

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



**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

**FOODBORNE DISEASE: OTHER/UNKNOWN  
Confidential Communicable Disease Report—Part 2**

**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**

**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** \_\_\_\_\_  
 Unit:  Fahrenheit  Centigrade  
 Fever onset date (mm/dd/yyyy): \_\_\_\_\_  
**Fatigue or malaise or weakness** .....  Y  N  U  
**Dehydration** .....  Y  N  U  
 Signs of dehydration (choose all that apply):  
 Decreased skin turgor  
 Dry mucous membranes  
 Non-palpable pulse  
 Sunken eyes  
 Decreased urine output  
**Prostration** .....  Y  N  U  
**Headache** .....  Y  N  U  
**Muscle aches/pains (myalgias)** .....  Y  N  U  
**Hypotension** .....  Y  N  U  
 Lowest recorded blood pressure \_\_\_\_\_  
**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: \_\_\_\_\_

**During the 10 days prior to onset of symptoms, did the patient 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? \_\_\_\_\_  
**Employed as food worker while symptomatic?** .....  Y  N  U  
 Where did the patient work? \_\_\_\_\_  
 What dates did the patient work? \_\_\_\_\_  
 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: \_\_\_\_\_

**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): \_\_\_\_\_  
 Was pet vaccinated for rabies? .....  Y  N  U  
 Was pet sick? .....  Y  N  U  
 Was pet free-ranging? .....  Y  N  U  
 Were fleas seen on pet? .....  Y  N  U  
 Were ticks seen on pet? .....  Y  N  U  
**Was patient exposed to animals associated with agriculture or aviculture (domestic/semi-domestic animals)?** .....  Y  N  U  
 Specify animal(s): \_\_\_\_\_

**During the 14 days prior to onset of symptoms, did the patient have recreational, occupational, or other exposure to water, including aerosolized water in household, community or health care settings?** .....  Y  N  U  
 If yes, describe in detail giving type of activity, water, route of exposure, water sources, factors contributing to water contamination, and any water treatment methods:

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**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

**ISOLATION/QUARANTINE/CONTROL MEASURES**

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

Check all that apply:

Work  Sexual behavior

Child care  Blood and body fluid

School  Other, specify \_\_\_\_\_

Date control measures issued: \_\_\_\_\_

Date control measures ended: \_\_\_\_\_

Was patient compliant with control measures? .....  Y  N

**OTHER EXPOSURE INFORMATION**

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

If yes, specify: \_\_\_\_\_

**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): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**CLINICAL OUTCOMES**

Survived? .....  Y  N  U

Died? .....  Y  N  U

Died from this illness? .....  Y  N  U

Date of death (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Were written quarantine orders issued? .....  Y  N

If yes, where was the patient quarantined? \_\_\_\_\_

Date quarantine started? \_\_\_\_\_

Date quarantine ended? \_\_\_\_\_

Was the patient compliant with quarantine?.....  Y  N

**TRAVEL/IMMIGRATION**

The patient is:

Resident North Carolina

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

Travel dates: From: \_\_\_\_\_ until \_\_\_\_\_

To city: \_\_\_\_\_

To country: \_\_\_\_\_

Mode(s) of transportation (check all that apply):

Airplane

Ship/boat/ferry

Automobile/motorcycle

Other

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

Name: \_\_\_\_\_

Additional travel/residency information:

**HEALTH CARE FACILITY AND BLOOD & BODILY FLUID EXPOSURE RISKS**

During the 10 days prior to onset of symptoms, did the patient have any of the following health care exposures?

Hospitalized

Long term care facility - resident (e.g. nursing home, rest home, rehab)

Worked or volunteered in health care or clinical setting

No

Unknown

Visit / admit date (mm/dd/yyyy): \_\_\_\_\_

Has patient been discharged? .....  Y  N  U

Facility name \_\_\_\_\_

Was facility notified regarding ill patient?.....  Y  N  U  N/A

Name of person notified \_\_\_\_\_

Date notified (mm/dd/yyyy): \_\_\_\_\_

**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: \_\_\_\_\_

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?

