### General Diagnostic Information

**Is/was patient symptomatic for this disease?**

- [ ] Y  Yes, subjective
- [ ] N  No Fever
- [ ] U  Unknown

**Highest measured temperature:**

- [ ] Y  Yes, subjective
- [ ] N  No Fever
- [ ] U  Unknown

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

- [ ] Y  Yes, measured
- [ ] N  No Fever
- [ ] U  Unknown

**Diarrhea**

- [ ] Y  Yes, subjective
- [ ] N  No Bloody
- [ ] U  Non-Bloody

**Bacteremia**

- [ ] Y  Yes, subjective
- [ ] N  No Watery
- [ ] U  Other

**Septicemia/sepsis**

- [ ] Y  Yes, subjective
- [ ] N  No Other
- [ ] U  Unknown

**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  Yes, subjective
- [ ] N  No
- [ ] U  Unknown

**Did the patient take an antibiotic as treatment for this illness?**

- [ ] Y  Yes, subjective
- [ ] N  No
- [ ] U  Unknown

**HOSPITALIZATION INFORMATION**

**Was patient hospitalized for this illness >24 hours?**

- [ ] Y  Yes, subjective
- [ ] N  No
- [ ] U  Unknown

- [ ] Y  Admit date (mm/dd/yyyy): __/__/____
- [ ] N  Discharge date (mm/dd/yyyy): __/__/____
- [ ] U  Telephone: (______) ______ - ______

**Specimen**

<table>
<thead>
<tr>
<th>Date</th>
<th>Specimen #</th>
<th>Specimen Source</th>
<th>Type of Test</th>
<th>Test Result(s)</th>
<th>Description (comments)</th>
<th>Result Date</th>
<th>Lab Name—City/State</th>
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### ISOLATION/ QUARANTINE MEASURES

<table>
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<th>Restrictions to movement or freedom of action?</th>
<th>Y</th>
<th>N</th>
<th>U</th>
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<tr>
<td>Check all that apply:</td>
<td>Work</td>
<td>Sexual behavior</td>
<td></td>
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<td>Child care</td>
<td>Blood and body fluid</td>
<td></td>
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<td></td>
<td>School</td>
<td>Other, specify:</td>
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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.) Y N U

If yes, specify: ___________

### CLINICAL OUTCOMES

Discharge/Final diagnosis: 
Survived? Y N U 
Died? Y N U 
Did patient have a travel history during the 7 days prior to onset of symptoms? Y N U

List dates of travel and destinations:

### 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 7 days prior to onset of symptoms? Y N U

List dates of travel and destinations:

### CHILD CARE/SCHOOL/COLLEGE

Is the patient in child care? Y N 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? Y N U

Name of care provider:
Address:
City: State: Zip code:
Contact Name: Telephone:

Is the 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 7 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 7 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:

### 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 7 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 7 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 7 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 7 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 7 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:  □ Restaurant:  □ 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:  □ Restaurant:  □ 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  Name of source:

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

Eat other beef/beef products?  □ Y  □ N  □ U  Specify:  □ Roast  □ Steak  □ Unknown  □ Other (specify):

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

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

Name of source:

Poultry Products

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

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

Brand:

Eat eggs or any dish having eggs as an ingredient?  □ Y  □ N  □ U  Name of source:

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

Brand:

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:

**Was this food rare, undercooked or raw?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Brand:**

**Obtained from:**  
- [ ] Farm:  
- [ ] Grocery:  
- [ ] Restaurant:  
- [ ] Other (specify):

**Name of source:**

### Other Meats

**Eat wild game meat?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Specify:**  
- [ ] Deer/Venison  
- [ ] Bear  
- [ ] Wild Boar/Javelina/Feral Hog  
- [ ] Other:

### FISH AND SEAFOOD

**Handle/Eat shellfish (clams, crab, lobster, mussels, oysters, shrimp, crawfish, etc.)?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Specify shellfish:**

**Obtained from:**  
- [ ] Caught (fished)  
- [ ] Grocery:  
- [ ] Restaurant:  
- [ ] Other (specify):

**Was this food rare, undercooked or raw?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Brand:**

### FRUITS AND VEGETABLES

**Eat raw fruit?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Specify fruit:**  
- [ ] apples  
- [ ] bananas  
- [ ] oranges  
- [ ] grapes  
- [ ] pears  
- [ ] mangoes  
- [ ] peaches

**berries (specify):**

**other (specify):**

### DELI MEATS, PRE-PACKAGED FOODS, DRIED AND PROCESSED FOODS

**Eat pre-packaged, processed meat/meat products (does not include dried, smoked, or preserved products)?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Specify:**  
- [ ] Cold Cuts  
- [ ] Bologna  
- [ ] Ham  
- [ ] Turkey  
- [ ] Other:  
- [ ] Hot dogs

**Obtained from:**  
- [ ] Grocery:  
- [ ] Restaurant:  
- [ ] Other:

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

**Specify:**  
- [ ] Jerky  
- [ ] Salami  
- [ ] Summer Sausage  
- [ ] Other:

**Obtained from:**  
- [ ] Grocery:  
- [ ] Restaurant:  
- [ ] Other:

**Eat deli-sliced (not prepackaged) meat?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Specify:**  
- [ ] Bologna  
- [ ] Chicken  
- [ ] Ham  
- [ ] Roast Beef  
- [ ] Turkey  
- [ ] Other:

**Obtained from:**  
- [ ] Grocery:  
- [ ] Restaurant:  
- [ ] Other:

**Eat meat stews or meat pies?**  
- [ ] Y  
- [ ] N  
- [ ] U

**Specify:**

### 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:**  
- [ ] Place of worship:  
- [ ] School:  
- [ ] Social function:  
- [ ] Other:

**Obtained from:**  
- [ ] Grocery:  
- [ ] Restaurant:  
- [ ] Other:
### RESTAURANTS, ETC. (CONTINUED)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Location:</th>
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<td>Name:</td>
<td>Location:</td>
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**Eat food from a restaurant?**

- Y □
- N □
- U □

### WATER EXPOSURE

During the 7 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 7 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 zoos, aquariums, zoos, fleamarkets, and all pets including reptiles, amphibians and exotic pets):

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

2012 Case Definition  
CSTE Position Statement Number: 11-ID-08

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

**Suspect**  
Detection of *Salmonella* from a clinical specimen using a non-culture based method

**Confirmed**  
Isolation of *Salmonella* from a clinical specimen

Case Classification

**Suspect**  
A case that meets the suspect laboratory criteria for diagnosis.

**Probable**  
A clinically compatible case that is epidemiologically linked to a confirmed case, i.e., a contact of a confirmed case or member of a risk group as defined by public health authorities during an outbreak.

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

Comment

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