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.

VIBRIO INFECTION, VULNIFICUS

Confidential Communicable Disease Report—Part 2

ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease. Enter all information from this form into the NC EDSS question packages.

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
/ /						/ /	
/ /						/ /	
/ /						/ /	

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? ☐Y ☐N ☐U
If yes, symptom onset date (mm/dd/yyyy): __/__/____
Fever ☐Y ☐N ☐U
☐ Yes, subjective ☐ No
☐ Yes, measured ☐ Unknown
Highest measured temperature_____
Unit:
☐ Fahrenheit ☐ Centigrade
Fever onset date (mm/dd/yyyy):_____
Shock ☐Y ☐N ☐U
Was systolic BP <90mm Hg ☐Y ☐N ☐U
Was shock septic? ☐Y ☐N ☐U
Headache ☐Y ☐N ☐U
Muscle aches / pains (myalgias) ☐Y ☐N ☐U
Skin rash ☐Y ☐N ☐U
Skin lesions ☐Y ☐N ☐U
Please describe (check all that apply)
☐ Papule ☐ Ulcer ☐ Bullae
Cellulitis ☐Y ☐N ☐U
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:

PREDISPOSING CONDITIONS

HIV/AIDS ☐Y ☐N ☐U
Immunosuppressive conditions (other than HIV/AIDS) ☐Y ☐N ☐U
Diabetes ☐Y ☐N ☐U
Is the patient on insulin? ☐Y ☐N ☐U
Hematologic disorder ☐Y ☐N ☐U
Sickle cell ☐Y ☐N ☐U
Other hematologic disorder(s) ☐Y ☐N ☐U
Malignancy ☐Y ☐N ☐U
Cardiovascular/heart disease ☐Y ☐N ☐U
Gastrointestinal disease ☐Y ☐N ☐U
☐ Gastric surgery or gastrectomy
☐ Peptic ulcer
☐ Other GI disease (GERD, etc.)
Specify:
Liver disease ☐Y ☐N ☐U
☐ Chronic liver disease or cirrhosis
☐ Liver failure
☐ Other liver disease(s)
Kidney disease ☐Y ☐N ☐U
☐ Chronic renal failure
☐ Acute renal failure
☐ Other kidney disease(s)
Injury/Wound/Break in skin ☐Y ☐N ☐U
Anatomic site_____
Other condition potentially affecting skin integrity? ☐Y ☐N ☐U
Specify condition(s)_____
Receiving treatment or taking any medications ☐Y ☐N ☐U
☐ Antacids
☐ Antibiotics
☐ Chemotherapy
☐ H2 blockers, proton pump or ulcer medication
☐ Immunosuppressive therapy, including anti-rejection therapy
☐ Radiotherapy
☐ Systemic steroids/corticosteroids, including steroids taken by mouth or injection

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):_____/_____/_____
Autopsy performed? ☐Y ☐N ☐U
Patient autopsied in NC? ☐Y ☐N ☐U
County of autopsy:_____
Autopsied outside NC, specify where:_____
Source of death information (select all that apply):
☐ Death certificate
☐ Autopsy report final conclusions
☐ Hospital/discharge physician summary
☐ Other

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):____/____/____

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

TREATMENT

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

Specify antibiotic name _____

TRAVEL/IMMIGRATION

The patient is:
- ☐ Resident of NC
- ☐ Resident of another state or US territory
- ☐ Foreign Visitor
- ☐ Refugee
- ☐ Recent Immigrant
- ☐ Foreign Adoptee
- ☐ None of the above

Did patient travel during the 3 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:

WATER EXPOSURE

During the 3 days prior to onset of symptoms, did the patient have recreational, occupational, or other exposure to estuarine or marine water (brackish or salt water sound, estuary, ocean) ? ☐Y ☐N ☐U

On (mm/dd/yyyy)_____

Until (mm/dd/yyyy) _____

Frequency
- ☐ Once
- ☐ Multiple times within this time period
- ☐ Daily

Route of exposure (agent entry) for recreational exposure (check all that apply):
- ☐ Accidental ingestion
- ☐ Intentional ingestion
- ☐ Skin contact
- ☐ Inhalation
- ☐ Other
- ☐ Unknown

