WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Campylobacteriosis

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell) : _____

Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

***Birth date**: __ / __ / ____ **Age**: _____
***Sex**: ☐Male ☐Female ☐Unk

***Ethnicity**: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk

***Race**: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Native HI/Other PI ☐Am. Ind/AK Native ☐Asian ☐ Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date: __ / __ / ____
Earliest date reported to LHD: __ / __ / ____
Date sent for Regional Review: __ / __ / ____

Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐ Laboratory ☐ Hospital ☐ Private Provider ☐ Public Health Agency ☐ Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: __ / __ / ____ **Diagnosis date**: __ / __ / ____ **Recovery date**: __ / __ / ____

Clinical Findings

Y	N	U	
☐	☐	☐	Diarrhea
☐	☐	☐	Bloody stool
☐	☐	☐	Fever highest temp_____
☐	☐	☐	Vomiting
☐	☐	☐	Nausea
☐	☐	☐	Abdominal cramps

Complications

☐	☐	☐	Guillian-Barre Syndrome
☐	☐	☐	Reactive arthritis

*Hospitalization

Y	N	U	
☐	☐	☐	Hospitalized for this illness

Hospital name: _____
Admit date: __ / __ / ____ Discharge date: __ / __ / ____

*Death

Y	N	U	
☐	☐	☐	Died due to this illness

Date of death: __ / __ / ____

LABORATORY (Please submit copies of all labs associated with this illness to DIDE)

Specimen source: ☐Stool ☐Urine ☐Blood ☐Other _____

Collection date: __ / __ / ____

Y	N	U	
☐	☐	☐	Campylobacter detected by polymerase chain reaction (PCR) test, such as film array
☐	☐	☐	Campylobacter antigen by immunodiagnostic test such as EIA
☐	☐	☐	Culture positive for Campylobacter
☐	☐	☐	Isolate submitted to state public health lab (OLS)

Notes (clinical/laboratory)

INFECTION TIMELINE

Instructions:
Enter onset date in grey box. Count backward to determine probable exposure period

	Exposure period		Onset date
Days from onset	***-5 (Max Incubation)***	***-1 (Min Incubation)***	
Calendar dates:	__ / __ / ____	__ / __ / ____	__ / __ / ____

EPIDEMIOLOGIC (Unless otherwise stated, questions refer to the exposure period calculated above.)

Y N U

- ☐ ☐ ☐ * Eat raw or undercooked chicken, turkey or other poultry?
- ☐ ☐ ☐ * Eat or drink raw or unpasteurized milk?
- ☐ ☐ ☐ * Eat unpasteurized dairy products (soft cheese from raw milk, queso fresco, etc.
- ☐ ☐ ☐ Eat raw or undercooked hamburger, red meat, or pork?
- ☐ ☐ ☐ Drink untreated/unchlorinated water (i.e. surface, well)?
- ☐ ☐ ☐ *Contact with poultry (domestic or wild)?
- ☐ ☐ ☐ Travel to another state or country? If yes, where _____
- ☐ ☐ ☐ Hike, camp, fish or swim? If yes, where_____

***Is case a member of a high risk occupation?**
(Mark one)

- ☐ Food Handler
- ☐ Health Care Worker
- ☐ Day Care Worker/Attendee
- ☐ Student
- ☐ None of Above

Employer/School Name**:** _____

Attend any group activitites, parties or gatherings? **Yes / No** If yes, list

Date	Activity	Location

Eat at any restaurant in the last 7 days? **Yes / No** If yes, list

Date	Name of Restaurant	Location

Complete Open-Ended Food History on next page.

Information does not need entered into WVEDSS, however it should be kept with the paper record of the case. State health department staff may request if case is later identified as part of an outbreak.

Food History Completed? Yes / No

PUBLIC HEALTH ISSUES

If any household member is symptomatic, the member is epi-linked and therefore is a probable case and should be investigated further. A stool culture and disease case report should be completed**.**

Name	Relationship to Case	Onset Date	Lab Testing

Y N NA

- ☐ ☐ ☐ Employed as food handler
- ☐ ☐ ☐ Non-occupational food handling (e.g. pot lucks, receptions)
- ☐ ☐ ☐ Attends or employed in child care
- ☐ ☐ ☐ Household member or close contact in sensitive occupation (food, HCW, child care)
- ☐ ☐ ☐ Case is part of outbreak

Outbreak Name: _____

PUBLIC HEALTH ACTIONS

Y N NA

- ☐ ☐ ☐ Disease/Transmission Education Provided
- ☐ ☐ ☐ Exclude individuals in sensitive occupations(food, HCW, child care)
- ☐ ☐ ☐ Restaurant inspection
- ☐ ☐ ☐ Child care inspection
- ☐ ☐ ☐ Culture symptomatic contacts
- ☐ ☐ ☐ Patient is lost to follow up
- ☐ ☐ ☐ Other:_____

Name: _____
DOB: _____
Condition: __Campylobacteriosis__

OPEN ENDED FOOD HISTORY
(for Enteric Diseases)

DAY 1 (DATE OF ONSET)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		
DAY 2 (1 day before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		
DAY 3 (2 days before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		
DAY 4 (3 days before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		
DAY 5 (4 days before onset)		
Date:	**Food/Beverage Consumed**	**Location Where Consumed/Purchased**
Breakfast		
Lunch		
Dinner		
Snacks/Other		