

**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.

**E. COLI INFECTION, SHIGA TOXIN PRODUCING
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 53**

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

GENERAL DIAGNOSTIC INFORMATION

Is/was patient symptomatic for this disease? Y N U If yes, symptom onset date (mm/dd/yyyy): ___/___/___

CLINICAL FINDINGS

Check all that apply:

Fever Y N U

Yes, subjective No Fever
 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

Check all that apply:

Bloody Non-bloody
 Watery Other

Maximum # stools 24-hour period: _____

Hematuria (urinalysis >5RBC/hpf) Y N U

Proteinuria Y N U

Acute Renal Insufficiency Y N U

Acute Renal Failure Y N U

Elevated Creatinine
Hemolytic Uremic Syndrome (HUS)
Thrombotic thrombocytopenia purpura (TTP)
Thrombocytopenia
Anemia
Acute hemolytic anemia
Acute with microangiopathic changes
Hemoglobin <11
Hematocrit <33
Other symptoms, signs, clinical findings or complications consistent with this illness?

REASON FOR TESTING

Why was the patient tested for this condition?

Symptomatic of disease Exposed to organism causing this disease (asymptomatic) Screening of asymptomatic person with reported risk factor(s)

Household / close contact to a person reported with this disease Other, specify _____ Unknown

PREGNANCY/ TREATMENT

Is the patient currently pregnant? Y N U Did the patient take an antibiotic as treatment for this illness? Y N U

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HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Hospital name: _____ City, State: _____ Hospital contact name: _____	(If no, skip to Isolation/Quarantine/Control Measures) Admit date (mm/dd/yyyy): ____/____/____ Discharge date (mm/dd/yyyy): ____/____/____ Telephone: (____) ____ - ____
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ISOLATION/ QUARANTINE MEASURES

Restrictions to movement or freedom of action? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Check all that apply: <input type="checkbox"/> Work <input type="checkbox"/> Sexual behavior <input type="checkbox"/> Child care <input type="checkbox"/> Blood and body fluid <input type="checkbox"/> School <input type="checkbox"/> Other, specify: _____	Date control measures issued: ____/____/____ Date control measures ended: ____/____/____ Did local health director or designee implement additional control measures? (cohort classrooms, special cleaning, active surveillance, etc.) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U if yes, specify: _____
Was patient compliant with control measures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____ Survived? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Died? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	Died from this illness? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Date of Death: (mm/dd/yyyy) ____/____/____
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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

From ____/____/____ Until ____/____/____

List dates of travel and destinations:

CHILDCARE/SCHOOL/COLLEGE

Is the patient in child care? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Name of care provider: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Name: _____ Telephone: _____	Is the patient a child care worker or volunteer in child care? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Name of care provider: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Name: _____ Telephone: _____
Is the patient a parent or primary caregiver of a child in child care? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Name of care provider: _____ Address: _____ City: _____ State: _____ Zip code: _____ Contact Name: _____ Telephone: _____	Patient wears diapers or shares a classroom with diapered children? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U Who wears diapers? <input type="checkbox"/> Patient <input type="checkbox"/> Classmate List names of all childcare arrangements that involve diapering: _____

Is patient a student? Y N U

Type of school: NC Public School (pre K-12) NC Private School (pre K-12) Other School (pre K) Community College/University
 Other academic institution (trade school, professional school etc)

Name of School: _____ Address: _____ City: _____ State: _____
 Zip code: _____ County: _____ Telephone: _____

BEHAVIORAL RISK/CONGREGATE LIVING

During the 10 days prior to onset of symptoms, did the patient live in any congregate living facilities (correctional, barracks, commune, boarding school, dormitory)? Y N U

Name of facility: _____ Dates of contact: from ____/____/____ to ____/____/____

During the 10 days prior to onset of symptoms, did the patient attend any social gatherings or crowded settings (including: weddings, birthday or other parties, conferences, etc)?
 Y N U If yes, specify: _____

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OTHER EXPOSURE INFO

Does the patient know anyone else with similar symptoms? Y N U

If yes, specify: (Include contact name, onset date, if contact was ill prior to or after case)

During the 10 days prior to onset of symptoms did the patient have contact with sewage or human excreta? Y N U

FOOD AND RISK EXPOSURE

During the 10 days prior to onset of symptoms, did the patient drink any bottled water? Y N U

Specify 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 Municipal supply (city water) Well water

Where does the patient/patient's family typically buy groceries? (use back of form for additional stores)

Store Name: _____

Store Name: _____

Store City: _____

Store City: _____

Store Address/Shopping Center: _____

Store Address/Shopping Center: _____

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 farmers market? Y N U Specify: _____

Eat any food items that came from a store or vendor where they do not typically shop for groceries? Y N U Specify: _____

During the 10 days prior to onset of symptoms, was the patient:

Employed as food worker? Y N U

Specify job duties: _____

Where employed: _____

What dates did the patient work? From ___/___/___ until ___/___/___

Employed as food worker while symptomatic? Y N U

Specify job duties: _____

Where employed: _____

What dates did the patient work? From ___/___/___ until ___/___/___

A non-occupational food worker (e.g. potlucks, receptions)?

Y N U Specify job duties: _____

Where employed: _____

What dates did the patient work? From ___/___/___ until ___/___/___

DISEASE-SPECIFIC FOOD QUESTIONS

Dairy Products

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

Handle shell eggs? Y N U

Drink unpasteurized milk? Y N U

Specify type of milk: Cow Goat Sheep Unknown Other (specify): _____

Obtained from: Farm Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

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: _____

Obtained from: Farm Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Juice & Ciders

Drink unpasteurized juices or ciders? Y N U Specify juices or ciders: Apple Orange Other(specify): _____

Beef Products

Eat ground beef or hamburger? Y N U

Brand: _____

Name of source: _____

Was this food rare, undercooked or raw? Y N U

Eat other beef/beef products? Y N U

Was this food rare, undercooked or raw? Y N U

Obtained from: Farm Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Name of source: _____

Specify: Roast Steak Unknown Other(specify): _____

Brand: _____

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POULTRY PRODUCTS

Eat any poultry/poultry products? Y N U Specify: Chicken Turkey Other(specify): _____

Obtained from: Farm Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Brand: _____ Name of source: _____

Eat eggs or any dish having eggs as an ingredient? Y N U

Obtained from: Farm Grocery(specify): _____ Restaurant(specify): _____ Other (specify): _____

Brand: _____ Name of source: _____

Taste/eat any uncooked batter (uncooked cake/cookie batter, ice cream containing cookie dough) containing eggs? Y N U

PORK PRODUCTS

Eat pork/pork products? Y N U Specify: Sausage Chops Roast Ham Bacon BBQ Other(specify): _____

Was this food rare, undercooked or raw? Y N U Brand(specify): _____

Obtained from: Farm Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Name of source: _____

Eat wild game meat? Y N U Specify: Deer/Venison Bear Wild Boar/Javelina/Feral Hog Other(specify): _____

FISH AND SEAFOOD

Handle/Eat shellfish (clams, crab, lobster, mussels, oysters, shrimp, crawfish etc) Y N U

Specify shellfish: _____

Obtained from: Caught (fished) Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Was this food rare, undercooked or raw? Y N U

Handle/Eat fresh (not canned) finfish (tuna, mahi-mahi, salmon, sushi, etc) Y N U

Specify finfish: _____

Obtained from: Caught (fished) Grocery(specify): _____ Restaurant(specify): _____ Other (specify): _____

Was this food rare, undercooked or raw? Y N U

Handle/Eat other seafood (octopus, squid etc) or frogs? Y N U

Specify seafood: _____

Obtained from: Caught (fished) Grocery(specify): _____ Restaurant(specify): _____ Other (specify): _____

Was this food rare, undercooked or raw? Y N U

FRUITS AND VEGETABLES

Eat raw fruit? Y N U Specify: apples bananas oranges grapes pears mangoes peaches

Berries(specify): _____ Other(specify): _____

Eat raw salads or vegetables other than sprouts? Y N U

Specify raw salad or vegetable:

<input type="checkbox"/> Bagged salad greens without toppings	Type: _____	<input type="checkbox"/> Lettuce	Type: _____
<input type="checkbox"/> Onions	Type: _____	<input type="checkbox"/> Potatoes	Type: _____
<input type="checkbox"/> Salad with toppings	Type: _____	<input type="checkbox"/> Tomatoes	Type: _____
<input type="checkbox"/> Cucumbers	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Spinach	<input type="checkbox"/> Other(specify): _____

Eat sprouts? Y N U Specify sprouts: Alfalfa Bean Clover Other(specify): _____ Unknown

Eat fresh herbs? Y N U Specify: Basil Cilantro Cumin Oregano Parsley Rosemary Thyme

Other(specify): _____

DELI MEATS. PRE-PACKAGED FOODS. DRIED AND PROCESSED FOODS

Eat prepackaged, processed meat/meat products (does not include dried, smoked, or preserved products)? Y N U

Specify: Cold Cuts Bologna Ham Turkey Other(specify): _____ Hot dogs

Obtained from: Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meats (summer sausage, salami, jerky)? Y N U

Specify: Jerky Salami Summer Sausage Other(specify): _____

Obtained from: Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

Eat deli-sliced (not prepackaged) meat? Y N U Specify: Bologna Chicken Ham Roast Beef Turkey

Other(specify): _____

Obtained from: Grocery(specify): _____ Restaurant(specify): _____ Other(specify): _____

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

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OTHER FOOD ITEMS

Did the patient ingest infant formula? Y N U Type (powdered, liquid and brand):

Did the patient eat commercial baby food? Y N U Type (powdered, liquid and brand):

RESTAURANTS AND OTHER FOOD SOURCES AWAY FROM HOME

Eat at a group meal? Y N U Specify (type of group and name): Place of worship(specify):
 School(specify): Social Function(specify): Other(specify):

RESTAURANTS ETC CONTINUED

Eat food from a restaurant? Y N U

Name: _____ Location: _____

Name: _____ Location: _____

Name: _____ Location: _____

Name: _____ Location: _____

WATER EXPOSURE

During the 10 days prior to onset of symptoms, did the patient have recreational, occupational or other exposure to water? Y N U

Please describe:

ANIMAL EXPOSURES

During the 10 days prior to onset of symptoms, did the patient have exposure to animals (including animal tissues, animal products or animal excreta)? Y N U

Household pets? Y N U Specify Pets:

Animal Notes (Please note any visits to petting zoo, aquariums, zoo, fleamarkets, and all pets including reptiles, amphibians and exotic pets):

Did patient own, work at, or visit a pet store, animal shelter and/or animal breeder/ wholesaler/ distributor? Y N U

Notes :

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

Notes :

CASE INTERVIEWS/ INVESTIGATIONS

Was the patient interviewed Y N U Date of interview: ___ / ___ / ___

Were interviews conducted with others? Y N U Who was interviewed? _____

Were healthcare providers consulted? Y N U Who was consulted? _____

Medical record(s) reviewed (including telephone review with provider / office staff)? Y N U

Notes on medical record verification:

Is the patient part of an outbreak of this disease? Y N U

Case interview notes: (please note any additional food items mentioned, including snack foods, as well as any relevant information regarding the case)