## CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT

### I. DEMOGRAPHIC AND ISOLATE INFORMATION

#### 1. First three letters of patient's last name:

- [ ] (3-9)

#### 2. Date of birth:

- [ ] Mo.
- [ ] Day
- [ ] Yr.

#### 3. Age:

- [ ] Years
- [ ] Mos.

#### 4. Sex:

- [ ] M (1)
- [ ] F (2)
- [ ] Unk (9)

#### 5. Ethnicity:

- [ ] Hispanic or Latino
- [ ] Yes (1)
- [ ] No (2)
- [ ] Unk (9)

#### 6. Race:

- [ ] Black or African American
- [ ] American Indian/Alaska Native
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Asian
- [ ] White
- [ ] Unk

#### 7. Occupation:

- [ ] Unk

#### 8. Vibrio species isolated (check one or more):

<table>
<thead>
<tr>
<th>Species</th>
<th>Stool</th>
<th>Blood</th>
<th>Wound</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. alginolytic</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. cholera O1</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. cholera O139</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. cholera non-O1, non-O139</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. cincinnatiensis</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. damselae</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. fluvialis</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. furnissii</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. hollisae</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. metschnikovii</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. mimicus</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. parahaemolyticus</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>V. vulnificus</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Vibrio species - not identified</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

#### 9. Were other organisms isolated from the same specimen that yielded Vibrio? Specify organism(s):
- [ ] Yes (1)
- [ ] No (2)
- [ ] Unk (9)

#### 10. Was the identification of the species of Vibrio (e.g., vulnificus, fluvialis) confirmed at the State Public Health Laboratory? Specify:
- [ ] Yes (1)
- [ ] No (2)
- [ ] Unk (9)

#### 11. Complete the following information if the isolate is Vibrio cholerae O1 or O139:

<table>
<thead>
<tr>
<th>Serotype</th>
<th>[ ] Inaba (1)</th>
<th>[ ] Ogawa (2)</th>
<th>[ ] Hikojima (3)</th>
<th>[ ] Not Done (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biotype</td>
<td>[ ] El Tor (1)</td>
<td>[ ] Classical (2)</td>
<td>[ ] Not Done (3)</td>
<td>[ ] Unk. (9)</td>
</tr>
<tr>
<td>Toxigenic</td>
<td>[ ] Yes (1)</td>
<td>[ ] No (2)</td>
<td>[ ] Unk. (9)</td>
<td>[ ] ELISA (453)</td>
</tr>
<tr>
<td></td>
<td>[ ] Latex agglutination (456)</td>
<td>[ ] Other (specify):</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>
## II. CLINICAL INFORMATION

### 1. Date and time of onset of first symptoms:
- **Mo.**
- **Day**
- **Yr.**
- **Hour**
- **Min.**
- **Amb.**

### 2. Symptoms and signs:
- **Fever**
- **Temp.**
- **Nausea**
- **Vomiting**
- **Diarrhea**
- **Duration**
- **Visible blood in stools**
- **Abdominal cramps**

### 3. Total duration of illness:
- **(days)**

### 4. Admitted to a hospital for this illness?
- **Yes**
- **No**
- **Unk.**

### 5. Any sequelae? (e.g., amputation, skin graft)
- **Yes**
- **No**
- **Unk.**

### 6. Did patient die?
- **Yes**
- **No**
- **Unk.**

### 8. Pre-existing conditions?
- **Alcoholism**
- **Diabetes**
- **Peptic ulcer**
- **Gastric surgery**
- **Heart disease**
- **Hematologic disease**
- **Immunodeficiency**
- **Liver disease**
- **Malignancy**
- **Renal disease**
- **Other**

### 9. Was the patient receiving any of the following treatments or taking any of the following medications in the 30 days before this *Vibrio* illness began?
- **Antibiotics**
- **Chemotherapy**
- **Radiotherapy**
- **Systemic steroids**
- **Immunosuppressants**
- **Antacids**
- **H2-Blocker or other ulcer medication**
- **Insulin**
- **Other medications**
- **Shock**
- **Muscle pain**
- **Headache**
- **Fever**

## III. EPIDEMIOLOGIC INFORMATION

### 1. Did this case occur as part of an outbreak?
- **Yes**
- **No**
- **Unk.**

### 2. Did the patient travel outside his/her home state in the 7 days before illness began?
- **Yes**
- **No**
- **Unk.**

### 3. Please specify which of the following seafoods were eaten by the patient in the 7 days before illness began:
- **Clams**
- **Crab**
- **Lobster**
- **Mussels**
- **Oysters**
- **Fish**
- **Shrimp**
- **Crawfish**
- **Other shellfish**

