

**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

**SALMONELLOSIS**  
**Confidential Communicable Disease Report—Part 2**  
**NC DISEASE CODE: 38**

**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



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



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

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

**Bacteremia**  Y  N  U  
 Date of positive blood culture \_\_\_/\_\_\_/\_\_\_

**Septicemia/sepsis**  Y  N  U

**Patient in child care?**  Y  N  U  
 Name of care provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Patient wears diapers or shares a classroom with diapered children?**  Y  N  U  
 Who wears diapers?  
 Patient  Classmate

Give names of all child health care arrangements attended by the patient that involve diapering (patient wears diapers or other children in the same group wear diapers).  
 \_\_\_\_\_  
 \_\_\_\_\_

**Is patient a child care worker or volunteer in child care?**  Y  N  U  
 Name of child care provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Is patient a parent or primary caregiver of a child in child care?**  Y  N  U  
 Name of child care provider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_

**Is patient a student?**  Y  N  U  
 Type of school:  
 NC Public School (preK-12)  
 NC Private School (preK-12)  
 Other School (preK-12)  
 Community College/College/University  
 Other academic institution (i.e. trade school, professional school, etc)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
 Contact name: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_  
 Specify grade: \_\_\_\_\_

**Is patient a school WORKER / VOLUNTEER in NC school setting?**  Y  N  U  
 Type of school  
 NC Public School (preK-12)  
 NC Private School (preK-12)  
 Other School (preK-12)  
 Community College/College/University  
 Other academic institution (i.e. trade school, professional school, etc)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone: (\_\_\_\_\_) \_\_\_\_\_

**During the 3 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

**Did patient / household contact work at, live on, or visit a farm, ranch, or dairy?**  Y  N  U

(CONTINUED NEXT PAGE)

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

**NC EDSS PART 2 WIZARD (CONTINUED)  
COMMUNICABLE DISEASE**

**Was patient exposed to animals associated with agriculture or aviculture** (domestic/semi-domestic animals)?  Y  N  U  
Specify animal(s): \_\_\_\_\_

**Did patient have exposure to animal excreta** (urine or feces)?  Y  N  U  
Specify animal(s): \_\_\_\_\_  
Frequency  
 Once  
 Multiple times within this time period  
 Daily

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

**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?** (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  
**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

**TREATMENT**  
Did patient take an antibiotic as treatment for this illness?  Y  N  U

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

**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 3 days prior to onset of symptoms?**  Y  N  U  
List dates of travel and destinations:  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ until \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**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 3 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 3 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?**  
 Restaurant  Place of Worship  
 Home  Outdoors, including woods or wilderness  
 Work  Athletics  
 Child Care  Farm  
 School  Pool or spa  
 University/College  Pond, lake, river or other body of water  
 Camp  Hotel / motel  
 Doctor's office/ Outpatient clinic  Social gathering, other than listed above  
 Hospital In-patient  Travel conveyance (airplane, ship, etc.)  
 Hospital Emergency Department  International  
 Laboratory  Community  
 Long-term care facility /Rest Home  Other (specify) \_\_\_\_\_  
 Military  Prison/Jail/Detention Center  Unknown

**OTHER EXPOSURE INFORMATION**  
**Does the patient know anyone else with similar symptoms?**  Y  N  U  
If yes, specify: \_\_\_\_\_

**During the 3 days prior to onset of symptoms did the patient have contact with sewage or human excreta?**  Y  N  U

**WATER EXPOSURE**  
**During the 3 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  
Activity(ies): \_\_\_\_\_  
Type(s) of water:  
 Freshwater (stream, river, pond, lake, pool)  
 Estuarine or marine water (brackish or salt water sound, estuary, ocean)  
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  Inhalation  
 Intentional ingestion  Other  
 Skin contact  Unknown  
Water source(s) / setting(s) (select all sources and settings that apply):  
 Spring/hot spring  
 River, stream  
 Lake, pond, reservoir  
 Estuary / tidal area (brackish/salty water)  
 Ocean  
 Pool  
 Fountain  
 Other  
 Unknown  
Factors contributing to water contamination  
 High bather density/load  
 Fecal accident by bather(s)  
 Use by diapered/toddler-aged children  
 Overflow or release of sewage (observed or signage)  
 Flooding/heavy rains  
 Stagnant water  
 Water temperature  $\geq 30^{\circ}$  C (86 $^{\circ}$  F)  
 Chemical pollution  
 Algal bloom  
 Animal feces observed near site  
 Agricultural / animal production in watershed  
 Unprotected watershed  
 Other  
 Unknown  
If sewage related, sewage from:  
 Human  Animal waste storage/lagoon  
Was water treatment of source or setting provided?  Y  N  U  
Please specify water treatment(s) (check all that apply):  
 Settling (sedimentation)  
 Coagulation and / or flocculation  
 Filtration at purification plant (not including home filters)  
 Disinfection  
 Other  
 Unknown

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

**FOOD RISK AND EXPOSURE**

During the 3 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 3 days prior to onset of symptoms, 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

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

During the 3 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 3 days prior to onset, 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? \_\_\_\_\_

A non-occupational food worker (e.g. potlucks, receptions) during contagious period?  Y  N  U

Where employed? \_\_\_\_\_  
 Specify dates worked during contagious period:  
 From \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_

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 3 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

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  Other, specify: \_\_\_\_\_  
 Goat  Unknown  
 Sheep

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): \_\_\_\_\_  
 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: \_\_\_\_\_

Eat raw fruit?  Y  N  U

Specify raw fruit:  
 Apples  Peaches  
 Bananas  Berries, specify \_\_\_\_\_  
 Oranges  Melon, specify \_\_\_\_\_  
 Grapes,  Other, specify \_\_\_\_\_  
 Pears  Other, 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  Thyme  
 Parsley  Cilantro  
 Oregano  Rosemary  
 Cumin  
 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  Roast beef  
 Turkey  Chicken  
 Ham  
 Other, specify: \_\_\_\_\_

Eat meat stews or meat pies?  Y  N  U

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

**ANIMAL EXPOSURE**

During the 3 days prior to onset of symptoms did patient have contact with commercial animal products (i.e. wool, hair, hides, fur, raw/smoked meat, bones, bone meal)?  Y  N  U

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

Visited or worked?  
 Visited  
 Worked

Species slaughtered: \_\_\_\_\_

Slaughterhouse name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

County \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Has patient otherwise slaughtered animals or been a butcher, meat cutter, or meat processor?  Y  N  U

Meat from agricultural (domestic/semi-domestic) animals?  Y  N  U

Meat from wildlife (wild game)?  Y  N  U

Did the patient work at or visit a zoo, zoological park, or aquarium?  Y  N  U

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

**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:

## **Salmonellosis (*Salmonella* spp.)**

### **2005 CDC Case Definition**

#### **Clinical description**

An illness of variable severity commonly manifested by diarrhea, abdominal pain, nausea, and sometimes vomiting. Asymptomatic infections may occur, and the organism may cause extraintestinal infections.

#### **Laboratory criteria for diagnosis**

- Isolation of *Salmonella* from a clinical specimen.

#### **Case classification**

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

*Confirmed*: a case that meets the laboratory criteria for diagnosis. When available, O and H antigen serotype characterization should be reported.

#### **Comment**

For users of the legacy National Notifiable Diseases Surveillance System, laboratory-confirmed isolates are also reported via the Public Health Laboratory Information System (PHLIS), which is managed by the Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC. The National Electronic Disease Surveillance System (NEDSS) or NEDSS compatible systems will eventually replace PHLIS and NETSS; users of NEDSS or compatible systems which report to CDC should not report via PHLIS.

Both asymptomatic infections and infections at sites other than the gastrointestinal tract, if laboratory confirmed, are considered confirmed cases that should be reported.