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

North Carolina Public Health

FOODBORNE POISONING: STAPHYLCOCCAL

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

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:_____
Skin lesions: ☐Y ☐N ☐U
Specify location and type: _____

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):_____/_____/_____

ISOLATION/QUARANTINE/CONTROL MEASURES

Did local health director or designee implement additional control measures? ☐Y ☐N
If yes, specify: _____
_____

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 12 hours prior to onset of symptoms? ☐Y ☐N ☐U
List travel dates of travel and destinations:
_____
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:
_____

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:

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

FOOD RISK AND EXPOSURE

During the 12 hours 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:

_____

During the 12 hours 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 12 hours 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?

_____

Non-occupational food worker (e.g. potlucks, receptions)**?** ☐Y ☐N ☐U

Specify dates worked: _____

During the 12 hours 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

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
- ☐ Roast
- ☐ Steak
- ☐ Other, specify: _____

Eat any poultry/poultry product? ☐Y ☐N ☐U
- ☐ Chicken
- ☐ Turkey
- ☐ Other, specify: _____

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 ☐

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 deli-sliced (not pre-packaged) **cheese?** ☐Y ☐N ☐U

Specify type of deli-sliced cheese:
- ☐ Cheddar
- ☐ Swiss
- ☐ American
- ☐ Other cheese, specify: _____

Eat meat stews or meat pies? ☐Y ☐N ☐U

Specify: _____

Eat gravy (i.e. beef, chicken, turkey)**?** ☐Y ☐N ☐U

Specify: _____

Eat potentially hazardous foods (i.e. pastries, custards, salad dressings)**?** ☐Y ☐N ☐U

Specify:
- ☐ Pastries
- ☐ Custards
- ☐ Salad dressings
- ☐ Other: 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: _____

Notes

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

HEALTH CARE FACILITY AND BLOOD & BODILY FLUID EXPOSURE RISKS

During the 12 hours 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): _____

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? ..... ☐ Y ☐ N ☐ U
If yes, specify:

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