

# Campylobacteriosis

ORPHEUS

- confirmed
- presumptive
- suspect
- no case

Name \_\_\_\_\_

County \_\_\_\_\_

Address \_\_\_\_\_

Special housing \_\_\_\_\_

Phone number \_\_\_\_\_ / \_\_\_\_\_

home (H), work (W), cell (C), message (M) home (H), work (W), cell (C), message (M)

## ALTERNATIVE CONTACT

Name \_\_\_\_\_

Phone(s) \_\_\_\_\_

## DEMOGRAPHICS

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

if DOB unknown, AGE \_\_\_\_

Sex  female  male

Language \_\_\_\_\_

Country of birth \_\_\_\_\_

Worksites/school/day care center \_\_\_\_\_

Occupation/grade \_\_\_\_\_

RACE (check all that apply)

- White
  - Black
  - Asian
  - Pacific Islander
  - American Indian/  
Alaska Native
  - unknown
  - other \_\_\_\_\_
- HISPANIC
- Yes  No
  - unknown  declined

## PROVIDERS, FACILITIES AND LABS

Reporter Type (circle one)

\_\_\_\_\_ name and phone number

PMD Lab-fax  
MDx Lab-phone  
ER Lab-other  
ICP HCP  
Lab-ELR

Reporter Type (circle one)

\_\_\_\_\_ name and phone number

PMD Lab-fax  
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Lab-ELR

Ok to contact patient

Local epi\_name \_\_\_\_\_

Date report received by LHD \_\_\_\_/\_\_\_\_/\_\_\_\_

LHD completion date \_\_\_\_/\_\_\_\_/\_\_\_\_

## BASIS OF DIAGNOSIS

### CLINICAL DATA

Symptomatic  yes  no  unk  
if yes, ONSET on \_\_\_\_/\_\_\_\_/\_\_\_\_

diagnosis date \_\_\_\_/\_\_\_\_/\_\_\_\_

diarrhea  yes  no  unk

if yes, ONSET on \_\_\_\_/\_\_\_\_/\_\_\_\_

bloody diarrhea  yes  no  unk

self-reported fever  yes  no  unk

vomiting  yes  no  unk

How long felt sick?  
\_\_\_\_ minutes \_\_\_\_ hours \_\_\_\_ days

still sick

Deceased  yes  no date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cause: \_\_\_\_\_

Hospitalized:  yes  no  unk

Name \_\_\_\_\_

Chart number \_\_\_\_\_

admit date \_\_\_\_/\_\_\_\_/\_\_\_\_  ICU

discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: Check one:

alive  dead  unk  transfer

Name \_\_\_\_\_

Chart number \_\_\_\_\_

admit date \_\_\_\_/\_\_\_\_/\_\_\_\_  ICU

discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: Check one:

alive  dead  unk  transfer

### LABORATORY DATA

Culture confirmed:  yes  no

if yes, Lab \_\_\_\_\_

Specimen:  stool

blood

rectal

\_\_\_\_\_

Specimen collected \_\_\_\_/\_\_\_\_/\_\_\_\_

Test type \_\_\_\_\_

Isolate submitted to PHL?

yes  no  unk

PHL specimen # \_\_\_\_\_

Species:  C. jejuni  coli

upsaliensis  fetus

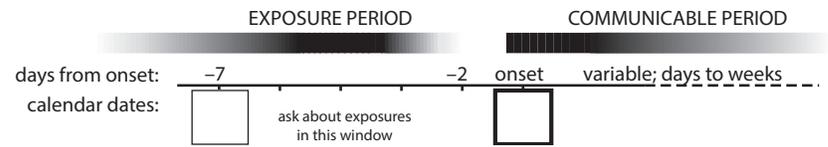
other \_\_\_\_\_

unk



**INFECTION TIMELINE**

Enter onset date in heavy box.  
Count back to figure the probable exposure period.



Most persons shed infectious oocysts in stool during the period of diarrhea. Shedding may continue in some patients for several days—possibly longer.

Interviewed  yes  no      Interview date(s) \_\_\_\_\_      Interviewed by \_\_\_\_\_

Who  patient  provider  parent  other

Reason not interviewed (choose one)

- not indicated       unable to reach       out of jurisdiction       deceased
- refused       physician interview       medical record review

**POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD**

*Risks* Provide ancillary details (names, locations, details) about possible sources and risk factors checked below, as appropriate. Ask about any leftovers including packaging or containers in the trash, collect some for testing. Contact ACDP for details.

*Skip this section if case is already epi-linked.*

- no risk factors could be identified
- patient could not be interviewed

- | yes                      | no                       | ref                      | unk                      | HIGH RISK FOODS                                 |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | chicken prepared at home                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | from a frozen product                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | from a fresh product                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any ground chicken                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | chicken prepared outside home (deli restaurant) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat rare/undercooked poultry                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | turkey prepared at home                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat ground turkey                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | turkey prepared outside home                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any liver or pate                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | pork or food containing pork                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | any beef anywhere                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | beef prepared/eaten outside home                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat ground beef                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat lamb or mutton                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat fish or fish products                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat seafood other than fish (crab, etc.)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | any eggs anywhere                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eggs outside home                               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | raw or lightly cooked eggs                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | any dairy (milk, cheese, butter, etc.)          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | soft cheese (specifically not raw)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | queso fresco or soft raw milk cheese            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | drink milk                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | raw (unpasteurized) milk                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat fresh cantelope                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any watermelon                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat fresh (not frozen) berries                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any fresh lettuce                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any spinach                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any tomatoes                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat sprouts (alfafa, clover, bean, etc.)        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | fresh herb consumption                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | unpasteurized juice/cider                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | eat any snow peas                               |

- | yes                      | no                       | ref                      | unk                      | HIGH RISK FOODS (CONT)                                   |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | food at restaurants                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | food at gatherings (pot lucks, events)                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | drink well water   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | home with septic system                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | drink directly from wild water (lake, river, pond, etc)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | swim, wade, or enter "wild" water (lake, river, ocean)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | swim, wade, or enter "treated" water (hot tub/spa, pool) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | work or visit a dairy                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | visit, work live on farm, ranch petting zoo etc.         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | handled or prepared poultry                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | frozen poultry   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | fresh poultry  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | handled raw beef   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | handled or prepared fish or seafood                      |

- | yes                      | no                       | ref                      | unk                      | OTHER POTENTIAL SOURCES  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with persons with acute gastroenteritis (vomiting, diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | diapered or incontinent people (kids, adults, anyone)                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with a dog   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with a cat   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with mammalian pets (rats, mice, rabbits, etc)               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with poultry (visit farm, county fair, etc)                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with bird other than live poultry                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with reptiles and amphibians                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with cattle, goats or sheep                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | contact with pigs  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | exposure to animal feces   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | exposed to pets with loose stools (diarrhea)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | occupational exposure to excreta                                     |

Other risks \_\_\_\_\_

- | yes                      | no                       | TRAVEL                  |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | outside the US to _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | outside Oregon to _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | within Oregon to _____  |
- Provide details about all travel, see Orpheus  
departure \_\_\_/\_\_\_/\_\_\_ return \_\_\_/\_\_\_/\_\_\_

yes no ref unk FOLLOWUP

- case know anyone with similar illness
- case prepare food for private or public gathering
- case work or attend daycare
- other children or staff at daycare ill
- case educated on disease transmission
- work or daycare restrictions for case
- work or daycare restrictions for HH member
- restaurant inspection
- inspection of raw milk dairy

CASE'S NAME

[Redacted Case Name]

**EPI-LINKAGE**

- Associated with a known outbreak?  yes  no  unk
- Close contact of another case  yes  no  unk
- Specify nature of contact
  - co-worker  daycare  friend
  - household  sexual

Has the above case been reported?  yes  no  unk

*If yes to any question, specify names, dates, places.*

Outbreak ID \_\_\_\_\_

**CASE-CONTACT MANAGEMENT AND FOLLOW-UP**

**HOUSEHOLD ROSTER**

Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Last exposure	Onset date	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> daycare <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	_____	____/____/____	____/____/____	____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N
Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Last exposure	Onset date	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> daycare <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	_____	____/____/____	____/____/____	____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N
Name	DOB/Age	Sex	Relation to case	Occupation	Education provided	Last exposure	Onset date	Interview date	Sick
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> daycare <input type="checkbox"/> friend <input type="checkbox"/> household <input type="checkbox"/> sexual <input type="checkbox"/> coworker	_____	_____	____/____/____	____/____/____	____/____/____	<input type="checkbox"/> Y <input type="checkbox"/> N

*If the case or household contact is a food handler, HCW with direct patient contact, or works at or attends daycare, provide details about site, job description, dates worked/attended during communicable period (if applicable), supervisor, etc.*

**SUMMARY OF FOLLOW-UP AND COMMENTS.**

Provide details as appropriate.

- work or daycare restriction for household member
- investigation of raw milk dairy
- \_\_\_\_\_

**ADMINISTRATION**

**JULY 2015**

*Remember to copy patient's name to the top of this*

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Case report sent to OHA on \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Investigation sent to OHA on \_\_\_\_\_