Water source(s) / setting(s) (select all sources and settings that apply):
- ☐ River, stream (brackish only)
- ☐ Estuary / tidal area (brackish / salty water)
- ☐ Ocean
- ☐ Pool (salt water or brackish only)
- ☐ Whirlpool / spa pool (salt water or brackish only)
- ☐ Other
- ☐ Unknown

FOOD EXPOSURE

During the 3 days prior to onset of symptoms, did the patient do any of the following:

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

Does the patient have a water softener or water filter installed inside the house to treat their water? ☐Y ☐N ☐U

During the 3 days prior to onset of symptoms, did the patient do any of the following:

Handle / eat shellfish (i.e. clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)**?** ☐Y ☐N ☐U

Handle / eat clams? ☐Y ☐N ☐U

Obtained from _____

Name_____

Location_____

Phone # of establishment _____

Brand name (if applicable) _____

Preparation method(s) _____

☐ Unknown

Was this food undercooked or raw?.. ☐Y ☐N ☐U

Handled/consumed on (mm/dd/yyyy) _____

Until (mm/dd/yyyy) _____

Frequency:
- ☐ Once
- ☐ Multiple times within this time period
- ☐ Daily

Time consumed_____ ☐AM ☐PM

Amount consumed _____

Was this seafood the most likely source of illness? ☐Y ☐N ☐U

Was seafood imported from another country? ☐Y ☐N ☐U

Exporting country _____

Were clams eaten? ☐Y ☐N ☐U

How were they distributed to retail outlet?
- ☐ Shell stock (sold in shell)
- ☐ Shucked
- ☐ Unknown
- ☐ Other

Date restaurant/outlet received seafood _____

Was restaurant/retail outlet inspected as part of investigation? ☐Y ☐N ☐U

Are shipping tags available? ☐Y ☐N ☐U

Shippers who handled suspect seafood (include certification numbers if on tags)_____

_____

Source of seafood _____

Harvest date (mm/dd/yyyy) _____

Harvest site status:
- ☐ Approved ☐ Conditional
- ☐ Prohibited ☐ Other

Maximum ambient temperature_____ ☐°F ☐°C

Date measured (mm/dd/yyyy)_____

Surface water temperature_____ ☐°F ☐°C

Date measured (mm/dd/yyyy)_____

Salinity (ppt)_____

Date measured (mm/dd/yyyy)_____

Total rainfall (inches in previous 5 days) _____

Date measured (mm/dd/yyyy)_____

Fecal coliform count _____

Date measured (mm/dd/yyyy)_____

Was there evidence of cross-contamination, or improper storage or holding temperatures at any point? ☐Y ☐N ☐U

Specify deficiencies_____

_____

Handle / eat finfish (i.e. Tuna, Mackerel, Skip Jack, Amber Jack, Bonito, mahi-mahi / dorado, Blue fish, Salmon, Puffer fish, Porcupine fish, Ocean sunfish, sushi)**?** ☐Y ☐N ☐U

Type of fish _____

Obtained from _____

Name_____

Location_____

Phone # of establishment _____

Brand name (if applicable) _____

Preparation method(s) _____

☐ Unknown

Was this food undercooked or raw?.. ☐Y ☐N ☐U

Handled/consumed on (mm/dd/yyyy) _____

Until (mm/dd/yyyy) _____

Frequency:
- ☐ Once
- ☐ Multiple times within this time period
- ☐ Daily

Time consumed_____ ☐AM ☐PM

Amount consumed _____

Was this seafood the most likely source of illness? ☐Y ☐N ☐U

Notes:

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OTHER EXPOSURE INFORMATION

Did the patient have a vibrio wound infection? ☐ Y ☐ N ☐ U

Was the patient's skin exposed to water or aquatic organisms? ☐ Y ☐ N ☐ U

Location _____

If skin exposed, did patient sustain a wound during this exposure, or have a pre-existing wound?

- ☐ Yes, sustained wound
- ☐ Yes, had pre-existing wound
- ☐ Yes, uncertain is wound new or old
- ☐ No
- ☐ Unknown

How did this occur? _____

_____

Body site _____

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:

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: