

**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.

Durham County Health Department
Communicable Disease Control
414 East Main Street
Durham, NC 27701

Telephone: (919) 560-7600
Fax: (919) 560-7716

**CAMPYLOBACTER INFECTION
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 50**

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 _____
 Fever onset date (mm/dd/yyyy): ___/___/___
 Fatigue or malaise or weakness Y N U
 Guillain-Barre Syndrome Y N U
 Arthritis Y N U
 Extent: One joint Multiple joints
 Reactive
 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: _____

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): _____
 Did patient own, work at, or visit a pet store, animal shelter, and/or animal breeder/wholesaler/distributor? Y N U
 Did the patient handle any animals? Y N U
 Species: _____
 Did patient/household contact work at, live on, or visit a farm, ranch, or dairy? Y N U
 Was patient exposed to animals associated with agriculture or aviculture (domestic/semi-domestic animals)? Y N U

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): ___/___/___

PREDISPOSING CONDITIONS

Any immunosuppressive conditions? Y N U
 Specify: _____

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): ___/___/___

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

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

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 10 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:

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: from ___/___/___ until ___/___/___

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	

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:

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

Did local health director or designee implement additional control measures? 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

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:

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:

ANIMAL EXPOSURE

In the 10 days prior to onset of symptoms, did the patient:

Have contact with commercial animal products (i.e. wool, hair, hides, fur, raw/smoked meat, bones, bone meal)? Y N U

Work at or visit a slaughterhouse (abattoir), meat-packing plant, poultry or wild game processing facility? Y N U

Work at or visit a fair with livestock or a petting zoo? Y N U

Work at or visit a zoo, zoological park, or aquarium? Y N U

Work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory? Y N U

Provide the nature of contact, dates, location, and other specifics for any question answered yes.

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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: _____

Where does the patient/patient's family typically buy groceries?
 Store name: _____
 Store city: _____
 Shopping center name/address: _____

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

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: _____

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?
 From ___/___/___ until ___/___/___

Employed as food worker while symptomatic? Y N U
 Where did the patient work? _____
 What dates did the patient work?
 From ___/___/___ until ___/___/___
 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:
 From ___/___/___ until ___/___/___

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:
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

Notes:

Handle raw poultry? Y N U
 Specify type of poultry:
 Chicken
 Turkey
 Other, specify: _____
 Unknown

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: _____

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): _____
 Unknown

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 (bear, buffalo, deer, 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: _____

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

Eat gravy (i.e. beef, chicken, turkey)? Y N U
 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: _____

Did the patient ingest breast milk? Y N U
 Source of milk: _____

Did the patient ingest infant formula? Y N U
 Type: _____

Did the patient eat commercial baby food? Y N U
 Type: _____

Campylobacter infection (*Campylobacter spp.*)

1990 CDC Case Definition

Clinical description

An infection that may result in diarrheal illness of variable severity

Laboratory criteria for diagnosis

- Isolation of *Campylobacter* from any clinical specimen

Case classification

Probable: a clinically compatible case that is epidemiologically linked to a confirmed case

Confirmed: a case that is laboratory confirmed

Comment

Only confirmed cases are reported to the laboratory-based surveillance system managed by the Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC.