

**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: STAPHYLOCOCCAL
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 12**

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

Is/was patient symptomatic for this disease? Y N U
 If yes, symptom onset date (mm/dd/yyyy): ___/___/___
 CHECK ALL THAT APPLY:
 Fever Y N U
 Yes, subjective No
 Yes, measured Unknown
 Highest measured temperature _____
 Unit: Fahrenheit Centigrade
 Fever onset date (mm/dd/yyyy): ___/___/___
 Fatigue or malaise or weakness Y N U
 Dehydration Y N U
 Signs of dehydration (choose all that apply):
 Decreased skin turgor
 Dry mucous membranes
 Non-palpable pulse
 Sunken eyes
 Decreased urine output
 Prostration Y N U
 Headache Y N U
 Muscle aches/pains (myalgias) Y N U
 Hypotension Y N U
 Lowest recorded blood pressure _____
 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: _____
 Skin lesions: Y N U
 Specify location and type: _____

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

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): ___/___/___

ISOLATION/QUARANTINE/CONTROL MEASURES

Did local health director or designee implement additional control measures? Y N
 If yes, specify: _____

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 12 hours prior to onset of symptoms? Y N U
 List travel dates of travel and destinations: _____

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: _____

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): ___/___/___

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: _____

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
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FOOD RISK AND EXPOSURE

During the 12 hours prior to onset of symptoms, did the patient eat any raw or undercooked meat or poultry? Y N U

Specify meat/poultry: _____

Specify place of 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): _____

During the 12 hours prior to onset of symptoms, was the patient:

Employed as food worker? Y N U

Where employed? _____

Specify job duties: _____

What dates did the patient work? _____

Non-occupational food worker (e.g. potlucks, receptions)? Y N U

Specify dates worked: _____

During the 12 hours prior to onset of symptoms, did the patient:

Handle raw meat other than poultry? Y N U

Specify type of meat:

Beef (hamburger/steak, etc)

Pork (ham, bacon, pork chops, sausage, etc)

Lamb/mutton

Wild game, specify: _____

Other, specify: _____

Unknown

Handle raw poultry? Y N U

Specify type of poultry:

Chicken

Turkey

Other, specify: _____

Unknown

Handle shell eggs? Y N U

Drink unpasteurized milk? Y N U

Specify type of milk:

Cow

Goat

Sheep

Other, specify: _____

Unknown

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: _____

Drink unpasteurized juices or ciders? Y N U

Specify juices or ciders:

Apple

Orange

Other, specify: _____

Eat ground beef/hamburger? Y N U

Eat other beef/beef products? Y N U

Roast

Steak

Other, specify: _____

Eat any poultry/poultry product? Y N U

Chicken

Turkey

Other, specify: _____

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

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

Eat pork/pork products? Y N U

Specify type of pork/pork product:

Sausage

Smoked Unsmoked

Chops

Roast

Ham

Smoked Cured Canned

Other, specify: _____

Bacon

BBQ

Other, specify: _____

Eat wild game meat (deer, bear, wild boar)? Y N U

Specify type of wild game meat:

Deer/venison

Bear

Wild boar/javelina/feral hog

Other, specify: _____

Eat other meat / meat products (i.e. ostrich, emu, horse)? Y N U

Specify other meat/meat product:

Ostrich

Emu

Horse

Other, specify: _____

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

Specify type of prepackaged, processed meat/meat product:

Hot dogs

Cold Cuts

Bologna

Turkey

Ham

Other cold cut, specify _____

Any other ready-to-eat meat? Specify: _____

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

Specify type of prepared meat:

Summer sausage, specify: _____

Salami

Jerky

Other, specify: _____

Eat deli-sliced (not pre-packaged) meat? Y N U

Specify type of meat:

Bologna

Turkey

Ham

Roast beef

Chicken

Other, specify: _____

Eat deli-sliced (not pre-packaged) cheese? Y N U

Specify type of deli-sliced cheese:

Cheddar

Swiss

American

Other cheese, specify: _____

Eat meat stews or meat pies? Y N U

Specify: _____

Eat gravy (i.e. beef, chicken, turkey)? Y N U

Specify: _____

Eat potentially hazardous foods (i.e. pastries, custards, salad dressings)? Y N U

Specify:

Pastries

Custards

Salad dressings

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: _____

Notes

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HEALTH CARE FACILITY AND BLOOD & BODILY FLUID EXPOSURE RISKS

During the 12 hours prior to onset of symptoms, did the patient have any of the following health care exposures?

Hospitalized

Long term care facility - resident (e.g. nursing home, rest home, rehab)

Worked or volunteered in health care or clinical setting

No

Unknown

Visit / admit date (mm/dd/yyyy): ____/____/____

Has patient been discharged? Y N U

Facility name _____

Was facility notified regarding ill patient? Y N U N/A

Name of person notified _____

Date notified (mm/dd/yyyy): _____

OTHER EXPOSURE INFORMATION

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

If yes, specify:

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

Foodborne: staphylococcal

2007 Case Definition (North Carolina)

Clinical description

An illness characterized by acute onset of some or all of the following symptoms: nausea, vomiting, diarrhea, abdominal cramps and prostration after ingestion of food contaminated with toxins produced by *Staphylococcus aureus*. Symptoms develop 30 minutes to 8 hours after exposure; the usual incubation period is 2-4 hours.

Laboratory criteria for diagnosis

- Isolation of *Staphylococcus aureus* from clinical specimen (including stool, wound, vomitus or throat swabs)
- Isolation of *Staphylococcus aureus* from a leftover food sample
- Positive *Staphylococcus aureus* toxin assay in a leftover food sample

Case classification

Confirmed:

- a clinically compatible case with a positive culture for *Staphylococcus aureus* in a clinical specimen

Probable:

- a clinically compatible case epidemiologically linked to a confirmed case, **or**
- a clinically compatible case who provides a leftover food sample that
 - cultures positive for *Staphylococcus aureus*, **or**
 - tests positive for toxin in a toxin assay