

**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.

**CAMPYLOBACTER INFECTION  
Confidential Communicable Disease Report—Part 2  
NC DISEASE CODE: 50**

**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 \_\_\_\_\_  
 Fever onset date (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_  
**Fatigue or malaise or weakness** .....  Y  N  U  
**Guillain-Barre Syndrome** .....  Y  N  U  
**Arthritis** .....  Y  N  U  
 Extent:  One joint  Multiple joints  
 Reactive  
**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: \_\_\_\_\_  
**Other symptoms, signs, clinical findings, or complications consistent with this illness** .....  Y  N  U  
 Please specify: \_\_\_\_\_

**During the 10 days prior to onset of symptoms, did the patient have exposure to animals** (includes animal tissues, animal products, or animal excreta)? .....  Y  N  U  
 Household pets? .....  Y  N  U  
 Specify pet(s): \_\_\_\_\_  
**Did patient own, work at, or visit a pet store, animal shelter, and/or animal breeder/wholesaler/distributor?** .....  Y  N  U  
 Did the patient handle any animals? .....  Y  N  U  
 Species: \_\_\_\_\_  
**Did patient/household contact work at, live on, or visit a farm, ranch, or dairy?** .....  Y  N  U  
**Was patient exposed to animals associated with agriculture or aviculture (domestic/semi-domestic animals)?** .....  Y  N  U

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

**PREDISPOSING CONDITIONS**

Any immunosuppressive conditions?  Y  N  U  
 Specify: \_\_\_\_\_

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

**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

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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

List travel dates and destinations:  
 From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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:  
 \_\_\_\_\_

**BEHAVIORAL RISK & CONGREGATE LIVING**

During the 10 days 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: from \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_

During the 10 days 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?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Home	<input type="checkbox"/> Outdoors, including woods or wilderness
<input type="checkbox"/> Work	<input type="checkbox"/> Athletics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Farm
<input type="checkbox"/> School	<input type="checkbox"/> Pool or spa
<input type="checkbox"/> University/College	<input type="checkbox"/> Pond, lake, river or other body of water
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel / motel
<input type="checkbox"/> Doctor's office/ Outpatient clinic	<input type="checkbox"/> Social gathering, other than listed above
<input type="checkbox"/> Hospital In-patient	<input type="checkbox"/> Travel conveyance (airplane, ship, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> International
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Community
<input type="checkbox"/> Long-term care facility /Rest Home	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Military	<input type="checkbox"/> Unknown
<input type="checkbox"/> Prison/Jail/ Detention Center	

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

**ISOLATION/QUARANTINE/CONTROL MEASURES**

Restrictions to movement or freedom of action?  Y  N

Check all that apply:  
 Work  Sexual behavior  
 Child care  Blood and body fluid  
 School  Other, specify \_\_\_\_\_

Date control measures issued: \_\_\_\_\_  
 Date control measures ended: \_\_\_\_\_

Was patient compliant with control measures?  Y  N

Did local health director or designee implement additional control measures?  Y  N

If yes, specify: \_\_\_\_\_

Were written isolation orders issued?  Y  N

If yes, where was the patient isolated? \_\_\_\_\_

Date isolation started? \_\_\_\_\_  
 Date isolation ended? \_\_\_\_\_

Was the patient compliant with isolation?  Y  N

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

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

**ANIMAL EXPOSURE**

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

Have contact with commercial animal products (i.e. wool, hair, hides, fur, raw/smoked meat, bones, bone meal)?  Y  N  U

Work at or visit a slaughterhouse (abattoir), meat-packing plant, poultry or wild game processing facility?  Y  N  U

Work at or visit a fair with livestock or a petting zoo?  Y  N  U

Work at or visit a zoo, zoological park, or aquarium?  Y  N  U

Work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory?  Y  N  U

Provide the nature of contact, dates, location, and other specifics for any question answered yes.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**FOOD RISK AND EXPOSURE**

**During the 10 days 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: \_\_\_\_\_

**Did the patient drink any bottled water?** .....  Y  N  U  
 Specify type/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 store  
 Municipal supply (city water)  
 Well water

**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 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 10 days 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?  
 From \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_

**Employed as food worker while symptomatic?** .....  Y  N  U  
 Where did the patient work? \_\_\_\_\_  
 What dates did the patient work?  
 From \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_  
 What day did the patient return to food service work?  
 Date: \_\_\_/\_\_\_/\_\_\_  
 Where did patient return to work? \_\_\_\_\_

**Non-occupational food worker?**  
 (e.g. potlucks, receptions) during contagious period .....  Y  N  U  
 Where employed? \_\_\_\_\_  
 Specify dates worked during contagious period:  
 From \_\_\_/\_\_\_/\_\_\_ until \_\_\_/\_\_\_/\_\_\_

**Health care worker or child care worker handling food or medication in the contagious period?** .....  Y  N  U  
 Where employed? \_\_\_\_\_  
 Specify dates worked during contagious period: \_\_\_\_\_

**During the 10 days 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

**Notes:**

**Handle raw poultry?** .....  Y  N  U  
 Specify type of poultry:  
 Chicken  
 Turkey  
 Other, specify: \_\_\_\_\_  
 Unknown

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

**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): \_\_\_\_\_  
 Unknown

**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 (bear, buffalo, deer, 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 meat stews or meat pies?** .....  Y  N  U  
 Specify: \_\_\_\_\_

**Eat gravy (i.e. beef, chicken, turkey)?** .....  Y  N  U  
 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: \_\_\_\_\_

**Did the patient ingest breast milk?** .....  Y  N  U  
 Source of milk: \_\_\_\_\_

**Did the patient ingest infant formula?** .....  Y  N  U  
 Type: \_\_\_\_\_

**Did the patient eat commercial baby food?** .....  Y  N  U  
 Type: \_\_\_\_\_

## **Campylobacter infection (*Campylobacter spp.*)**

### **1990 CDC Case Definition**

#### **Clinical description**

An infection that may result in diarrheal illness of variable severity

#### **Laboratory criteria for diagnosis**

- Isolation of *Campylobacter* from any clinical specimen

#### **Case classification**

*Probable*: a clinically compatible case that is epidemiologically linked to a confirmed case

*Confirmed*: a case that is laboratory confirmed

#### **Comment**

Only confirmed cases are reported to the laboratory-based surveillance system managed by the Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC.