Instructions for reporting to the Cholera and Other Vibrio Illness Surveillance (COVIS) system

CDC requests that either a COVIS case report form is completed or electronic data elements are submitted for all laboratory culture-confirmed cases of cholera and other Vibrio illnesses, as well as all cases for these pathogens with positive results from culture-independent diagnostic tests (CIDT). Cases of Vibrio illnesses that are classified as probable based on epidemiologic linkage to a confirmed or probable case may be submitted at the state’s discretion. The current CSTE case definition for vibriosis is available at: https://wwwn.cdc.gov/nndss/conditions/vibriosis/case-definition/2017

<table>
<thead>
<tr>
<th>Confirmed cases of vibriosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation of a species of the family Vibrionaceae (other than toxigenic Vibrio cholerae O1 or O139, which are reportable as cholera) from a clinical specimen. This includes cases with an initial positive result from a culture-independent diagnostic test that undergo reflex culture.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Confirmed cases of cholera</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation of toxigenic (i.e., cholera toxin-producing) Vibrio cholerae O1 or O139 from stool or vomitus, OR serologic evidence of recent infection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Probable cases of vibriosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on supportive laboratory criteria:</td>
</tr>
<tr>
<td>Detection of a species of the family Vibrionaceae (other than toxigenic Vibrio cholerae O1 or O139, which are reportable as cholera) from a clinical specimen using a culture-independent diagnostic test, that did not undergo culture or culture did not yield a species of the family Vibrionaceae.</td>
</tr>
</tbody>
</table>

 OR

| Based on epidemiologic linkage: |
| A clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis. |

CDC requests that all Vibrio isolates are forwarded to the Enteric Disease Laboratory Branch. All suspected V. cholerae isolates should be forwarded immediately.

General reporting instructions

- Each patient should be represented by one case report form. Identification of multiple species of Vibrio in one patient should be reported on the same form.
- Notify CDC if additional information or laboratory results are identified after the case report form or case data elements have been submitted.
- COVIS data elements are submitted as a line list or by completed case report form.
  - Line lists and case report forms are submitted via email to COVISresponse@cdc.gov.


- A data dictionary is available for states that choose to transmit data as a line list. CDC requests that data elements submitted as an electronic line list match the COVIS data element naming and values schemes detailed in the data dictionary, and be submitted as excel formatted files or csv. Requests for the data dictionary should be sent to COVISresponse@cdc.gov.

- If a patient is lost to follow-up or unable to answer all questions, a case report form should still be submitted with any data available. Loss to follow-up can be indicated by checking the “Lost to follow-up” box in the additional comments on page 5, or adding “lost to follow-up” in the REPORTCOMMENT data element.

- This guidance provides a brief overview of COVIS reporting. Additional questions can be sent to COVISresponse@cdc.gov. Page and section number references are included for states using the COVIS form, and table references are included for states submitting data elements as an electronic line list.

**Instructions for patient identifiers (page 1/no table)**

This page is for use at the state and local level. **Do not include this information when forwarding the COVIS form to CDC.** Identifiers at the top of each page (state, year, age, sex, last name) are included to help both states and CDC identify loose form pages if they are completed at different times.

**Instructions for reporting health department (page 3/demographics table)**

- Include the state, city, and county of the reporting health department (not the case-patient).
- The health department reporting the case to CDC should be a health department in the state where the patient resides.

**Instructions for patient case information (page 3, section 1/demographics table)**

- Age in months does not need to be completed unless the patient is under one year of age.
- COVIS no longer collects the state identification number. Instead, include the NNDSS case identification number(s). The NNDSS case ID number is used to identify missing reports during the closeout process.
  - The NNDSS case investigation ID number, not the patient ID number should be recorded. If there is more than one case investigation ID for the same patient, include all case investigation IDs on the form.

**Instructions for laboratory information (page 3, section 2/isolate table)**

- COVIS collects laboratory data by specimen. Specimen information includes the source of the specimen, state laboratory ID number, culture results, and CIDT results. Both culture and CIDT results should be recorded for each specimen reported.
  - On the form, data for each specimen tested should be recorded under a separate specimen row. Two rows are included on the front of the form, and two additional rows are available on page 7. If the additional rows on page 7 are used, check the associated box under laboratory results on page 3 and attach the additional results.
In the data dictionary, each data element collected for a specimen is grouped by specimen number.

- The state laboratory ID number is used to link data between COVIS, the CDC reference laboratory, and PulseNet. If your state uses a different identifier when submitting specimens to CDC or transmitting information to PulseNet, please include that identifier instead.
- Use the three letter *Vibrio* species code found in the *Vibrio* species key at the top of section 2 or in the isolate table in the data dictionary when identifying species. These three letter codes should be used to identify cultured species.
  - If multiple species of *Vibrio* are identified in one specimen, use the code “MUL” and list the individual species codes in the question “If species identified as multiple or other, specify”.
  - If the species identified is not listed, use the code “OTH” and identify the species in the question “If species identified as multiple or other, specify”.
  - Laboratory information can be completed based on results from a clinical or state public health laboratory. If a specimen was tested at both a clinical laboratory and a public health laboratory, please include the result that is considered final by the state. This is often the public health laboratory result.
- Cholera isolate questions should only be completed for suspected or confirmed cases of toxigenic *Vibrio cholerae* O1 or O139. These data elements are included with the cholera exposure data elements in a separate cholera table.

**Instructions for clinical information (page 4, section 3/syndrome table)**

- Completion of the entire clinical information section is highly encouraged for confirmed cases.
- Completion of medical history is optional for probable cases. The other parts of the clinical information section should be completed for probable cases.

**Instructions for epidemiology section (pages 4-5, section 4/exposures table)**

- If the patient reports recent travel, only include the travel destination (city, state, and country) under the question “If yes [to travel outside of patient’s home state], list destinations and dates”. Any additional travel details that may be pertinent to the investigation should be included in the additional comments section.

**Cholera exposure**

- Only complete this section if toxigenic *V. cholerae* O1 or O139 is suspected.
- Cholera exposure elements are listed in a separate cholera table in the data dictionary, along with cholera isolate data elements.

**Seafood consumption**

- Only include information on seafood consumed during the 7 days before illness began.
• If patient consumed the same seafood on multiple dates in the 7 days before illness began, indicate so in the column labeled “Multiple dates”. If this is the case, the only date that should be specified on the form is the most recent date of consumption for that particular seafood.

• Further description of seafood items consumed may be provided in this section.

**Water exposure**

• If the patient reports more than one instance of water exposure in the 7 days before illness began, only include the most recent date of exposure.

• If the patient reports exposure to a body of water, please identify that body of water by name, city, and state, and country in question 1b on the form, or the data element LOCEXPOS.

**Instructions for seafood investigation (page 6, section 5/seafood table)**

• One copy of the seafood investigation form should be completed for each instance of seafood consumption investigated. If more than one type of seafood is investigated at a restaurant, please complete one investigation form per type of seafood. If a case report form is being submitted, indicate how many seafood investigations are included with the form at the top of this section.

• Seafood investigation data elements submitted as an electronic line list should include one line for each case seafood investigation. The seafood investigation identification number is the data element “INVESTID”. The first seafood investigation is given the INVESTID “1” and numbering continues sequentially for additional investigations.

• If the seafood exposure occurred in another state coordinate the collection of investigation information with that state when possible.

• Raw shellfish investigations should be prioritized whenever possible.

• Seafood investigations are optional for probable cases.

• If the seafood investigation section will be completed by a separate agency, the case report form can be submitted prior to completion of the section and updated when additional seafood investigation information is available.

**Product information**

• If the product was harvested by the patient or a friend of the patient from a commercial harvest area, include the harvest area information under the “Source information” section.

• Products are considered fully cooked if they have been cooked to the following guidelines:
  - Shellfish in the shell:
    - Boil until the shells open and continue boiling 5 more minutes
    - Steam until the shells open and continue steaming for 9 more minutes
  - For shucked oysters:
    - Boil for at least 3 minutes
    - Fry in oil for at least 3 minutes at 375° Fahrenheit
    - Broil 3 inches from heat for 3 minutes
    - Bake at 450° Fahrenheit for 10 minutes

**Commercial vendor information**
• This section only needs to be completed if the product was consumed at a commercial establishment.
• If possible provide at least the city and state of the restaurant, oyster bar, or food store where the product was purchased or consumed.

Source information

• If seafood tags, invoices, or labels are available, please both fill out the relevant questions and attach photocopies to the COVIS form.
• The harvest area “Description of product harvested” should detail the name of the product as identified from the harvest tag, invoice, or label.
• If more than two harvest areas are associated with the seafood investigation, complete additional harvest area information on page 7, and check the box next to “Check if additional harvest area page is attached” at the bottom of page 6.

Instructions for additional harvest area and laboratory results (page 7)

• If no additional harvest area or laboratory results are reported, this page does need to be included with the form.
<table>
<thead>
<tr>
<th>PATIENT IDENTIFIERS (Please tear off this page before sending the COVIS case report form to CDC. Patient identifiers should not be transmitted to CDC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s Name:</td>
</tr>
<tr>
<td>Patient’s Address:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Physician’s Name:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>

This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Section 301 of the Public Health Service Act). Responses are voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary to understand and control cholera and other vibrio illnesses associated with contaminated water and food. Information that would permit identification of any individual will be held in confidence, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act.
# Cholera and Other Vibrio Illness Surveillance Report

## Reporting Health Department

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>County/Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Patient Case Information

1. First 3 letters of patient’s last name: ___ ___ ___

2. Sex: ☐ M ☐ F ☐ Unk

3. Date of birth (MM/DD/YYYY): ___/___/____

4. Age: ___ ___ ___ YEARS MONTHS

5. NNDSS Case ID:

6. Race: ☐ American Indian/Alaska Native ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other ☐ Not provided/Unknown ☐ Asian

7. Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unk/Not Provided

8. Occupation: __________________________________________

## Laboratory Information

Use the *Vibrio* Species key to indicate which species were positively identified by culture or CIDT result as applicable.

<table>
<thead>
<tr>
<th>Species Key</th>
<th>Name/Type of Diagnostic Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. cincinnatiensis —CIN</td>
<td>Grimontia hollosa—HOL</td>
</tr>
<tr>
<td>V. alginolyticus —ALG</td>
<td>V. metschnikovii—MET</td>
</tr>
<tr>
<td>V. cholerae O1—CH1</td>
<td>V. parahaemolyticus—PAR</td>
</tr>
<tr>
<td>V. cholerae O139—CH3</td>
<td>Vibrio—species not identified—NID</td>
</tr>
<tr>
<td>V. furnissii—FUR</td>
<td>Multiple species—MUL (Specify below)</td>
</tr>
<tr>
<td>V. vulnificus—VUL</td>
<td>V. metschnikovii—MIM</td>
</tr>
</tbody>
</table>

### Laboratory Results

(If more than one specimen is tested, complete one row per specimen. If more than two specimens were tested, please check here ____ and attach additional sheet. CIDT indicates a culture-independent diagnostic test.)

1. **Specimen one:** Date collected: ___ ___ ___/___/____ (MM/DD/YYYY) Received at public health laboratory? ☐ Y ☐ N ☐ U

   Specimen source: ☐ Stool ☐ Blood ☐ Wound

   Other (if wound or other, specify site):

   Culture, result:
   ☐ Pos ☐ Neg ☐ Unk ☐ Not Done
   If positive, species identified: ________________________________
   If species identified as multiple or other, specify:

   CIDT, result: ☐ Pos ☐ Neg ☐ Unk ☐ Not Done

   If applicable, species identified:
   ________________________________
   Name/type of diagnostic test used: ________________________________

2. **Specimen two:** Date collected: ___ ___ ___/___/____ (MM/DD/YYYY) Received at public health laboratory? ☐ Y ☐ N ☐ U

   Specimen source: ☐ Stool ☐ Blood ☐ Wound

   Other (if wound or other, specify site):

   Culture, result:
   ☐ Pos ☐ Neg ☐ Unk ☐ Not Done
   If positive, species identified: ________________________________
   If species identified as multiple or other, specify:

   CIDT, result: ☐ Pos ☐ Neg ☐ Unk ☐ Not Done

   If applicable, species identified:
   ________________________________
   Name/type of diagnostic test used: ________________________________

3. If other non-*Vibrio* organism(s) isolated from same specimen, list:

4. **Serotype:** ☐ Inaba ☐ Ogawa

5. **BioType:** ☐ El Tor ☐ Classical ☐ Not done ☐ Unk

---

*Complete only if isolate is *Vibrio cholerae* O1 or O139:*
### 3. CLINICAL INFORMATION

1. Date illness began (MM/DD/YY): __ __ / __ __ / __ __

2. Duration of illness (Days):

3. Did patient die? □ Yes □ No □ Unknown
   - If yes, date (MM/DD/YY): __ __ / __ __ / __ __

4. Admitted to a hospital overnight for this illness?
   - □ Yes  □ No  □ Unknown
   - If yes, admission date (MM/DD/YY): __ __ / __ __ / __ __
   - Discharge date (MM/DD/YY): __ __ / __ __ / __ __

5. Did patient take an antibiotic as treatment for this illness? □ Yes □ No □ Unknown
   - If yes, name(s) of antibiotic(s):
     1. ____________________________
     2. ____________________________
     3. ____________________________
   - Date began antibiotic (MM/DD/YY): __ __ / __ __ / __ __  Date ended antibiotic: (MM/DD/YY): __ __ / __ __ / __ __

### Signs and symptoms:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Medical history (optional for probable cases):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td></td>
<td></td>
<td>Alcoholism</td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td>Diabetes</td>
</tr>
<tr>
<td>Visible blood in stools</td>
<td></td>
<td></td>
<td>Gastric surgery</td>
</tr>
<tr>
<td>Abdominal cramps</td>
<td></td>
<td></td>
<td>Heart disease</td>
</tr>
<tr>
<td>Fever (&gt;100.4F or 38 C)</td>
<td></td>
<td></td>
<td>Hematologic disease</td>
</tr>
<tr>
<td>Muscle pain</td>
<td></td>
<td></td>
<td>Immunosuppressive condition/immunodeficiency</td>
</tr>
<tr>
<td>Septic shock</td>
<td></td>
<td></td>
<td>Immunosuppressive therapy</td>
</tr>
<tr>
<td>Cellulitis (Site__________________)</td>
<td></td>
<td></td>
<td>Liver disease</td>
</tr>
<tr>
<td>Bullae (Site__________________)</td>
<td></td>
<td></td>
<td>Cancer</td>
</tr>
<tr>
<td>Sequelae (e.g. amputation, skin graft) (Type:______________________)</td>
<td></td>
<td></td>
<td>Kidney disease</td>
</tr>
<tr>
<td>Other (ear pain, discharge, rash, etc.): ____________________________</td>
<td></td>
<td></td>
<td>Took antacids or ulcer medication in past 30 days</td>
</tr>
</tbody>
</table>

### Additional signs and symptoms comments:

- Peptic ulcer
- Other: ____________________________
- If yes to any of the above conditions, specify type:

### 4. EPIDEMIOLOGY SECTION

1. Was this case part of an outbreak? □ Yes □ No □ Unk

2. If yes, please describe (include NORS ID if available): ____________________________________________________________

3. PulseNet cluster code (if available): ____________________________

4. Did the patient travel outside their home state in the 7 days before illness began? □ Yes □ No □ Unk

5. If yes, list destinations and dates*:
   - Date arrived (MM/DD/YY)  Date left (MM/DD/YY)
     1. ____________________________ __ __ / __ __ / __ __  __ __ / __ __ / __ __
     2. ____________________________ __ __ / __ __ / __ __  __ __ / __ __ / __ __
     3. ____________________________ __ __ / __ __ / __ __  __ __ / __ __ / __ __

*Please list any additional travel destinations or information in the comments section on page 4.
State: ____ Year: ______ Age: ____ Sex: ____ Last Name: __ __ __

Cholera exposure (Only complete if laboratory result includes toxigenic \textit{V. cholerae} O1 or O139.)

1. Was patient exposed to a person with cholera? ☐ Yes ☐ No ☐ Unknown

2. If patient travelled outside of U.S., what was the reason for travel?
☐ To visit relatives/friends ☐ Tourism ☐ Medical/Disaster relief ☐ Other: __________
☐ Business ☐ Military ☐ Unknown

3. Has the patient ever received a cholera vaccine? ☐ Yes ☐ No ☐ Unknown

4. If yes, most recent vaccination date (MM/DD/YYYY): ___ ___ / ___ ___ / ___ ___ ___

Seafood consumption

1. Only indicate consumption during the \textbf{7 days before illness began}.

<table>
<thead>
<tr>
<th>Type of Seafood</th>
<th>Eaten?</th>
<th>Eaten raw?</th>
<th>Multiple dates?</th>
<th>Last date consumed</th>
<th>Type of Seafood</th>
<th>Eaten?</th>
<th>Eaten raw?</th>
<th>Multiple dates?</th>
<th>Last date consumed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clams</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>Y N U (MM/DD/YY)</td>
<td>Shrimp</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐ ⏰</td>
</tr>
<tr>
<td>Mussels</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>Y N U</td>
<td>Crawfish</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐ ⏰</td>
</tr>
<tr>
<td>Oysters</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>Y N U</td>
<td>Lobster</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐ ⏰</td>
</tr>
<tr>
<td>Scallops</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>Y N U</td>
<td>Crabs</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐ ⏰</td>
</tr>
<tr>
<td>Other shellfish</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>Y N U</td>
<td>Fish</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐ ⏰</td>
</tr>
</tbody>
</table>

Further description of seafood: ______________________________________________________________________________________

2. Did any dining partners consume the same seafood? ☐ Yes ☐ No ☐ Unk

3. If yes, did any become ill? ☐ Yes ☐ No ☐ Unk

Water exposure

\textbf{In the 7 days before illness began, was patient’s skin exposed to any of the following?}

1a. A body of water (ocean, lake, etc.): ☐ Yes ☐ No ☐ Unknown

1b. If yes, specify name of body of water: __________________________

1c. If exposed to water, indicate type: ☐ Salt ☐ Fresh ☐ Brackish ☐ Other, specify: __________________________

2. Drippings from raw or live seafood, including handling/cleaning: ☐ Yes ☐ No ☐ Unknown

3. Marine life, including stings/bites: ☐ Yes ☐ No ☐ Unknown

4. Date of most recent exposure: (MM/DD/YY): ___ ___ / ___ ___ / ___ ___

5. If yes to any of the above exposures, was this an occupational exposure? ☐ Yes ☐ No ☐ Unknown

6a. If patient’s skin was exposed to any of the above, did patient sustain a wound or have a pre-existing wound?
☐ Yes, sustained a wound ☐ Yes, had pre-existing wound ☐ Yes, uncertain if old/new ☐ No ☐ Unknown

6b. If Yes, describe how wound occurred and site on body:

Additional comments: ☐ Lost to follow-up

Person completing section 1-4: __________________________ Date completed: __________________________

Title/Agency: __________________________ Tel: __________________________
5. SEAFOOD INVESTIGATION (Please complete one copy of this page for each type of seafood ingested and investigated, and identify investigation page number below. Completion of this page is optional for probable cases.)

Seafood Investigation page ____ of ____

**Product information**

1. Type of seafood being investigated: _____________________  
2. Date consumed: ___ / ___ / ___
3. Amount consumed (e.g., 6 oysters, 1 filet, 5oz, etc.): _____________________
4. How prepared:  
   - [ ] Fully cooked  
   - [ ] Undercooked  
   - [ ] Raw  
   - [ ] Unknown
5. Additional relevant information on product preparation (e.g., specific variety of seafood consumed and plating):
   ______________________________________________________________________

6. Was this fish or shellfish harvested by the patient or a friend of the patient?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

   (If yes, skip to source information questions. If no, complete entire page as possible.)

**Commercial vendor Information (only complete if product consumed at a commercial establishment)**

1. Name of restaurant, oyster bar, or food store: ______________________________
   Address: _______________________________  
   Tel: _______________________________
   City/State: ________________________________
2. Type of establishment:  
   - [ ] Oyster bar or restaurant  
   - [ ] Truck or roadside vendor  
   - [ ] Seafood market  
   - [ ] Other (specify):
   - [ ] Food store

3. Date restaurant or food outlet received seafood (MM/DD/YY): ___ / ___ / ___
4. Was the seafood imported from another country?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

   If yes, name of country: _______________________________

5. Was a restaurant or outlet environmental assessment conducted?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

6. Was there evidence of improper handling or storage?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

   If yes (check all that apply):  
   - [ ] Holding temperature violation  
   - [ ] Cross-contamination  
   - [ ] Co-mingling of live and dead shellfish

   - [ ] Improper storage  
   - [ ] Other: ____________________________________________________________________

7. If oysters, clams, or mussels were eaten, how were they received by the retail outlet?  
   - [ ] Live shellstock  
   - [ ] Processed animal with shell attached  
   - [ ] Shucked meat  
   - [ ] Unknown  
   - [ ] Other (specify): _________________________

**Source information**

1. Were seafood tags, invoices, or labels available?  
   - [ ] Yes  
   - [ ] No  
   - [ ] Unknown

   (If yes, please attach to form)

2. List shippers and associated certification numbers if on tags:  
   ______________________________________________________________________

3. Harvest area  
<table>
<thead>
<tr>
<th>Harvest area classification</th>
<th>Description of product harvested:</th>
</tr>
</thead>
</table>
   | Area 1: Date: ___ / ___ / ___ | [ ] Approved  
   |                              | [ ] Conditionally approved      |
   |                              | [ ] Conditionally restricted    |
   |                              | [ ] Restricted  
   |                              | [ ] Prohibited                  |
   | Area 2: Date: ___ / ___ / ___ | [ ] Approved  
   |                              | [ ] Conditionally approved      |
   |                              | [ ] Conditionally restricted    |
   |                              | [ ] Restricted  
   |                              | [ ] Prohibited                  |

   [ ] Check if additional harvest area page is attached

Person completing section 5: ___________________  
Date completed: ___________________

Title/Agency: ___________________  
Tel: ___________________
### Additional harvest area page

<table>
<thead>
<tr>
<th>Harvest area</th>
<th>Harvest Date (MM/DD/YY)</th>
<th>Harvest Area Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area 3:</td>
<td>Date: __________________</td>
<td>□ Approved □ Conditionally Approved □ Conditionally Restricted □ Restricted □ Prohibited</td>
</tr>
<tr>
<td></td>
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<td>———/——/——</td>
<td>Description of product harvested: ___________________________</td>
</tr>
</tbody>
</table>

