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

# Vibriosis (non-cholera species)

## 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**: __ / __ / ____
**Earliest date reported to State**: __ / __ / ____

**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 |
| ☐ | ☐ | ☐ | Headache |
| ☐ | ☐ | ☐ | Muscle pain |
| ☐ | ☐ | ☐ | Cellulitis |
| ☐ | ☐ | ☐ | Bullae |
| ☐ | ☐ | ☐ | Shock (systolic BP <90) |

### Clinical Risk Factors (30 days prior to onset)

**Did patient receive…? If yes, specify type and date**

| | | | | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | Antibiotics | _____ |
| ☐ | ☐ | ☐ | Chemotherapy | _____ |
| ☐ | ☐ | ☐ | Radiotherapy | _____ |
| ☐ | ☐ | ☐ | Systemic steroids | _____ |
| ☐ | ☐ | ☐ | Immunosuppressants | _____ |
| ☐ | ☐ | ☐ | Antacids | _____ |
| ☐ | ☐ | ☐ | $H_2$ blocker or other ulcer medication | _____ |

### *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: __ / __ / ____ |

### Pre-Existing Conditions

| | | | | Y | N | U |
|---|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | Alcoholism | | | |
| ☐ | ☐ | ☐ | Diabetes; If yes, on insulin? | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | Heart disease | | | |
| ☐ | ☐ | ☐ | Peptic ulcer | | | |
| ☐ | ☐ | ☐ | Gastric surgery | type:_____ | | |
| ☐ | ☐ | ☐ | Hematologic disease | type:_____ | | |
| ☐ | ☐ | ☐ | Immunodeficiency | type:_____ | | |
| ☐ | ☐ | ☐ | Liver disease | type:_____ | | |
| ☐ | ☐ | ☐ | Malignancy | type:_____ | | |
| ☐ | ☐ | ☐ | Renal Disease | type:_____ | | |

### TREATMENT

| Y | N | U | |
|---|---|---|---|
| ☐ | ☐ | ☐ | Patient received antibiotic therapy due to this infection |

If yes, specify:
Type:_____ Date started: __/__/____ Date ended: __/__/____

## LABORATORY (Please submit copies of all labs, including sensitivities, associated with this illness to DIDE)

Specimen source: ☐Stool ☐Urine ☐Blood ☐Other _____ Collection date: __ / __ / ____

| Y | N | U | |
|---|---|---|---|
| ☐ | ☐ | ☐ | Culture positive for *Vibrio* species* |
| | | | ☐ *V. parahaemolyticus* ☐ *V. vulnificus* ☐ Other *Vibrio spp*. Specify: _____ |
| ☐ | ☐ | ☐ | Isolate submitted to state public health lab (OLS) |

## INFECTION TIMELINE

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

| | Exposure period | | Onset date |
|---|---|---|---|
| *Days from onset* | ***-7 (Max Incubation)*** | ***-1 (Min Incubation)*** | |
| ***Calendar dates:*** | __ / __ / ____ | __ / __ / ____ | __ / __ / ____ |

## EPIDEMIOLOGIC EXPOSURES

*Did the patient consume any of the following seafood? Provide place and date of consumption. (If multiple times, most recent meal)

| Y N U | | Circle cooking method: | | | | | | | Date | Place |
|---|---|---|---|---|---|---|---|---|---|---|
| ☐ ☐ ☐ | Clams | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |
| ☐ ☐ ☐ | Crab | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |
| ☐ ☐ ☐ | Lobster | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |
| ☐ ☐ ☐ | Mussels | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |
| ☐ ☐ ☐ | Oysters | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |
| ☐ ☐ ☐ | Shrimp | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |
| ☐ ☐ ☐ | Crawfish | Raw | Baked | Boiled | Broiled | Fried | Steamed | Unk | __/__/____ | _____ |

*Travel or stay overnight somewhere outside West Virginia? Y ☐ N ☐ U ☐

If yes, give destination and dates.

| City | Date Arrived | Date Left |
|---|---|---|
| | | |
| | | |
| | | |

*Was patient's skin exposed to any of the following:

- ☐ ☐ ☐ Fresh water
- ☐ ☐ ☐ Salt water
- ☐ ☐ ☐ Brackish water
- ☐ ☐ ☐ Drippings from raw or live seafood
- ☐ ☐ ☐ Other contact with marine or freshwater life

If yes, specify location, date and time of water exposure
Body of water location: _____
Date of water exposure: ___/___/____

If yes to any of the above, did or was patient:

- ☐ ☐ ☐ Handle/clean seafood
- ☐ ☐ ☐ Swimming/diving/wading
- ☐ ☐ ☐ Walk on beach/shore/fell on rocks/shells
- ☐ ☐ ☐ Boating/skiing/surfing
- ☐ ☐ ☐ Sustain a wound during this exposure
- ☐ ☐ ☐ Have a pre-existing wound?
- ☐ ☐ ☐ Construction/repairs
- ☐ ☐ ☐ Bitten/stung

## 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

- ☐ ☐ ☐ Consumed shellfish from a WV location (must obtain shellfish tags)
- ☐ ☐ ☐ Consumed shellfish from another state
- ☐ ☐ ☐ Case is part of an outbreak

Outbreak Name _____

## PUBLIC HEALTH ACTIONS

Y N NA

- ☐ ☐ ☐ Disease/Transmission Education Provided
- ☐ ☐ ☐ Notified DIDE of shellfish from another state
- ☐ ☐ ☐ Restaurant inspection/obtained tags
- ☐ ☐ ☐ Culture symptomatic contacts
- ☐ ☐ ☐ Patient is lost to follow up
- ☐ ☐ ☐ Other:_____