### 4. Admitted to a hospital for this illness?
- **Yes**
- **No**
- **Unk.**

### 5. Any sequelae? (e.g., amputation, skin graft)
- **Yes**
- **No**
- **Unk.**

### 6. Did patient die?
- **Yes**
- **No**
- **Unk.**

### 7. Did patient take an antibiotic as treatment for this illness?
- **Yes**
- **No**
- **Unk.**

### 8. Pre-existing conditions?
- **Alcoholism**
- **Diabetes**
- **Peptic ulcer**
- **Gastric surgery**
- **Heart disease**
- **Hematologic disease**
- **Immunodeficiency**
- **Liver disease**
- **Malignancy**
- **Renal disease**
- **Other**

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- **Systemic steroids**
- **Immunosuppressants**
- **Antacids**
- **H2-Blocker or other ulcer medication**
- **Insulin**
- **Other medications**
- **Shock**
- **Muscle pain**
- **Headache**
- **Fever**
### III. EPIDEMIOLOGIC INFORMATION (CONT.)

**Vibrio species:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. In the 7 days before illness began, was patient's skin exposed to any of the following?</td>
<td>Yes</td>
</tr>
<tr>
<td>A body of water (fresh, salt, or brackish water)</td>
<td></td>
</tr>
<tr>
<td>Drippings from raw or live seafood</td>
<td></td>
</tr>
<tr>
<td>Other contact with marine or freshwater life</td>
<td></td>
</tr>
<tr>
<td>Date of exposure:</td>
<td>Mo.</td>
</tr>
<tr>
<td>Time of exposure:</td>
<td>Hour</td>
</tr>
</tbody>
</table>

If skin was exposed to water, indicate type:
- Salt
- Brackish
- Unk.

If skin was exposed, did the patient sustain a wound during this exposure, or have a pre-existing wound? (choose one):
- YES, sustained a wound
- YES, had a pre-existing wound
- YES, uncertain if wound new or old
- NO
- Unk.

If YES to any of the above, answer each:
- Handling/cleaning seafood
- Swimming/diving/wading
- Walking on beach/shore/fell on rocks/shells
- Boating/skiing/surfing

If isolate is *Vibrio cholerae* O1 or O139 please answer questions 5 - 8.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. If patient was infected with <em>V. cholerae</em> O1 or O139, to which of the following risks was the patient exposed in the 4 days before illness began?</td>
<td>Yes</td>
</tr>
<tr>
<td>Raw seafood</td>
<td></td>
</tr>
<tr>
<td>Cooked seafood</td>
<td></td>
</tr>
<tr>
<td>Foreign travel</td>
<td></td>
</tr>
</tbody>
</table>

Other person(s) with cholera or cholera-like illness:

| Date: | Mo. | Day | Yr. |

Street-vended food:

| Date: | Mo. | Day | Yr. |

Other:

(specify):

If isolate is *Vibrio cholerae* O1 or O139 please answer questions 5 - 8.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. If answered &quot;yes&quot; to foreign travel (question III. 5), had the patient been educated in cholera prevention measures before travel?</td>
<td>Yes</td>
</tr>
<tr>
<td>Pre-travel clinic</td>
<td></td>
</tr>
<tr>
<td>Airport (departure gate)</td>
<td></td>
</tr>
<tr>
<td>Newspaper</td>
<td></td>
</tr>
</tbody>
</table>

| Date: | Mo. | Day | Yr. |

CDC travelers' hotline:

| Date: | Mo. | Day | Yr. |

| Date: | Mo. | Day | Yr. |

| Date: | Mo. | Day | Yr. |

6. If answered "yes" to foreign travel (question III. 5), what was the patient's reason for travel? (check all that apply)

- To visit relatives/friends
- Business
- Tourism
- Military

| (specify): | |

8. Has patient ever received a cholera vaccine? (If YES, specify type most recently received):

- Oral
- Parenteral

| Date: | Mo. | Day | Yr. |

If domestically acquired illness due to any *Vibrio* species is suspected to be related to seafood consumption, please complete section IV (Seafood Investigation).
### IV. SEAFOOD INVESTIGATION SECTION

For each seafood ingestion investigated, please complete as many of the following questions as possible.

*(Include additional pages section IV if more than one seafood type was ingested and investigated.)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Type of seafood (e.g., clams):</td>
<td>Date consumed: Mo.  Day  Yr.  Time consumed: Hour  Min.  Amount consumed:</td>
</tr>
<tr>
<td></td>
<td>If patient ate multiple seafoods in the 7 days before onset of illness, please</td>
</tr>
<tr>
<td></td>
<td>note why this seafood was investigated (e.g., consumed raw, implicated in</td>
</tr>
<tr>
<td></td>
<td>outbreak investigation):</td>
</tr>
<tr>
<td>2. How was this fish or seafood prepared?</td>
<td>Raw (1)  Baked (2)  Boiled (3)  Broiled (4)  Fried (5)  Steamed (6)  Unk. (7)</td>
</tr>
<tr>
<td></td>
<td>Other (8): __________________________________________________________________</td>
</tr>
<tr>
<td>3. Was seafood imported from another country?</td>
<td>Yes (1)  No (2)  Unk. (9): If YES, specify exporting country if known:</td>
</tr>
<tr>
<td>4. Was this fish or shellfish harvested by the patient or a friend of the</td>
<td>Yes (1)  No (2)  Unk. (9): (If YES, go to question 12.)</td>
</tr>
<tr>
<td>patient?</td>
<td></td>
</tr>
<tr>
<td>5. Where was this seafood obtained?</td>
<td>Oyster bar or restaurant (1)  Seafood market (2)  Truck or roadside vendor (3)</td>
</tr>
<tr>
<td></td>
<td>Food store (4)  Other (5): (specify): __________________________________________________________________</td>
</tr>
<tr>
<td>6. Name of restaurant, oyster bar, or food store:</td>
<td>Tel.:</td>
</tr>
<tr>
<td></td>
<td>Address:</td>
</tr>
<tr>
<td>7. If oysters, clams, or mussels were eaten, how were they distributed to</td>
<td>Shellstock (sold in the shell) (1)  Shucked (2)  Unk. (3)  Other (4): (specify):</td>
</tr>
<tr>
<td>the retail outlet?</td>
<td>_____________________________________________________________________________</td>
</tr>
<tr>
<td>8. Date restaurant or food outlet received seafood:</td>
<td>Mo.  Day  Yr.</td>
</tr>
<tr>
<td>9. Was this restaurant or food outlet inspected as part of this</td>
<td>Yes (1)  No (2)  Unk. (9):</td>
</tr>
<tr>
<td>investigation?</td>
<td></td>
</tr>
<tr>
<td>10. Are shipping tags available from the suspect lot?</td>
<td>Yes (1)  No (2)  Unk. (9): (Attach copies if available)</td>
</tr>
<tr>
<td>11. Shippers who handled suspected seafood: (please include certification</td>
<td>Name of restaurant, oyster bar, or food store:</td>
</tr>
<tr>
<td>numbers if on tags)</td>
<td>Address:</td>
</tr>
<tr>
<td>12. Source(s) of seafood:</td>
<td></td>
</tr>
<tr>
<td>13. Harvest site:</td>
<td>Date: Mo.  Day  Yr.  Status: Approved (1)  Conditional (2)  Prohibited (3)</td>
</tr>
<tr>
<td></td>
<td>Other (4): (specify): __________________________________________________________________</td>
</tr>
<tr>
<td>14. Physical characteristics of harvest area as close as possible to</td>
<td>Maximum ambient temp. ..................... (F1 to C1)  F1 (1)  C1 (2)  T1 (3)</td>
</tr>
<tr>
<td>harvest date:</td>
<td>Surface water temp. ...................... (F1 to C1)  F1 (1)  C1 (2)  T1 (3)</td>
</tr>
<tr>
<td></td>
<td>Salinity (ppt) ......................... (F1 to C1)  F1 (1)  C1 (2)  T1 (3)</td>
</tr>
<tr>
<td></td>
<td>Total rainfall (inches in prev. 5 days) ...............................................</td>
</tr>
<tr>
<td></td>
<td>Fecal coliform count .................. (F1 to C1)  F1 (1)  C1 (2)  T1 (3)</td>
</tr>
<tr>
<td>15. Was there evidence of improper storage, cross-contamination, or</td>
<td>Yes (1)  No (2)  Unk. (9): If YES, specify deficiencies:</td>
</tr>
<tr>
<td>holding temperature at any point?</td>
<td></td>
</tr>
</tbody>
</table>
| Person completing section IV:                                            | Date: Mo.  Day  Yr.  (Page 4 of 4) CHOLERA AND OTHER VIBRIO ILLNESS SURVEILLANCE REPORT (CDC Adobe Acrobat 5.0 Electronic Version, 4/2006)