TYPHOID, CARRIER (SALMONELLA TYPHI)
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 144

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.
### 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 have a travel history during the 4+ months after acute typhoid fever onset?  
- List travel dates and destinations

- Does patient know anyone else with similar symptom(s) who had the same or similar travel history?  
- List persons and contact information:

### CHILD CARE/SCHOOL/COLLEGE

- Patient in child care?  
- Patient a child care worker or volunteer in child care?  
- Patient a parent or primary caregiver of a child in child care?  
- Is patient a student?  
- Type of school:  
- Is patient a school WORKER / VOLUNTEER in NC school setting?  

### BEHAVIORAL RISK & CONGREGATE LIVING

- During the 4+ months after acute typhoid fever onset did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority fraternity)?  
- Name of facility:  
- Dates of contact:

- During the 4+ months after acute typhoid fever onset, did the patient attend social gatherings or crowded settings?  

### FOOD RISK AND EXPOSURE

- During the 4+ months after acute typhoid fever onset, was the patient:
  - Employed as food worker?  
  - Where employed?  
  - Specify job duties:  
  - What dates did the patient work?  
  - Employed as food worker while symptomatic?  
  - Where did the patient work?  
  - What dates did the patient work?  
  - What day did the patient return to food service work?  
  - Date:

### VACCINE

- Has patient / contact ever received vaccine related to this disease?  
- Vaccine type:

### GEOGRAPHICAL SITE OF EXPOSURE

- In what geographic location was the patient MOST LIKELY exposed?
  - Specify location:  
    - In NC
    - Outside NC, but within US

### CASE INTERVIEWS/INVESTIGATIONS

- Was the patient interviewed?  
- Date of interview (mm/dd/yyyy):
- Were interviews conducted with others?  
- Who was interviewed?
- Were health care providers consulted?  
- Who was consulted?
- Medical records reviewed (including telephone review with provider/office staff)?  
- Specify reason if medical records were not reviewed:

### OTHER EXPOSURE INFORMATION

- Does the patient know anyone else with similar symptoms?  
- If yes, specify:

- Additional travel/residency information:

### ADDITIONAL INVESTIGATIONS

- Source of vaccine information:
  - Patient’s or Parent’s verbal report
  - Physician
  - Medical record
  - Certificate of immunization record
  - Patient vaccine record
  - School record
  - Other, specify:
  - Unknown

### CASE INTERVIEWS/INVESTIGATIONS

- Notes on medical record verification:

### GEOGRAPHICAL SITE OF EXPOSURE

- In what geographic location was the patient MOST LIKELY exposed?
  - Specify location:
    - In NC
    - Outside NC, but within US

- Notes regarding setting of exposure:
Typhoid, carriage (*Salmonella typhi*)

2007 Case Definition (North Carolina)

Clinical description

Must be currently asymptomatic with a history of acute illness caused by *Salmonella typhi*

Laboratory criteria for diagnosis

- Isolation of *S. typhi* from blood, stool, or other clinical specimen at least three months after onset of symptoms in a person with a confirmed case of Typhoid Fever, acute

Case classification

*Confirmed*: a clinically compatible case that is laboratory confirmed

Comment

Isolation of the organism is required for confirmation. Serologic evidence alone is not sufficient for diagnosis. Asymptomatic carriage should be reported as Typhoid, carriage to the Division of Public Health so that cases can be monitored under isolation orders. Typhoid, carriage cases are not reported to CDC.

See also Typhoid Fever