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

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**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: \_\_\_\_\_

During the 10 days prior to onset of symptoms did the patient eat any raw or undercooked seafood or shellfish (i.e., raw oysters, sushi, etc.)?  Y  N  U

Specify type of seafood/shellfish \_\_\_\_\_

Specify place of exposure \_\_\_\_\_

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 period of interest, did the patient drink any bottled water?  Y  N  U

Specify type/brand \_\_\_\_\_

Where does the patient/patient's family typically buy groceries?

Store name: \_\_\_\_\_

Store city: \_\_\_\_\_

Shopping center name/address: \_\_\_\_\_

During the 10 days prior to onset of symptoms, was the patient a 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:

Eat any food items that came from a produce stand, flea market, or farmer's market?  Y  N  U

Specify source: \_\_\_\_\_

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

Handle raw poultry?  Y  N  U

Specify type of poultry:

- Chicken
- Turkey
- Other, specify: \_\_\_\_\_
- Unknown

Handle shell eggs?  Y  N  U

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: \_\_\_\_\_

Drink unpasteurized juices or ciders?  Y  N  U

Specify juices or ciders:

- Apple
- Orange
- Other, specify: \_\_\_\_\_

Eat ground beef/hamburger?  Y  N  U

Eat other beef/beef products?  Y  N  U

Specify type:

- Roast
- Steak
- Other, specify: \_\_\_\_\_

Eat any poultry/poultry product?  Y  N  U

Specify type:

- Chicken
- Turkey
- Other, specify: \_\_\_\_\_
- Unknown

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

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

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 (deer, bear, 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: \_\_\_\_\_

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

Handle/eat clams?  Y  N  U

Handle/eat crabs?  Y  N  U

Handle/eat lobster?  Y  N  U

Handle/eat mussels?  Y  N  U

Handle/eat oysters?  Y  N  U

Handle/eat shrimp?  Y  N  U

Handle/eat crawfish?  Y  N  U

Handle/eat other shellfish?  Y  N  U

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

Specify type of finfish:

- Tuna
- Mackerel
- Skip Jack or Amberjack
- Bonito
- Mahi-mahi
- Puffer fish
- Parrot fish
- Porcupine fish
- Ocean sunfish (Mola mola)
- Bluefish
- Salmon
- Sushi, unknown type of fish
- Other, specify: \_\_\_\_\_
- Unknown

Handle/eat other seafood (i.e. octopus, squid) or frogs?  Y  N  U

Specify other seafood:

- Squid
- Octopus
- Frog
- Other, specify: \_\_\_\_\_

Eat raw fruit?  Y  N  U

Specify raw fruit:

- Apples
- Bananas
- Oranges
- Grapes, specify: \_\_\_\_\_
- Pears
- Peaches
- Berries, specify \_\_\_\_\_
- Melon, specify \_\_\_\_\_
- Mangoes
- Other, specify: \_\_\_\_\_

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

Specify raw salad or vegetable:

- Bagged salad greens without toppings, type: \_\_\_\_\_
- Salad with toppings, specify: \_\_\_\_\_
- Lettuce, type: \_\_\_\_\_
- Spinach
- Tomatoes, type: \_\_\_\_\_
- Cucumbers
- Mushrooms, type: \_\_\_\_\_
- Onions, type: \_\_\_\_\_
- Potatoes, type: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

Eat sprouts?  Y  N  U

Specify type of sprouts:

- Alfalfa
- Clover
- Bean
- Other, specify: \_\_\_\_\_
- Unknown

Eat fresh herbs?  Y  N  U

Specify:

- Basil
- Parsley
- Oregano
- Cumin
- Other, specify: \_\_\_\_\_
- Thyme
- Cilantro
- Rosemary

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 \_\_\_\_\_

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