

**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

**VIBRIO INFECTION, VULNIFICUS
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 54**

**ATTENTION Local Health Department Staff: There is no Part 2 Wizard for this disease.
Enter all information from this form into the NC EDSS question packages.**

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

CLINICAL FINDINGS

Is/was patient symptomatic for this disease? Y N U

If yes, symptom onset date (mm/dd/yyyy): / /

Fever Y N U

Yes, subjective No
 Yes, measured Unknown

Highest measured temperature _____
Unit: Fahrenheit Centigrade

Fever onset date (mm/dd/yyyy): _____

Shock Y N U

Was systolic BP <90mm Hg Y N U

Was shock septic? Y N U

Headache Y N U

Muscle aches / pains (myalgias) Y N U

Skin rash Y N U

Skin lesions Y N U

Please describe (check all that apply)
 Papule Ulcer Bullae

Cellulitis Y N U

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:

PREDISPOSING CONDITIONS

HIV/AIDS Y N U

Immunosuppressive conditions (other than HIV/AIDS) Y N U

Diabetes Y N U

Is the patient on insulin? Y N U

Hematologic disorder Y N U

Sickle cell Y N U

Other hematologic disorder(s) Y N U

Malignancy Y N U

Cardiovascular/heart disease Y N U

Gastrointestinal disease Y N U

Gastric surgery or gastrectomy
 Peptic ulcer
 Other GI disease (GERD, etc.)

Specify:

Liver disease Y N U

Chronic liver disease or cirrhosis
 Liver failure
 Other liver disease(s)

Kidney disease Y N U

Chronic renal failure
 Acute renal failure
 Other kidney disease(s)

Injury/Wound/Break in skin Y N U

Anatomic site _____

Other condition potentially affecting skin integrity? Y N U

Specify condition(s) _____

Receiving treatment or taking any medications Y N U

Antacids
 Antibiotics
 Chemotherapy
 H2 blockers, proton pump or ulcer medication
 Immunosuppressive therapy, including anti-rejection therapy
 Radiotherapy
 Systemic steroids/corticosteroids, including steroids taken by mouth or injection

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): / /

Autopsy performed? Y N U

Patient autopsied in NC? Y N U

County of autopsy: _____

Autopsied outside NC, specify where: _____

Source of death information (select all that apply):

Death certificate
 Autopsy report final conclusions
 Hospital/discharge physician summary
 Other

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): / /

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

TREATMENT

Did the patient take an antibiotic as treatment for this illness? Y N U
Specify antibiotic name _____

TRAVEL/IMMIGRATION

The patient is:
 Resident of NC
 Resident of another state or US territory
 Foreign Visitor
 Refugee
 Recent Immigrant
 Foreign Adoptee
 None of the above

Did patient travel during the 3 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:

WATER EXPOSURE

During the 3 days prior to onset of symptoms, did the patient have recreational, occupational, or other exposure to estuarine or marine water (brackish or salt water sound, estuary, ocean) ? Y N U
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
 Intentional ingestion
 Skin contact
 Inhalation
 Other
 Unknown

Water source(s) / setting(s) (select all sources and settings that apply):
 River, stream (brackish only)
 Estuary / tidal area (brackish / salty water)
 Ocean
 Pool (salt water or brackish only)
 Whirlpool / spa pool (salt water or brackish only)
 Other
 Unknown

FOOD EXPOSURE

During the 3 days prior to onset of symptoms, did the patient do any of the following:
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

During the 3 days prior to onset of symptoms, did the patient do any of the following:
Handle / eat shellfish (i.e. clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)? Y N U
Handle / eat clams? Y N U

Obtained from _____
Name _____
Location _____
Phone # of establishment _____
Brand name (if applicable) _____
Preparation method(s) _____
 Unknown
Was this food undercooked or raw? .. Y N U
Handled/consumed on (mm/dd/yyyy) _____
Until (mm/dd/yyyy) _____
Frequency:
 Once
 Multiple times within this time period
 Daily
Time consumed _____ AM PM
Amount consumed _____

Was this seafood the most likely source of illness? Y N U
Was seafood imported from another country? Y N U
Exporting country _____
Were clams eaten? Y N U
How were they distributed to retail outlet?
 Shell stock (sold in shell)
 Shucked
 Unknown
 Other
Date restaurant/outlet received seafood _____

Was restaurant/retail outlet inspected as part of investigation? Y N U
Are shipping tags available? Y N U
Shippers who handled suspect seafood (include certification numbers if on tags) _____

Source of seafood _____
Harvest date (mm/dd/yyyy) _____
Harvest site status:
 Approved Conditional
 Prohibited Other
Maximum ambient temperature _____ °F °C
Date measured (mm/dd/yyyy) _____
Surface water temperature _____ °F °C
Date measured (mm/dd/yyyy) _____
Salinity (ppt) _____
Date measured (mm/dd/yyyy) _____
Total rainfall (inches in previous 5 days) _____
Date measured (mm/dd/yyyy) _____

Faecal coliform count _____
Date measured (mm/dd/yyyy) _____
Was there evidence of cross-contamination, or improper storage or holding temperatures at any point? Y N U
Specify deficiencies _____

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
Type of fish _____
Obtained from _____
Name _____
Location _____
Phone # of establishment _____
Brand name (if applicable) _____
Preparation method(s) _____
 Unknown
Was this food undercooked or raw? .. Y N U
Handled/consumed on (mm/dd/yyyy) _____
Until (mm/dd/yyyy) _____
Frequency:
 Once
 Multiple times within this time period
 Daily
Time consumed _____ AM PM
Amount consumed _____
Was this seafood the most likely source of illness? Y N U

Notes:

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OTHER EXPOSURE INFORMATION

Did the patient have a vibrio wound infection? Y N U

Was the patient's skin exposed to water or aquatic organisms? Y N U

Location _____

If skin exposed, did patient sustain a wound during this exposure, or have a pre-existing wound?

Yes, sustained wound

Yes, had pre-existing wound

Yes, uncertain is wound new or old

No

Unknown

How did this occur? _____

Body site _____

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:

Vibrio vulnificus infection

2007 Case Definition (North Carolina)

Clinical description

An infection of variable severity characterized by diarrhea and vomiting, primary septicemia, or wound infections. Asymptomatic infections may occur, and the organism may cause extraintestinal infections.

Laboratory criteria for diagnosis

Isolation of *Vibrio vulnificus* from a clinical specimen.*

Case classification

Confirmed: A case that meets the laboratory criteria for diagnosis. Note that species identification and, if applicable, serotype designation should be reported.

Probable: A clinically-compatible symptomatic case that is epidemiologically linked to a confirmed case.

Comment

*Infections due to toxigenic *Vibrio cholerae* O1 or O139 are reportable as Cholera.

**Vibrio* infections due to *Vibrio spp.* other than *Vibrio cholerae* O1 or O139 or *Vibrio vulnificus* are reportable as *Vibrio* infection, other.