

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.

FOODBORNE POISONING: SCOMBROID FISH
Confidential Communicable Disease Report—Part 2

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.

Table with 8 columns: 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

Is/was patient symptomatic for this disease? If yes, symptom onset date (mm/dd/yyyy): Fever, Highest measured temperature, Drowsy, Sweats, Thirst, Dehydration, Light-headedness, Altered mental status, Memory loss, Periods of drowsiness followed by hyperactivity, Incoherent speech, Headache, Seizures/convulsions

Ataxia, Mouth tingling/burning, Numbness of lips or tongue, Facial flushing, Pain or paresthesia of the face and/or lower extremities, Hot/cold temperature sensory reversals, Acute onset of peripheral neuropathy, Muscle paralysis, Skin rash, Skin itching (pruritis), Aching teeth, Shortness of breath/difficulty breathing/respiratory distress, Respiratory arrest, Palpitations, Cardiac arrhythmias or cardiac arrest, Hypotension, Nausea, Vomiting, Abdominal pain or cramps, Diarrhea, Describe (select all that apply), Maximum number of stools in a 24-hour period, During the 12 hours prior to onset of symptoms did the patient eat any raw or undercooked seafood or shellfish (i.e., raw oysters, sushi, etc.)? Specify type of seafood/shellfish, Specify place of exposure

During the 12 hours prior to onset of symptoms, did the patient: Handle/eat shellfish (i.e. clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)? 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)? Specify type of finfish: Tuna, Mackerel, Skip Jack or Amberjack, Bonito, Mahi-mahi, (dorado/"blue dolphin"), Salmon, Puffer fish, Parrot fish, Porcupine fish, Ocean sunfish (Mola mola), Bluefish

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 contact to a person reported with this disease, Other, specify: Unknown

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

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

**BEHAVIORAL RISK & CONGREGATE LIVING**

During the 12 hours 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: \_\_\_\_\_

During the 12 hours 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?

**OTHER EXPOSURE INFORMATION**

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

**ISOLATION/QUARANTINE/CONTROL MEASURES**

Did local health director or designee implement additional control measures? .....  Y  N  U  
 If yes, specify: \_\_\_\_\_

Restaurant  
 Home  
 Work  
 Child Care  
 School  
 University/College  
 Camp  
 Doctor's office/  
 Outpatient clinic  
 Hospital In-patient  
 Hospital Emergency  
 Department  
 Laboratory  
 Long-term care facility  
 /Rest Home  
 Military  
 Prison/Jail/Detention  
 Center

Place of Worship  
 Outdoors, including  
 woods or wilderness  
 Athletics  
 Farm  
 Pool or spa  
 Pond, lake, river or  
 other body of water  
 Hotel / motel  
 Social gathering, other  
 than listed above  
 Travel conveyance  
 (airplane, ship, etc.)  
 International  
 Community  
 Other (specify) \_\_\_\_\_  
 Unknown

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

**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 North Carolina  
 Resident of another state or US territory  
 None of the above

Did patient have a travel history during the 12 hours prior to onset of symptoms? .....  Y  N  U  
 Travel dates: From: \_\_\_\_\_ until \_\_\_\_\_  
 To city: \_\_\_\_\_  
 To country: \_\_\_\_\_

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? .....  Y  N  U  
 Name: \_\_\_\_\_

Additional travel/residency information: \_\_\_\_\_

**FOOD RISK AND EXPOSURE**

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

During the 12 hours 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): \_\_\_\_\_  
 Handle/eat other seafood (i.e. octopus, squid) or frogs? .....  Y  N  U  
 Specify other seafood:  
 Squid  Octopus  Frog  
 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: \_\_\_\_\_

**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 regarding setting of exposure: \_\_\_\_\_

**CHILD CARE/SCHOOL/COLLEGE**

Patient in child care? .....  Y  N  U  
 Patient a child care worker or volunteer in child care? .....  Y  N  U  
 Patient a parent or primary caregiver of a child in child care? .....  Y  N  U  
 Is patient a student? .....  Y  N  U  
 Type of school: \_\_\_\_\_  
 Is patient a school WORKER / VOLUNTEER in NC school setting? .....  Y  N  U  
 Give details: \_\_\_\_\_