_____

Obtained from: ☐ Farm:_____ ☐ Grocery:_____ ☐ Restaurant:_____ ☐ Other (specify):_____

Brand:_____ .....Name of source:_____

Eat eggs or any dish having eggs as an ingredient? ☐Y ☐N ☐U

Obtained from: ☐ Farm:_____ ☐ Grocery:_____ ☐ Restaurant:_____ ☐ Other (specify):_____

Brand:_____ Name of source:_____

Taste/eat any uncooked batter (uncooked cake/cookie batter, ice cream containing cookie dough) containing eggs? ☐Y ☐N ☐U

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Pork Products

Eat pork/pork products? ☐Y ☐N ☐U Specify: ☐Sausage ☐Chops ☐Roast ☐Ham ☐Bacon ☐BBQ ☐Other:_____

Was this food rare, undercooked or raw? ☐Y ☐N ☐U Brand:_____

Obtained from: ☐Farm:_____ ☐Grocery:_____ ☐Restaurant:_____ ☐Other (specify):_____

Name of source:_____

Other Meats

Eat wild game meat? ☐Y ☐N ☐U Specify: ☐Deer/Venison ☐Bear ☐Wild Boar/Javelina/Feral Hog ☐Other:_____

FISH AND SEAFOOD

Handle/Eat shellfish (clams, crab, lobster, mussels, oysters, shrimp, crawfish, etc.)? ☐Y ☐N ☐U

Specify shellfish:_____

Obtained from: ☐Caught (fished) ☐Grocery:_____ ☐Restaurant:_____ ☐Other (specify):_____

Was this food rare, undercooked or raw? ☐Y ☐N ☐U

Handle/Eat fresh (not canned) finfish (tuna, mahi-mahi, salmon, sushi, etc.) ☐Y ☐N ☐U

Specify finfish:_____

Obtained from: ☐Caught (fished) ☐Grocery:_____ ☐Restaurant:_____ ☐Other (specify):_____

Was this food rare, undercooked or raw? ☐Y ☐N ☐U

Handle/Eat other seafood (octopus, squid, etc.) or frogs? ☐Y ☐N ☐U

Specify seafood:_____

Obtained from: ☐Caught (fished) ☐Grocery:_____ ☐Restaurant:_____ ☐Other (specify):_____

Was this food rare, undercooked or raw? ☐Y ☐N ☐U

FRUITS AND VEGETABLES

Eat raw fruit? ☐Y ☐N ☐U Specify: ☐apples ☐bananas ☐oranges ☐grapes ☐pears ☐mangoes ☐peaches ☐berries (specify):_____ ☐other (specify): _____

Eat raw salads or vegetables other than sprouts? ☐Y ☐N ☐U

Specify raw salad or vegetable:

☐Bagged salad greens without toppings	Type:	☐Lettuce	Type:
☐Onions	Type:	☐Potatoes	Type:
☐Salad with toppings	Type:	☐Tomatoes	Type:
☐Cucumbers ☐Mushrooms ☐Spinach		☐Other_____	

Eat sprouts? ☐Y ☐N ☐U Specify sprouts: ☐Alfalfa ☐Bean ☐Clover ☐Other_____ ☐Unknown

Eat fresh herbs? ☐Y ☐N ☐U Specify: ☐Basil ☐Cilantro ☐Cumin ☐Oregano ☐Parsley ☐Rosemary ☐Thyme ☐Other_____

DELI MEATS, PRE-PACKAGED FOODS, DRIED AND PROCESSED FOODS

Eat pre-packaged, processed meat/meat products (does not include dried, smoked, or preserved products)? ☐Y ☐N ☐U

Specify: ☐Cold Cuts ☐Bologna ☐Ham ☐Turkey ☐Other_____ ☐Hot dogs

Obtained from: ☐Grocery:_____ ☐Restaurant:_____ ☐Other_____

Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meats (summer sausage, salami, jerky)? ☐Y ☐N ☐U

Specify: ☐Jerky ☐Salami ☐Summer Sausage ☐Other_____

Obtained from: ☐Grocery:_____ ☐Restaurant:_____ ☐Other:_____

Eat deli-sliced (not prepackaged) meat? ☐Y ☐N ☐U Specify: ☐Bologna ☐Chicken ☐Ham ☐Roast Beef ☐Turkey ☐Other: _____

Obtained from: ☐Grocery:_____ ☐Restaurant:_____ ☐Other:_____

Eat meat stews or meat pies? ☐Y ☐N ☐U Specify: _____

OTHER FOOD ITEMS

Did the patient ingest infant formula? ☐Y ☐N ☐U Type (powdered, liquid and brand): _____

Did the patient eat commercial baby food? ☐Y ☐N ☐U Type (powdered, liquid and brand): _____

RESTAURANTS AND OTHER FOOD SOURCES AWAY FROM HOME

Eat at a group meal? ☐Y ☐N ☐U Specify (type of group and name): ☐Place of worship:_____ ☐School:_____ ☐Social function:_____ ☐Other:_____

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RESTAURANTS, ETC. (CONTINUED)

Eat food from a restaurant? ☐Y ☐N ☐U

Name:_____ Location:_____

Name:_____ Location:_____

Name:_____ Location:_____

Name:_____ Location:_____

WATER EXPOSURE

During the 7 days prior to onset of symptoms, did the patient have recreational, occupational or other exposure to water? ☐Y ☐N ☐U

Please describe:

ANIMAL EXPOSURES

During the 7 days prior to onset of symptoms, did the patient have exposure to animals (including animal tissues, animal products or animal excreta)? ☐Y ☐N ☐U

Household pets? ☐Y ☐N ☐U Specify Pets:

Animal Notes (Please note any visits to petting zoos, aquariums, zoos, fleamarkets, and all pets including reptiles, amphibians and exotic pets):

Did patient own, work at, or visit a pet store, animal shelter and/or animal breeder / wholesaler / distributor? ☐Y ☐N ☐U

Notes:

Did patient/household contact work at, live on, or visit a farm, ranch or dairy? ☐Y ☐N ☐U

Notes:

CASE INTERVIEWS / INVESTIGATIONS

Was the patient interviewed? ☐Y ☐N ☐U Date of interview:____/____/_____

Were interviews conducted with others? ☐Y ☐N ☐U Who was interviewed?_____

Were healthcare providers consulted? ☐Y ☐N ☐U Who was consulted?_____

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

Notes on medical record verification:

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

Case interview notes (Please note any additional food items mentioned, including snack foods, as well as any relevant information regarding the case):