### Additional laboratory results (If more than one specimen is tested, complete one row per specimen)

*CIDT indicates Culture-Independent Diagnostic Test*

3. Specimen three: Date collected: ———/——/—— (MM/DD/YY) Received at public health laboratory? □ Y □ N □ U If yes, State lab ID: _________________

   Specimen source:  □ Stool □ Blood □ Wound □ Other (if wound or other, specify site): _________________

   Culture, result: □ Pos □ Neg □ Unk □ Not Done
   If positive, species identified: __________________________________
   If species identified as multiple or other, specify: ______________________

   CIDT, result: □ Pos □ Neg □ Unk □ Not Done
   If applicable, species identified: __________________________________
   Name/type of diagnostic test used: ___________________________

4. Specimen four: Date collected: ———/——/—— (MM/DD/YY) Received at public health laboratory? □ Y □ N □ U If yes, State lab ID: _________________

   Specimen source:  □ Stool □ Blood □ Wound □ Other (if wound or other, specify site): _________________

   Culture, result: □ Pos □ Neg □ Unk □ Not Done
   If positive, species identified: __________________________________
   If species identified as multiple or other, specify: ______________________

   CIDT, result: □ Pos □ Neg □ Unk □ Not Done
   If applicable, species identified: __________________________________
   Name/type of diagnostic test used: ___________________________
# FoodNet Case Report Form

The FoodNet Case Report Form should be used for Campylobacter, Cryptosporidium, Cyclospora, Listeria, Shigella, STEC, Vibrio and Yersinia. Please fill this form out as complete as possible. Do not forget to complete the appropriate disease-specific supplemental form.

## Date Dimensions
- Lab Report Date: __/__/____
- Date Received by Public Health: __/__/____
- Date Specimen Collected: __/__/____

## FoodNet Case? (Mark one)
- Yes
- No
- Unknown

## Was the case found during an audit?*
- Yes
- No
- Unknown

*FoodNet hospital visits constitutes an audit.*

## If no, was an attempt made?
- Yes
- No
- Unknown

## Was the case interviewed by public health?
- Yes
- No
- Unknown

## Date of first attempt: __/__/____

## Date of Interview: __/__/____

## Interviewer's Name:

## Was an exposure history obtained?
- Yes
- No
- Unknown

## Did patient immigrate to the US within 7 days of specimen collection?
- Yes
- No
- Unknown

## Is this patient associated with a daycare facility?
- Yes
- No
- Unknown

## If yes, specify association:

## Is this patient a food handler?
- Yes
- No
- Unknown

## If yes, name of restaurant/facility:

## Demographics

### Reported Age:
- Days
- Months
- Years

### Sex:
- Male
- Female
- Unknown

### Street Address:

### City:

### County:

### State:

### Zip:

### Home Phone:

### Work Phone:

### Cell Phone:

## Did patient immigrate to the US within 7 days of specimen collection?
- Yes
- No
- Unknown

## Ethnicity:
- Hispanic
- Not Hispanic
- Other:

## Race:
- American Indian / Alaskan
- Asian
- Black / African American
- Hawaiian / Pacific Islander
- White
- Refused

## Employer/School/Daycare:

### Occupation:

## Is this patient associated with a daycare facility?
- Yes
- No
- Unknown

## If yes, specify association:

## Is this patient a food handler?
- Yes
- No
- Unknown

## If yes, name of restaurant/facility:

### Jurisdiction:
- East Tennessee
- Mid-Cumberland
- Northeast
- South Central
- Southeast
- West Tennessee
- Upper Cumberland
- Nashville/Davidson
- Chattanooga/Hamilton
- Knox/Knoxville
- Jackson/Madison
- Memphis/Shelby
- Sullivan
- Out of Tennessee
- Unassigned

### Specimen Source:
- Blood
- CSF
- Stool
- Urine
- Unknown
- Other

## Lab Report Date: __/__/____

## Date Received by Public Health: __/__/____

## Date Specimen Collected: __/__/____

### Organism Identified
- Campylobacter
- Cryptosporidium
- Cyclospora
- Listeria
- Shigella
- STEC
- Vibrio
- Yersinia

### Test Type(s)
- Culture
- PCR
- EIA
- Other

### Case Status
- Confirmed
- Probable
- Suspect

## Outbreak/Cluster

### Is this case part of an outbreak?
- Yes
- No
- Unknown

### Type of Outbreak:
- Animal Contact
- Environmental Contamination Other than Food/Water
- Foodborne
- Indeterminate
- Person-to-Person
- Waterborne
- Other:

### CDC Cluster Code:

### CDC EFORS/NORS Number:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
<th>DOB</th>
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</tr>
</tbody>
</table>

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Revised 12/2017
**INVESTIGATION**

Investigation Start Date: __/__/______  
Investigator: ____________________________

Investigation Status:  ☐ Open  ☐ Closed  
Date Assigned to Investigation: __/__/______

**SYMPTOM HISTORY**

Date/Time of Illness Onset: __/__/______  ____:____  ☐ AM  ☐ PM  
First Symptom: ________________________

Symptoms:  ☐ Diarrhea  ☐ Bloody Diarrhea  ☐ Constipation
☐ Vomiting  ☐ Nausea  ☐ Weight Loss
☐ Fatigue  ☐ Chills  ☐ Fever (Max Temp: _____°F)
☐ Headache  ☐ Abdominal Cramps  ☐ Muscle Aches
☐ Other: ________________________________

If yes to diarrhea, date/time of diarrhea onset: __/__/______  ____:____  ☐ AM  ☐ PM

If yes to vomiting, date/time of vomiting onset: __/__/______  ____:____  ☐ AM  ☐ PM

As of today, are you still experiencing symptoms?  ☐ Yes  ☐ No  ☐ Unknown

If recovered, date/time of recovery: __/__/______  ____:____  ☐ AM  ☐ PM

Duration of Illness: ________ ☐ Minutes  ☐ Hours  ☐ Days

**CLINICAL INFORMATION/HOSPITALIZATION**

Was the patient hospitalized for this illness?  ☐ Yes  ☐ No  ☐ Unknown

If yes, Hospital Name: ____________________________

Admission Date: __/__/______

Discharge Date: __/__/______

Was the patient transferred from one hospital to another?  ☐ Yes  ☐ No  ☐ Unknown

If yes, specify the hospital to which the patient was transferred:

Was there a second hospitalization?  ☐ Yes  ☐ No  ☐ Unknown

If yes, Hospital Name: ____________________________

Admission Date: __/__/______

Discharge Date: __/__/______

During any part of the hospitalization, did the patient stay in and Intensive Care Unit (ICU) or a Critical Care Unit (CCU)?

☐ Yes  ☐ No  ☐ Unknown

Is the patient pregnant?  ☐ Yes  ☐ No  ☐ Unknown

Did the patient die from this illness?  ☐ Yes  ☐ No  ☐ Unknown

**TRAVEL HISTORY**

Did the patient travel prior to the onset of illness?  ☐ Yes  ☐ No  ☐ Unknown

<table>
<thead>
<tr>
<th>Type</th>
<th>Destination</th>
<th>Date of Arrival</th>
<th>Date of Departure</th>
</tr>
</thead>
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</tr>
<tr>
<td>International</td>
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<tr>
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</tr>
<tr>
<td>International</td>
<td>International</td>
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</tbody>
</table>

Notes:

**RELATED CASES**

Does the patient know of any similarly ill persons (with diarrhea)?  ☐ Yes  ☐ No  ☐ Unknown

Are there any other cases related to this one?  ☐ Yes, household  ☐ Yes, outbreak  ☐ No, sporadic  ☐ Unknown

If yes, did the health department collect contact information about other similarly ill persons to investigate further?  

☐ Yes  ☐ No  ☐ Unknown

Provide names, onset dates, contact information and any other details for similarly ill persons or related cases: