

Appendices

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Manual Acronyms

ACIP	-	Advisory Committee on Immunization Practices
APIC	-	Association for Professionals in Infection Control
ARDS	-	Acute Respiratory Distress Syndrome
BCC	-	Bureau of Child Care
CCDM	-	Control of Communicable Diseases Manual
CCHF	-	Crimean Congo Hemorrhagic Fever
CD	-	Communicable Disease
CDC	-	Centers for Disease Control and Prevention
CD-1	-	Disease Case Report form
CD-2	-	Record of Investigation of Communicable Disease
CIE	-	counter immunoelectrophoresis
CLIA	-	Clinical Laboratory Improvement Amendment
CSF	-	cerebral spinal fluid
CSTE	-	Council of State and Territorial Epidemiologists
DHF	-	Dengue Hemorrhagic Fever
DOH	-	Department of Health
DRSP	-	Drug-Resistant <i>Streptococcus Pneumoniae</i>
EIA	-	Enzyme-linked Immuno-Assay
EEE	-	Eastern Equine Encephalitis
EITB	-	electrophoretic immunotransblot
GAS	-	Group A Streptococcus

HAV	-	hepatitis A virus
HBV	-	hepatitis B virus
HCV	-	hepatitis C virus
Hib	-	<i>Haemophilus influenzae</i> type B
HPS	-	Hantavirus Pulmonary Syndrome
HUS	-	Hemolytic Uremic Syndrome
IAMFES	-	International Association of Milk, food, and Environmental Sanitarians
IHC	-	Immunohistochemistry
IFA	-	Immunofluorescence Assay
LA	-	latex agglutination
LAC	-	LaCrosse encephalitis
LCMV	-	Lymphocytic Choriomeningitis Virus
LTCF	-	Long Term Care Facility
LPHA	-	Local Public Health Agency
MOHSIS	-	Missouri Health Surveillance Information System
MMWR	-	Morbidity and Mortality Weekly Report
MRSA	-	Methicillin Resistant Staphylococcus
NF	-	Necrotizing Fasciitis
NNDSS	-	National Notifiable Diseases Surveillance System
PCR	-	Polymerase Chain Reaction
O&P	-	Ova and Parasite (stool kits, laboratory test)
PFGE	-	Pulsed Field Gel Electrophoresis
RIBA	-	Recombinant Immunoblot Assay

SCDC/VPH	-	Section of Communicable Disease Control and Veterinary Public Health
SPHL	-	State Public Health Laboratory
SLE	-	St. Louis encephalitis
STSS	-	Staph Toxic Shock Syndrome
TSS	-	Toxic Shock Syndrome
TTP	-	Thrombocytopenic purpura
VEE	-	Venezuelan Equine Encephalitis
VRE	-	Vancomycin Resistant Enterococcus
WEE	-	Western Equine encephalitis

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Table B. *Illnesses acquired by ingestion of contaminated foods: A condensed classification by symptoms, incubation periods, and types of agents*

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
UPPER GASTROINTESTINAL TRACT SIGNS AND SYMPTOMS [NAUSEA, VOMITING] PREDOMINATE						
Incubation (latency) period usually less than 1 hour						
Fungi						
Gastrointestinal irritating group mushroom poisoning	Possibly resin-like substances in some mushrooms (mushroom species are different from those cited on pages *** and ***)	30 min to 2 h	Nausea, vomiting, retching, diarrhea, abdominal pain	Many varieties of wild mushrooms	Vomit	Eating unknown varieties of wild mushrooms; mistaking toxic mushrooms for edible varieties
Chemicals						
Antimony poisoning	Antimony in gray enamelware	Few min to 1 h	Vomiting, abdominal pain, diarrhea	High-acid foods and beverages	Vomit, stools, urine	Purchasing/using antimony-containing utensils; storing high-acid foods in chipped gray enamelware
Cadmium poisoning	Cadmium in plated utensils	15-30 min	Nausea, vomiting, abdominal cramps, diarrhea, shock	High-acid foods and beverages; metal-colored cake decorations	Vomit, stools, urine, blood	Purchasing/using cadmium-containing utensils; storing high-acid beverages in cadmium containers
Copper poisoning	Copper in pipes and utensils; old ice cream machines; old dairy white metal	Few min to few h	Metallic taste, nausea, vomiting (green vomit), abdominal pain, diarrhea, chills	High-acid foods and ice cream (ices) and beverages	Vomit, gastric washings, urine, blood	Faulty backflow preventors in vending machines or soda fountains; storing or vending high-acid (low pH) beverages from copper containers, pipe lines, or old equipment containing copper

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Fluoride poisoning	Sodium fluoride in insecticides and rodenticides	Few min to 2 h	Salty or soapy taste, numbness of mouth, vomiting, diarrhea, dilated pupils, spasms, pallor, shock, collapse	Any accidentally-contaminated foods, particularly dry foods (such as dry milk, flour, baking powder, cake mixes)	Vomitus, gastric washing	Storing insecticides in same area as foods, mistaking pesticides for powdered foods
Lead poisoning	Lead in earthenware vessels; pesticides, paint, plaster, putty, soldered joints	30 min or longer	Metallic taste, burning of mouth, abdominal pain, milky vomitus, bloody or black stools, foul breath, blue gum line, shock	High-acid foods and beverages stored in lead-containing vessels; any accidentally contaminated food	Vomitus, gastric washing, blood, urine	Purchasing or using lead-containing vessels; storing high-acid foods including wine in lead-containing vessels; storing pesticides in same area as food
Tin poisoning	Tin in tinned cans or containers	30 min to 2 h	Bloating, nausea, vomiting, abdominal cramps, diarrhea, headache	High-acid foods and beverages	Vomitus, gastric washing, urine, blood, stools	Storing high-acid foods in tinned cans or containers in which there is no lacquer or the lacquer had peeled. Very high concentrations are required to cause illness
Zinc poisoning	Zinc in galvanized containers	Few min to few h	Pain in mouth and abdomen, nausea, vomiting, dizziness	High-acid foods and beverages	Vomitus, gastric washing, urine, blood, stools	Storing high-acid foods in galvanized cans

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation (latency) period usually between 1 and 6 h						
Bacteria						
<i>Bacillus cereus</i> gastroenteritis	Exo-enterotoxin of <i>B. cereus</i> ; organism in soil (strains differ from those cited on page ***)	½ to 5 h	Nausea, vomiting, occasionally diarrhea	Boiled or fried rice, cooked cornmeal dishes, porridge, pasta	Vomit, stool	Storing cooked foods at room temperature; storing cooked foods in large containers in refrigerator; preparing foods several hours before serving
Staphylococcal intoxication	Exoenterotoxins A, B, C, D, E, F, or H of <i>Staphylococcus aureus</i> . Staphylococci from nose, skin and lesions of human beings and other animals and from udders of cows	1 to 8 h, typically 2 to 4 h	Nausea, vomiting, retching, abdominal pain, diarrhea, prostration	Ham, meat and poultry products; cream-filled pastries; whipped butter; cheese; dry milk; food mixtures; high protein leftover foods	Ill: vomitus stools, rectal swabs. Food handlers: nasal swabs, swabs of lesions	Storing cooked foods at room temperature; storing cooked foods in large containers in refrigerator; touching cooked foods; preparing foods several hours before serving; holding foods at warm bacterial-incubation temperatures; fermentation of abnormally low-acid foods; handling foods by persons with pus-containing infections

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Chemicals						
Nitrite poisoning ^c	Nitrites or nitrates used as meat curing compounds	1 to 2 h	Nausea, vomiting, cyanosis, headache, dizziness, weakness; loss of consciousness; chocolate-brown colored blood ^c	Cured meats; any accidentally-contaminated food; spinach excessive nitrification	Blood	Using excessive amounts of nitrites or nitrates in foods for curing or for covering up spoilage; mistaking nitrites for common salt and other condiments; improper refrigeration of fresh produce; excessive nitrification of fertilized foods
Diarrhetic shellfish poisoning	Okadaic acid and other toxins produced by dinoflagellates <i>Dinophysis</i> spp.	½ to 12 h, usually 4 h	Diarrhea, nausea, vomiting, abdominal cramps, chills	Mussels, clams, scallops	Gastric washing	Harvesting shellfish from waters with higher than usual concentration of <i>Dinophysis</i> spp.
Incubation (latency) period usually between 7 and 12 h						
Fungi						
Cyclopeptide and gyromitrin groups of mushroom poisoning	Cyclopeptides and gyromitrin in some mushrooms (mushroom species are different from those cited on pages *** and ***)	6 to 12 h	Abdominal pain, feeling of fullness, vomiting, protracted diarrhea, loss of strength, thirst, muscle cramps, collapse, jaundice, drowsiness, dilated pupils, coma; death	<i>Amanita phalloides</i> , <i>A. verna</i> , <i>Galerina autumnalis</i> , <i>Gyromitra esculenta</i> (false morels) and similar species of mushrooms	Urine, blood, vomitus	Eating certain species of <i>Amanita</i> , <i>Galerina</i> , and <i>Gyromitra</i> mushrooms; eating unknown varieties of mushrooms; mistaking toxic mushrooms for edible varieties

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation (latency) period between 13 and 72 h						
Viruses						
Small round structured virus gastroenteritis	Norwalk, Hawaii, Snow Mountain, Taunton Viruses: Caliciviruses	½ to 3 days, typically 36 hours	Nausea, vomiting, diarrhea, abdominal pain, myalgia, headache, malaise, low-grade fever; duration 36 hours	Human feces	Stools, acute and convalescent blood	Infected persons touching ready-to-eat foods; harvesting shellfish from sewage polluted waters; inadequate sewage disposal; using contaminated water

BURNING MOUTH, SORE THROAT AND/OR RESPIRATORY SYMPTOMS AND SIGNS OCCUR

Incubation period less than 1 h						
Chemicals						
Calcium chloride poisoning	Calcium chloride freezing mixture for frozen dessert bars	Few min	Burning lips, mouth, throat; vomiting	Frozen dessert bars	Vomitus	Splashing of freezing mixture onto popsicles while freezing; cracks in molds allowing CaCl ₂ to penetrate popsicle syrup
Sodium hydroxide poisoning	Sodium hydroxide in bottle-washing compounds, detergents, drain cleaners, or hair straighteners	Few min	Burning of lips, mouth and throat; vomiting, abdominal pain, diarrhea	Bottled beverages, pretzels	Vomitus	Inadequate rinsing of bottles cleaned with caustic soda; inadequate baking of pretzels

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation (latency) period usually between 18 and 72 h						
Bacteria						
Beta-hemolytic streptococcal infections	<i>Streptococcus pyogenes</i> from throat and lesions of infected humans	1 to 3 days	Sore throat, fever, nausea, vomiting, rhinorrhea; sometimes a rash. Sequela: rheumatic fever	Raw milk, egg-containing salads	Throat swabs, vomitus	Persons touching cooked foods; touching of foods by persons with pus-containing infections; room-temperature storage; storing cooked foods in large containers in refrigerator; inadequate cooking or reheating; preparing foods several hours before serving

LOWER GASTROINTESTINAL TRACT SIGNS AND SYMPTOMS [ABDOMINAL CRAMPS, DIARRHEA] PREDOMINATE

Incubation (latency) period usually between 7 and 17 h						
Bacteria						
<i>Bacillus cereus</i> enteritis	Enterotoxins of <i>B. cereus</i> . Organisms in soil (strains differ from those cited in page **)	8 to 16 h, mean 12 h	Nausea, abdominal pain, watery diarrhea	Cereal products, soups, custards and sauces, meatloaf, sausage, cooked vegetables, reconstituted dried potatoes, re-fried beans	Stools	Storing cooked foods at room temperature; storing cooked foods in large containers in refrigerator; holding foods at warm (bacterial-incubating) temperatures; preparing foods several hours before serving; inadequate reheating of leftovers

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
<i>Clostridium perfringens</i> enteritis	Endoenterotoxin formed during sporulation of <i>C. perfringens</i> in intestines; organism in feces of humans, other animals, and in soil	8 to 22 h, typically 10 h	Abdominal pain, diarrhea	Cooked meat, poultry, gravy, sauces, meat-containing soups, refried beans	Stools	Storing cooked foods at room temperature; storing cooked foods in large containers in refrigerators; holding foods at warm (bacterial-incubating) temperatures; preparing foods several hours before serving; inadequate reheating of leftovers
Incubation (latency) period usually between 18 and 72 h						
Bacteria						
<i>Aeromonas</i> diarrhea	<i>Aeromonas hydrophila</i>	1 to 2 days	Water diarrhea, abdominal pain, nausea, chills, headache	Fish, shellfish, snails, water	Stools	Contamination of foods by sea or surface water
Campylobacteriosis	<i>Campylobacter jejuni</i>	2 to 7 days, usually 3 to 5 days	Abdominal cramps, diarrhea (blood and mucus frequently in stools), malaise, headache, myalgia, fever, anorexia, nausea, vomiting. Sequela: Guillain-Barre syndrome	Raw milk, poultry, beef liver, raw clams, water	Stools, rectal swabs, blood	Drinking raw milk; handling raw poultry; eating raw or rare meat or poultry; inadequate cooking or pasteurization; cross contamination from raw meat

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Cholera	<i>Vibrio cholerae</i> serogroup O1 classical and El Tor biotypes; serogroup O139	1 to 5 days, usually 2 to 3 days	Profuse watery diarrhea (rice-water stools), vomiting, abdominal pain, rapid dehydration, thirst, collapse, reduced skin turgor, wrinkled fingers, sunken eyes, acidosis	Raw fish, raw shellfish, crustacea; foods washed or prepared with contaminated water; water	Stools, rectal swabs	Obtaining fish and shellfish from sewage-contaminated waters in endemic areas, poor personal hygiene, infected persons touching foods, inadequate cooking, using contaminated water to wash or freshen foods, improper sewage disposal, using night soil as fertilizer
Cholera-like vibrio gastroenteritis	Non O-1/O139 <i>V. cholerae</i> and related spp. (e.g., <i>V. mimicus</i> , <i>V. fluvialis</i> , <i>V. hollisae</i>)	1 to 5 days	Watery diarrhea (varies from loose stools to cholera-like diarrhea)	Shellfish, fish	Stools, rectal swabs	Obtaining fish and shellfish from sewage-contaminated waters; inadequate cooking; cross contamination
Enterohemorrhagic or verotoxigenic <i>Escherichia coli</i> diarrhea	<i>E. coli</i> O157:H7, O26, O111, O115, O113	1 to 10 days, typically 2 to 5 days	Watery diarrhea, followed by bloody diarrhea; severe abdominal pain; blood in urine. Sequela: hemolytic uremic syndrome	Hamburgers, raw milk, roast beef sausages, apple cider, yogurt, sprouts, lettuce, water	Stools, rectal swabs	Ground beef made from meat from infected cattle; ingesting raw meat or milk; inadequate cooking; cross contamination; infected persons touching ready-to-eat food; inadequately drying and fermenting meats

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Enteroinvasive <i>Escherichia coli</i> diarrhea	Enteroinvasive- <i>E. coli</i> strains	½ to 3 days	Severe abdominal cramps, fever, watery diarrhea (blood and mucus usually present), tenesmus, malaise	Salads and other foods that are not subsequently heated; soft cheeses, water	Stools, rectal swabs	Inadequate cooking; infected persons touching ready-to-eat foods; not washing hands after defecation; storing cooked foods at room temperature; storing cooked foods in large containers in refrigerators; holding foods at warm (bacterial-incubating) temperatures; preparing foods several hours before serving; inadequate reheating of leftovers
Enterotoxigenic <i>Escherichia coli</i> diarrhea	Enterotoxigenic- <i>E. coli</i> strains	½ to 3 days	Profuse watery diarrhea (blood and mucus absent), abdominal pain, vomiting, prostration, dehydration, low-grade fever	Salads and other foods that are not subsequently heated; soft cheeses, water	Stools, rectal swabs	Inadequate cooking; infected persons touching ready-to-eat foods; not washing hands after defecation; storing cooked foods at room temperature; storing cooked foods in large containers in refrigerators; holding foods at warm (bacterial-incubating) temperatures; preparing foods several hours before serving; inadequate reheating of leftovers; using raw milk for cheese making

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Plesiomonas enteritis	<i>Plesiomonas shigelloides</i>	1 to 2 days	Diarrhea (blood and mucus in stools), abdominal pain, nausea, chills, fever, headache, vomiting	Water	Stools, rectal swabs	Inadequate cooking
Salmonellosis	<i>Salmonella</i> (>2,000 serovars.) from feces of infected animals	6-72 hours, typically 18-36 h	Abdominal pain, diarrhea, chills, fever, nausea, vomiting, malaise	Poultry, eggs and meat and their products, raw milk and dairy products, other foods contaminated by salmonellae (e.g., sprouts, melons, chocolate, cereal)	Stools, rectal swabs	Storing cooked foods at room temperature; storing cooked foods in large containers in refrigerators; holding foods (including sliced melons) at warm (bacterial-incubating) temperature; inadequate cooking and reheating; preparing foods several hours before serving; cross contamination; improper cleaning of equipment; obtaining foods from contaminated sources; occasionally infected persons touching ready-to-eat foods
Shigellosis	<i>Shigella dysenteriae</i> , <i>S. flexneri</i> , <i>S. boydii</i> , <i>S. sonnei</i>	½ to 7 days, typically 1 to 3 days	Abdominal pain, diarrhea (stools may contain blood, pus, and mucus), tenesmus, fever, vomiting	Any ready-to-eat food contaminated by infected person; frequently salads, poi, water	Stools, rectal swabs	Infected person touching ready-to-eat foods, improper refrigeration, inadequate cooking and reheating

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
<i>Vibrio parahaemolyticus</i> gastroenteritis	<i>Vibrio parahaemolyticus</i>	4 to 96 h, typically 12 h	Abdominal pain, diarrhea, nausea, vomiting, fever, chills, headache	Marine fish, molluscan shellfish, crustacea (raw or recontaminated)	Stool, rectal swabs	Eating raw fin fish and shellfish; inadequate cooking; improper refrigeration; cross contamination; improper cleaning of equipment; using sea water in food preparation or to cool cooked foods
Yersiniosis	<i>Yersinia enterocolitica</i> , <i>Y. pseudotuberculosis</i>	1 to 7 days	Abdominal pain (may simulate acute appendicitis); low-grade fever, headache, malaise, anorexia, chills, diarrhea, nausea, vomiting	Raw milk, tofu, water	Stools, rectal swabs	Inadequate cooking or pasteurization; contamination after cooking; surface or spring water as ingredients or for packing foods; cross contamination
Viruses						
Astrovirus gastroenteritis	Astroviruses from human feces	1 to 2 days	Diarrhea, sometimes accompanied by one or more enteric signs or symptoms	Ready-to-eat foods	Stools, acute and convalescent blood	Failure to wash hands after defecation; infected person touching ready-to-eat foods; inadequate cooking or reheating
Norwalk and small round structured viral gastroenteritis	(See entry under <i>Upper gastrointestinal signs and symptoms predominate</i> , page ***)					

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation Periods from a Few Days to a Few Weeks						
Parasites						
Amebiasis	<i>Entamoeba histolytica</i>	Few days to several months, typically 2 to 4 wk	Mild to severe gastroenteritis; abdominal pain, constipation or diarrhea (stools contain blood and mucus), fever, chills, skin ulcers	Raw fruit, vegetable or seafood salads	Stools, blood	Poor personal hygiene, infected persons touching ready-to-eat foods; inadequate cooking and reheating
Anisakiasis	<i>Anisakis, pseudoterranova</i>	4 to 6 wk	Stomach pain, nausea, vomiting abdominal pain, diarrhea, fever	Rock fish, herring, cod, salmon, squid, sushi	Stools	Ingestion of raw fish, inadequate cooking
Beef tapeworm infection (Taeniasis)	<i>Taenia saginata</i> from flesh of infected cattle	8 to 14 wk	Vague discomfort, hunger pains, loss of weight, abdominal pain	Raw or insufficiently cooked beef	Stools	Lack of or proper meat inspection; inadequate cooking; inadequate sewage disposal, contaminated pastures
Cyclosporiasis	<i>Cyclospora cayotensis</i>	1-11 days, typically 7 days	Prolonged watery diarrhea, weight loss, fatigue, nausea, anorexia, abdominal cramps	Raspberries, lettuce, basil, water	Stools	Sewage contaminated irrigation or spraying water suspected; washing fruits with contaminated water; possibly, handling foods that are not subsequently heated

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Cryptosporidium	<i>Cryptosporidium parvum</i>	1-12 days, usually 7 days	Profuse watery diarrhea, abdominal pain, anorexia, vomiting, low-grade fever	Apple cider, water	Stools, intestinal biopsy	Inadequate sewage or animal waste disposal; contamination by animal manure; contaminated water; inadequate filtration of water
Fish tapeworm infection (Diphyllobothriasis)	<i>Diphyllobothrium latum</i> from fresh of infested fish	5 to 6 wk	Vague gastrointestinal discomfort, anemia may occur	Raw or insufficiently cooked fresh-water fish (perch, pike, turbot, trout, salmon)	Stools	Inadequate cooking; improper sewage disposal; sewage-contaminated lakes
Giardiasis	<i>Giardia lamblia</i>	5 to 25 days, typically 7 to 10 days	Diarrhea (pale, greasy, malodorous stools), abdominal pain, bloating, nausea, weakness, vomiting, dehydration, fatigue, weight loss, fever	Salmon, salads, water	Stools	No or inadequate hand washing after defecation; infected persons handling ready-to-eat foods; inadequate sewage disposal; using untreated surface water supplies as ingredient or for processing
Pork tapeworm infection (Taeniasis)	<i>Taenia solium</i> from flesh of infected swine	8 to 14 wk	Vague discomfort, hunger pains, weight loss	Raw or insufficiently cooked pork	Stools	Lack of improper meat inspection; inadequate cooking; improper sewage disposal; contaminated pastures

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
NEUROLOGICAL SYMPTOMS AND SIGNS (VISUAL DISTURBANCES, TINGLING, AND/OR PARALYSIS) OCCUR^c						
Incubation (latency) period usually less than 1 h						
Fungi						
Ibotenic acid group of mushroom poisoning	Ibotenic acid and muscinol in some mushrooms (mushroom strains are different from those cited on pages *** and ***)	30 to 60 min	Drowsiness and state of intoxication, confusion, muscular spasms, delirium, visual disturbances	<i>Amanita muscaria</i> , <i>A. pantherina</i> and related species of mushrooms		Eating <i>A. muscaria</i> and related species of mushrooms; eating unknown varieties of mushrooms; mistaking toxic mushrooms for edible varieties; seeking hallucinogenic effects
Muscarine group of mushroom poisoning	Muscarine in some mushrooms (mushroom strains are different from those cited on pages *** and ***)	15 min to few h	Excessive salivation, perspiration, tearing, reduced pressure, irregular pulse, constricted pupils, blurred vision, asthmatic breathing	<i>Clitocybe dealbata</i> , <i>C. rivulosa</i> and many species of <i>Inocybe</i> and <i>Boletus</i> mushrooms		Eating muscarine group of mushrooms; eating unknown varieties of mushrooms; mistaking toxic mushrooms for edible mushrooms
Chemicals						
Organophosphorous poisoning	Organic phosphorous insecticides (such as parathion, TEPP, diazinon, malathion)	Few min to few h	Nausea, vomiting, abdominal cramps, diarrhea, headache, nervousness, blurred vision, chest pain, cyanosis, confusion, twitching, convulsions	Any accidentally-contaminated food	Blood, urine, fat biopsy	Spraying foods just before harvesting, storing insecticides in same area as foods; mistaking pesticides for dried foods

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Carbamate poisoning	Carbamyl (sevin), Temik (aldicarb)	½ h	Epigastric pain, vomiting, abnormal salivation, sweating, twitching, fasciculations, contractions of pupils, muscular incoordination	Watermelons, cucumbers, any accidentally-contaminated food	Blood, urine	Inappropriate application for vine foods; storing insecticides in same area as foods; mistaking pesticides for powdered foods
Paralytic/neurologic shellfish poisoning	Saxitoxin and similar toxins from dinoflagellates <i>Alexandrium</i> and <i>Gymnodinium</i> species	Few min to 30 min	Tingling, burning, numbness around lips and finger tips, giddiness, incoherent speech, difficulty standing, respiratory paralysis	Mussels, clams, scallops	Gastric washing	Harvesting shellfish from waters with high concentration of <i>Alexandrium</i> or <i>Gymnodinium</i> species (Red tides)
Tetrodotoxin (Fugu/Puffer) poisoning	Tetrodotoxin from intestines and gonads of puffer-type fish	10 min to 3 h	Tingling sensation of fingers and toes; dizziness, pallor, numbness of mouth and extremities, gastrointestinal symptoms, hemorrhage, desquamation of skin, fixed eyes, twitching, paralysis, cyanosis; fatalities occur	Puffer-type fish		Eating puffer-type fish; failure to effectively remove intestines and gonads from puffer-type fish if they are to be eaten

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Plant toxicants						
Jimson weed	Tropane alkaloids	Less than 1 h	Abnormal thirst, photophobia, distorted sight, difficulty speaking, flushing, delirium, coma, rapid heart beat	Any part of jimson weed; tomatoes grafted to jimson weed stock	Urine	Eating any part of jimson weed or eating tomatoes from tomato plant grafted to jimson weed stock
Water hemlock poisoning	Resin and cicutoxin in hemlock root <i>Cicuta virosa</i> , <i>C. masculata</i> , and <i>C. douglasii</i>	15 to 60 min	Excessive salivation, nausea, vomiting, stomach pain, frothing at mouth, irregular breathing, convulsions, respiratory paralysis	Root of water hemlock	Urine	Eating water hemlock; mistaking water hemlock root for wild parsnip, sweet potato, or carrot
Incubation (latency) period usually between 1-6 h						
Chemicals						
Chlorinated hydrocarbon poisoning	Chlorinated hydrocarbon insecticides	30 min to 6 h	Nausea, vomiting, parasthesia dizziness, muscular weakness, anorexia, weight loss, confusion	Any accidentally-contaminated food	Blood, urine, stools, gastric washing	Storing insecticides in same area as food; mistaking pesticides for dried foods

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
			Marine Plankton			
Ciguatera poisoning	Ciguatoxin in fatty tissues in head and flesh of tropical marine fish. From marine plankton	3 to 5 h, sometimes longer	Gastrointestinal symptoms which disappear in a few days; tingling and numbness of mouth and limbs, muscular and joint pain, dizziness, cold-hot sensations, rash, weakness, slow heart-beat, prostration, paralysis; neurological problems may last several days; deaths occur	Numerous varieties of tropical fish, e.g., barracuda, grouper, red snapper, amber jack, goat-fish, skipjack, parrotfish		Eating fatty tissues in head flesh of tropical reef fishes; usually large reef fish are more commonly toxic. (The more toxic regions are in the South Pacific and Indian Oceans and the Caribbean Sea.)

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation (latency) period usually between 12 to 72 h						
Bacteria						
Botulism	Neurotoxins A, B, E, and F of <i>Clostridium botulinum</i> ; spores found in soil, freshwater mud and animals	2 h to 8 days, typically 18 to 36 h	Gastrointestinal symptoms may precede neurological symptoms. Vertigo, double or blurred vision, dryness of mouth, difficult swallowing, speaking and breathing; descending muscular weakness, constipation, dilated or fixed pupils, respiratory paralysis; fatalities occur	Canned low-acid foods (usually home canned); smoked fish; cooked potatoes; onions, garlic in oil, frozen pot pies, meat loaf, stew left overnight in ovens without heat; fermented fish eggs, fish, marine mammals, muskrat tails, seal flippers, uneviscerated fish	Blood, stool, gastric washing	Inadequate heat processing of canned foods and smoked fish; post-processing contamination, uncontrolled fermentations; improper curing of hams and fish; holding foods at room and warm temperatures

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation (latency) period usually greater than 72 h						
Chemicals						
Mercury poisoning	Methyl and ethyl mercury compounds from industrial waste and organic mercury in fungicides	1 wk or longer	Numbness, weakness of legs, spastic paralysis, impaired vision, blindness, coma	Grains treated with mercury-containing fungicide; pork, fish and shellfish exposed to mercury compounds	Urine, blood, hair	Fish harvested from water polluted with mercury compounds; feeding animals grains treated with mercury fungicides; eating mercury-treated grains or meat from animals fed such grains
Triorthocresyl phosphate poisoning	Triorthocresyl phosphate used as extracts or as oil substitute	5 to 21 days, mean 10 days	Gastrointestinal symptoms, leg pain, ungainly high-stepping gait, foot and wrist drop	Cooking oils, extracts and other foods contaminated with tri-orthocresyl phosphate	Biopsy of gastrocnemius muscle	Using compounds as food extractant or as cooking or salad oil
GENERALIZED INFECTION SIGNS AND SYMPTOMS (FEVER, CHILLS, AND/OR MALAISE) OCCUR						
Incubation period usually between 12-72 h						
Bacteria						
<i>Vibrio vulnificus</i> infection	<i>Vibrio vulnificus</i>	16 h	Septicemia, fever, chills, malaise, prostration; pre-existing liver disease in cases typical	Raw oysters and clams	Blood	Persons with liver ailments eating raw shellfish

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Incubation (latency) period usually greater than 1 week						
Bacteria						
Brucellosis	<i>Brucella abortus</i> , <i>B. melitensis</i> and <i>B. suis</i> from tissues and milk of infected animals	7 to 21 days	Fever, chills, sweating, weakness, malaise, headache, muscle and joint pain, loss of weight	Raw milk, goat cheese made from unpasteurized milk	Blood	Failure to pasteurize milk, livestock infected with brucellae
Listeriosis	<i>Listeria monocytogenes</i>	3 to 70 days, usually 4 to 21 days	Fever, headache, nausea, vomiting, stillbirths, meningitis, encephalitis, sepsis	Coleslaw, milk, soft cheese, pate, turkey franks, processed meats	Blood, urine,	Inadequate cooking; failure to properly pasteurize milk; prolonged refrigeration
Typhoid or paratyphoid fevers	<i>Salmonella typhi</i> for typhoid from feces of infected humans; other serovars. (e.g., <i>paratyphi A</i> , <i>choleraesuis</i> , <i>enteritidis</i>) for paratyphoid from infected humans or other animals	7 to 28 days, usually 14 days	Continued fever, malaise, headache, cough, nausea, vomiting, anorexia, abdominal pain, chills, rose spots, constipation or bloody diarrhea. Sequela: reactive arthritis	Shellfish; any food contaminated by infected person, raw milk, post-process-contaminated meat, cheese, watercress, water	Stools, rectal swabs, blood in incubatory and early acute phase urine in acute phase	Infected persons touching foods; failure to wash hands after defecation; inadequate cooking; improper refrigeration; improper sewage disposal; obtaining foods from unsafe sources; harvesting shellfish from sewage-contaminated waters

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Viruses						
Hepatitis A	Hepatitis A virus	15 to 50 days, usually 25-30	Fever, malaise lassitude, anorexia, nausea, abdominal pain, jaundice, dark urine, light-colored stools	Raw shellfish, any food contaminated by infected person	Stools, urine, blood	Infected persons touching foods; failure to wash hands after defecation; inadequate cooking; harvesting shellfish from sewage-contaminated waters; improper sewage disposal
Hepatitis E	Hepatitis E virus	15 to 65 days, usually 35-40	Similar to above (high mortality for pregnant women)	Raw shellfish, any food contaminated by infected person	Stools, urine, blood	Infected persons touching foods; failure to wash hands after defecation; inadequate cooking; harvesting shellfish from sewage-contaminated waters; improper sewage disposal
Parasites						
Angiostrongyliasis (eosinophilic meningoencephalitis)	<i>Angiostrongylus cantonensis</i> (rat lung worm) from rodent feces and soil	14 to 16 days	Gastroenteritis, headache, stiff neck and back, low-grade fever	Raw crabs, slugs, prawns, shrimp, snails	Blood	Ingesting raw foods, inadequate cooking
Toxoplasmosis	<i>Toxoplasma gondii</i> from tissue and animal	10 to 13 days	Fever, headache, myalgia, rash	Raw or insufficiently-cooked beef, lamb, wild pig, venison	Biopsy of lymph nodes, blood	Ingesting raw meat, inadequate cooking

Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Trichinosis	<i>Trichinella spiralis</i> (roundworm) from flesh of infected swine, bear, walrus	4 to 28 days, mean 9 days	Gastroenteritis, fever, edema about eyes, muscular pain, chills, prostration, labored breathing	Pork, bear meat, walrus flesh; cross contaminated ground beef and lamb, often in grinders	Blood, muscle biopsy, skin test	Eating raw or inadequately cooked pork or bear meat; inadequate cooking or heat processing; feeding uncooked or inadequately heat-processed garbage to swine; failure to clean grinders between grinding pork and other meats

ALLERGIC-TYPE SYMPTOMS AND SIGNS (FACIAL FLUSHING AND/OR ITCHING) OCCUR

Incubation (latency) period usually less than 1 h

Bacterial (and animal) agents

Histamine poisoning (scombroid poisoning)	Histamine-like substance produced by <i>Proteus</i> spp. and other bacteria	Few min to 1 h	Headache, dizziness, nausea, vomiting, peppery taste, burning throat, facial swelling and flushing, stomach pain, diarrhea, itching skin	Tuna, mackerel, Pacific dolphin (mahi mahi), blue-fish, cheese	Inadequate cooling; improper refrigeration of fish; improper curing of cheese
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Illness	Etiologic agent and source	Incubation or latency period ^a	Signs and symptoms ^a	Foods usually involved ^b	Specimen to collect	Factors contributing to foodborne outbreaks
Chemicals						
Monosodium glutamate poisoning	Excessive amounts of monosodium glutamate (MSG)	Few min to 1 h	Burning sensation in back of neck, forearms, chest; feeling of tightness in chest, tingling, flushing, dizziness, headache, nausea	Foods seasoned with MSG		Using excessive amounts of MSG as flavor intensifier. ONLY certain individuals are sensitive to MSG
Nicotinic acid (niacin) poisoning	Vitamin, sodium nicotinate used as color preservative	Few min to 1 h	Flushing, sensation of warmth, itching, abdominal pain, puffing of face and knees	Meat or other food in which sodium nicotinate has been added, including baby food and baked goods		Using sodium nicotinate as color preservative, improper mixing

^a Symptoms and incubation periods will vary with the individual and group exposed because of resistance, age and nutritional status of individuals, number of organisms or concentration of poison ingested, amount of food eaten, and pathogenicity and virulence of strain of microorganism or toxicity of chemical involved. Several of the illnesses exhibit additional symptoms and have incubation periods that are shorter or longer than stated.

^b Collect sample foods suspected as being the vehicle or contaminated with foodborne pathogens.

^c Carbon monoxide poisoning may simulate this disease. Patients who have been in closed cars with motors running or have been in rooms with improperly vented heaters are subject to exposure to carbon monoxide.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DISEASE CASE REPORT

REPORT TO LOCAL PUBLIC HEALTH AGENCY

1 DATE OF REPORT ____/____/____	2 DATE RECEIVED BY LOCAL HEALTH AGENCY ____/____/____
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3 NAME (LAST, FIRST, M.I.)		4 GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5 DATE OF BIRTH ____/____/____	6 AGE	7 HISPANIC <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
8 RACE (CHECK ALL THAT APPLY) <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> UNKNOWN		9 PATIENT'S COUNTRY OF ORIGIN		10 DATE ARRIVED IN USA ____/____/____	
11 ADDRESS (STREET OR RFD, CITY, STATE, ZIP CODE)			12 COUNTY OF RESIDENCE		13 TELEPHONE NUMBER ()
14 PREGNANT <input type="checkbox"/> YES (IF YES NUMBER OF WEEKS _____) <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		15 PARENT OR GUARDIAN		16 RECENT TRAVEL OUTSIDE OF MISSOURI OR USA <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE _____	
18 OCCUPATION		19 SCHOOL/DAY CARE/WORKPLACE		ADDRESS (STREET OR RFD, CITY, STATE, ZIP CODE)	

20 WORK TELEPHONE NUMBER ()	21 OTHER ASSOCIATED CASES IS REPORT PART OF AN OUTBREAK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	22 TYPE OF COMPLAINT/OUTBREAK <input type="checkbox"/> FOODBORNE <input type="checkbox"/> WATERBORNE <input type="checkbox"/> OTHER (SPECIFY) _____	26 CHECK BELOW IF PATIENT OR MEMBER OF PATIENT'S HOUSEHOLD (HHL):			
23 WAS PATIENT HOSPITALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	24 PATIENT RESIDE IN NURSING HOME <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	25 PATIENT DIED OF THIS ILLNESS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	26 CHECK BELOW IF PATIENT OR MEMBER OF PATIENT'S HOUSEHOLD (HHL):			
27 NAME OF HOSPITAL/NURSING HOME		IS A FOOD HANDLER		PATIENT YES NO UNK		
28 HOSPITAL/NURSING HOME ADDRESS (STREET OR RFD, CITY, STATE, ZIP CODE)		ATTENDS OR WORKS AT A CHILD OR ADULT DAY CARE CENTER		HHL MEMBER YES NO UNK		
29 REPORTER NAME		30 TELEPHONE NUMBER ()		IS A HEALTH CARE WORKER		
31 REPORTER ADDRESS (STREET OR RFD, CITY, STATE, ZIP CODE)		32 TYPE OF REPORTER/SUBMITTER <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> OUTPATIENT CLINIC <input type="checkbox"/> PUBLIC HEALTH CLINIC <input type="checkbox"/> HOSPITAL <input type="checkbox"/> LABORATORY <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER			34 TELEPHONE NUMBER ()	
33 ATTENDING PHYSICIAN/CLINIC NAME			ADDRESS (STREET OR RFD, CITY, STATE, ZIP CODE)		34 TELEPHONE NUMBER ()	

35 DISEASE NAME(S)	36 ONSET DATE(S) ____/____/____ ____/____/____	37 DIAGNOSIS DATE(S) ____/____/____ ____/____/____	38 DISEASE STAGE/ RISK FACTOR	39 PREVIOUS DISEASE/STAGE	40 PREVIOUS DISEASE DATE(S) ____/____/____ ____/____/____
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41 - DIAGNOSTICS

TEST DATE (MO/DAY/YR)	TYPE OF TEST	SPECIMEN TYPE	COLLECTION DATE (MO/DAY/YR)	QUALITATIVE / QUANTITATIVE RESULTS	REFERENCE RANGE	LABORATORY NAME/ADDRESS (INCLUDE STREET OR RFD, CITY, STATE, ZIP CODE)

42 - TREATMENTS

TREATED (Y/N/UNK)	REASON NOT TREATED	TYPE OF TREATMENT	DRUG	DOSAGE	TREATMENT DATE (MO/DAY/YR)	TREATMENT DURATION (IN DAYS)	PREVIOUS TREATMENT	PREVIOUS LOCATION (LIST CITY, STATE)

43 - SYMPTOMS

SYMPTOM (IF APPLICABLE)	SYMPTOM SITE (IF APPLICABLE)	SYMPTOM ONSET DATE (MO/DAY/YR)	SYMPTOM DURATION (IN DAYS)

44 COMMENTS

NOTES FOR ALL RELEVANT SECTIONS:

- Stages, risk factors, diagnostics, treatments, and symptoms shown below are examples. To see a more complete listing, please go to <http://www.dhss.state.mo.us/Diseases/DDwelcome.htm>. You may also contact the Office of Surveillance at 1-800-392-0272 for additional information or to report a case.
- All dates should be in Mo/Day/Year (01/01/2001) format.
- All complete addresses should include city, state and zip code.
- Required fields referenced below are italicized and bold, however fill form as complete as possible.

(1) Date of Report -- date sent by submitter of document.

(2) Date received will be filled in by receiving agency.

(3-8) **CASE DEMOGRAPHICS/IDENTIFIERS:** *Last name, First Name*, Gender, **Date of Birth**, Hispanic, Race - please check all that apply

(23) Was patient hospitalized due to this illness?

(32) Type of reporter/submitter (doctor, nursing home, hospital, laboratory) (33-34) Attending physician or clinic (full physician name and degree, address, phone)

DISEASE: (35) *Disease name or name(s)*, (36) *Onset date(s)*, (37) *Diagnosis Date(s)*

(38) Disease Stage or Risk Factor

Syphilis

- Primary (chancre present)
- Secondary (skin lesions, rash)
- Early Latent (asymptomatic < 1 year)
- Late Latent (over 1 year duration)
- Neurosyphilis
- Cardiovascular
- Congenital
- Other

Gonorrhea or Chlamydia

- Asymptomatic
- Uncomplicated urogenital (urethritis, cervicitis)
- Salpingitis (PID)
- Ophthalmia/conjunctivitis
- Other (arthritis, skin lesions, etc)

TB Infection

- Contact to TB case
- Immunocompromised
- Abnormal CXR
- Foreigner/Immigrant
- IV Drug/Alcohol Abuse
- Resident, correctional
- Employee, correctional
- Over 70
- Homeless
- Diabetes
- Healthcare worker
- Converter/2 yrs ≥ 10
- Converter/2 yrs ≥ 15

(39) Previous Disease/Stage (if applicable) (40) **Previous Disease Dates (if applicable)**

(41) Diagnostics (Please Attach Lab Slip)

Test Type

Hepatitis

- Igm Anti-HBc
- Anti-HBs
- Anti-HBc Total
- Igm Anti-HAV
- HBsAg
- Hep C

TB

- Not Done
- Mantoux
- Multiple puncture device
- X-Ray
- Smear
- Culture

Other

- Elisa
- Western Blot
- Culture
- ALT
- AST

Specimen Type (blood, urine, CSF, smear, swab), **Collection Date** (Mo/Day/Yr), **Qualitative** (negative, positive, reactive), **Quantitative Results** (1:1, 2.0 mm reading,) **Reference Range** (1:1neg, 1:64 equivocal, 1:128 positive, > 2 positive), **Laboratory** (name, address)

(42) TREATMENT

Reason not treated

- False positive
- Previous treated
- Age

Drug

- TB**
- Isoniazid
- Ethambutol
- Pyrazinamide
- Rifampin

(43) SYMPTOMS:

Symptom (jaundice, fever, dark urine, headache) **Symptom Site** (head, liver, lungs, skin), **Symptom Onset Date** (Mo/Day/Yr) and **Symptom Duration** (in days)

(44) **Comments:** Attach additional sheets if more comments needed.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF COMMUNICABLE DISEASE CONTROL AND VETERINARY PUBLIC HEALTH
RECORD OF INVESTIGATION OF ENTERIC ILLNESS

MOHSIS CID# _____

Information with shaded titles is not required if entered on the CD-1 report or entered into MOHSIS.

NAME: (LAST, FIRST, MI)		DATE OF BIRTH: / /	AGE:	GENDER:	RACE:
PARENT(S) NAME IF NOT ADULT:		PHONE NO.:			
HOME ADDRESS:		CITY:	STATE:	ZIP CODE:	COUNTY:

EMPLOYMENT / CHILD CARE (*See reverse side for High-Risk Employment information.)

PLACE OF EMPLOYMENT:	ADDRESS:	PHONE NO.:
OCCUPATION:	JOB DUTIES:	
SCHOOL / CHILD CARE ATTENDED:	GRADE OR ROOM:	
SCHOOL / CHILD CARE ADDRESS:	CITY:	STATE: ZIP CODE:

Symptoms:* (Check Yes or No and number the order in which symptoms first presented)

ORDER NO.	SYMPTOM	YES	NO	ORDER NO.	SYMPTOM	YES	NO	ORDER NO.	SYMPTOM	YES	NO
	Nausea	<input type="checkbox"/>	<input type="checkbox"/>		Bloody Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		Malaise	<input type="checkbox"/>	<input type="checkbox"/>
	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>		Cramps	<input type="checkbox"/>	<input type="checkbox"/>		Headache	<input type="checkbox"/>	<input type="checkbox"/>
	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		Chills	<input type="checkbox"/>	<input type="checkbox"/>		Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
	Watery Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>		Fever _____ °	<input type="checkbox"/>	<input type="checkbox"/>		Other		

Disease

DIAGNOSIS:	ONSET DATE / TIME:* / / _____ am _____ pm	DURATION OF SYMPTOMS: _____ hrs.
INCUBATION PERIOD:*	PHYSICIAN CONSULTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE: / /
PROVIDER NAME:	CITY:	STATE: PHONE NO.:
TREATMENT: (TYPE, AMOUNT)	DATE:* / /	
<input type="checkbox"/> Recovered <input type="checkbox"/> Died	DATE OF DEATH: / /	CAUSE OF DEATH:

Patient History (Limit patient responses to within one disease incubation period.)

TRAVEL: (OUTSIDE OF HOME COMMUNITY) <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S):*	LOCATION(S):
HOME WATER SUPPLY: <input type="checkbox"/> Private (type) _____ <input type="checkbox"/> Bottled Water (brand) _____ <input type="checkbox"/> Public Water District (Name) _____ Other water sources: _____		
HOME SEWAGE DISPOSAL SYSTEM: <input type="checkbox"/> Private (type) _____ <input type="checkbox"/> Community System (Name) _____		
RECREATIONAL WATER CONTACT: (SWIMMING POOL, LAKE, RIVER, ETC.) <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ Location: _____ Dates:* _____		
PET / ANIMAL EXPOSURE: (DOMESTIC PETS, LIVESTOCK, OTHER) <input type="checkbox"/> Yes <input type="checkbox"/> No Pets/Animals ill: <input type="checkbox"/> Yes <input type="checkbox"/> No Animal Type(s): _____ Date(s)* of Animal Exposure: _____ Describe Animal Exposure: _____ Location of Animal Exposure: _____ Comments: _____		

Food**

	NAME	STREET ADDRESS	CITY / STATE
Grocery stores routinely used:	_____	_____	_____
Restaurants routinely used:	_____	_____	_____
OTHER FOOD SOURCES: (e.g., ETHNIC, UNPASTEURIZED, HOME CANNED)	TYPE / LOCATION:		

* Epi Calendar (reverse side) may be used to help determine time periods.
** Attach separate 3-day food history if multiple cases are known/suspected.

Please submit this form along with completed CD-1 Report on all enteric cases.

Laboratory Tests*: Record Diagnostic Information in Section 41 of CD-1 Report and/or attach copy of lab slip(s)

Are there other associated cases? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	How Associated:
--	-------------------	-----------------

List ill contacts:

NAME & ADDRESS	DOB / AGE	SEX	RELATION TO PATIENT	SIMILAR ILLNESS		ONSET DATE	LAB CONFIRMED		CD-1 AND ENTERIC FORM COMPLETED	
				YES	NO		YES	NO	YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

High Risk Employment Information (e.g., Food Handler, Child Care or Health Care Worker)

SPECIFIC JOB DUTIES:*

DATE(S) WORKED PRIOR TO ONSET OF ILLNESS:*	EXCLUDED FROM WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:*/ /
IF YES, BY WHOM:	TITLE:	
FOLLOW-UP SPECIMEN(S) REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE COLLECTED:*/ /	RESULTS:*/ 1. _____ 2. _____ 3. _____
LAB:	WERE CONTROL MEASURES DISCUSSED WITH PATIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	BY:
RETURNED TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:*/ /	EXCLUDED FROM HIGH-RISK DUTIES? <input type="checkbox"/> Yes <input type="checkbox"/> No

SEXUAL PREFERENCE: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Unknown <input type="checkbox"/> N/A	MULTIPLE PARTNERS? <input type="checkbox"/> Yes <input type="checkbox"/> No
RECREATIONAL DRUG USE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRUGS OF CHOICE:

***Epi Calendar:**

MONTH(S) / DATES:	YEAR:	DISEASE:	WORK:
Sunday ____	Monday ____	Tuesday ____	Saturday ____
Sunday ____	Monday ____	Tuesday ____	Saturday ____
Sunday ____	Monday ____	Tuesday ____	Saturday ____

OTHER PERTINENT EPIDEMIOLOGICAL DATA (TO INCLUDE PROBABLE SOURCE):

INVESTIGATOR: 	DATE COMPLETED:
-------------------	-----------------

MISSOURI OUTBREAK SURVEILLANCE FORM

ID: _____ **OUTBREAK NAME:** _____ **ENTRY DATE:** _____
PERSON RECEIVING REPORT: _____

REPORT DATE: _____

REPORTED BY: (check 2-digit code)

- | | | |
|----------------------------------|--------------------------------|---|
| 01 Local Health Dept | 05 Nursing Home/Long Term Care | 09 Private Physician/health care Provider |
| 02 Regional Office | 06 Child Care | 10 Private Citizen |
| 03 Hospital | 07 School/College | 11 Other State Agency |
| 04 Laboratory (non-hospital lab) | 08 Industry Worksite | 12 Other, specify _____ |

DATE OF REPORT TO LOCAL HEALTH AGENCY: _____

EVENT DESCRIPTION: (circle 2-digit code)

- | | | |
|----------------------------------|---------------------------|-------------------------|
| 01 Outbreak or possible outbreak | 04 Cluster of Events | 07 Other, specify _____ |
| 02 Case Report | 05 Sensitive Event | |
| 03 Toxic Exposure | 06 Artifact (false alarm) | |

CRITICAL EVENT DATE: _____

Number of persons reported ill: _____
Number of persons hospitalized: _____
Number of reported deaths: _____
Estimated number of persons exposed/at risk: _____

SUSPECTED LOCATION OF EXPOSURE:

In state Out of State Out of Country
County: _____ State: _____ Country: _____

GENERAL CATEGORY: (circle 2-digit code)

- | | |
|--|---|
| 01 Infectious Disease | 05 Environmental Hazard (noninfectious) |
| 02 Special Syndrome (Reye, Kawaski, GBS) | 06 Occupational Hazard (noninfectious) |
| 03 Injury/Trauma | 08 Other, specify: _____ |
| 04 Chronic Disease | 09 Unknown |

SUSPECT MODE OF TRANSMISSION: (circle 2-digit code)

- | | | |
|-----------|---------------------------------|---------------------------|
| 01 Food | 04 Air | 07 Environmental Exposure |
| 02 Water | 05 Person-to-person | 08 Worksite Exposure |
| 03 Vector | 06 Medical Procedure/Medication | 09 Other, specify: _____ |

What is the specific suspect vehicle (product) or vector?

EXPOSURE SETTING/POPULATION AT RISK: (circle 2-digit code)

- | | | |
|-----------------------------------|----------------------------|---|
| 01 Camp | 09 Immigrant/Alien | 18 Institution/Prison |
| 02 Childcare | 10 Military Base/Camp | 19 Healthcare Facility/Hospital/
Clinic/Medical Care Site/
Nursing/Long Term Care |
| 03 Church/Temple | 12 Occupational/Workplace | |
| 04 Club/Health Spa | 14 Resort/Hotel | |
| 05 Disaster (natural or man-made) | 15 Restaurant/Food Service | 88 Other, specify |
| 06 General Community | 16 School/College | 99 Unknown |
| 07 Home/Private Gathering | 17 Catered Event | |

SPECIFIC CAUSE: (circle 3-digit code)

- | | | |
|--|------------------------------|---------------------------------|
| 151 AGI* | 048 Hepatitis, NANB | 103 Reye Syndrome |
| 056 AIDS | 012 Hepatitis (unspecified) | 105 Rheumatic Fever |
| 104 Amebiasis | 106 Influenza | 025 Rocky Mtn Spotted Fever |
| 217 ARI** | 049 Legionellosis | 020 Rubella |
| 001 Aseptic Meningitis | 038 Hansen Disease (Leprosy) | 100 Salmonella, serotype: _____ |
| 152 Bacillus Cerus | 039 Leptospirosis | 225 Scabies |
| 053 Botulism, foodborne | 158 Listeriosis | 160 Scombrototoxin |
| 002 Brucellosis | 108 Lyme disease | 101 Shigellosis |
| 102 Campylobacteriosis | 013 Malaria | 200 Silicosis |
| 003 Chickenpox | 050 Measles (indigenous) | 161 S. Aureus |
| 153 Ciguatoxin | 051 Measles (imported) | 219 S. Aureus - MRSA*** |
| 154 C. perfringens | 016 Meningococcal infection | 162 Strep group A |
| 155 Cryptosporidiosis | 018 Mumps | 032 Syphilis |
| 004 Diphtheria | 555 Norwalk-Like Virus | 021 Tetanus |
| 156 E. coli O157:H7 | 019 Pertussis | 052 Toxic Shock Syndrome |
| 005 Encephalitis, primary | 044 Plague | 027 Trichinosis |
| 218 Fifth Disease | 041 Polio, (paralytic) | 022 Tuberculosis |
| 157 Giardiasis | 045 Psittacosis | 023 Tularemia |
| 029 Gonorrhea | 159 Pseudomonas | 024 Typhoid Fever |
| 011 Hepatitis A | 034 Rabies (animal) | 026 Typhus (murine) |
| 010 Hepatitis B | 046 Rabies (human) | 047 V. cholerae - 01 |
| 777 Environmental hazard or toxin: specify _____ | | 226 V. cholerae non-01 |
| 888 Other, specify _____ | | 163 V. parahaemolyticus |

999 Unknown

*Acute Gastrointestinal Illness of unknown etiology

**Acute Respiratory Illness of unknown etiology

***Methicillin Resistant S. aureus

LEVEL OF INVESTIGATION BY LOCAL AGENCY:

- | | | |
|--|---|--------------------------------|
| 01 Received report | 04 Onsite visit or assistance | 06 Referred to Regional office |
| 02 Handled by other person/office/agency | 05 Primary responsibility for investigation | |
| 03 Consultation is provided by phone or mail | Responsible agency: _____ | |

SHADED AREAS TO BE COMPLETED BY REGIONAL OFFICE

LEVEL OF INVESTIGATION**REGION:** _____

- | | | |
|--|---|---|
| 01 Received report | 03 Consultation provided by phone or mail | 05 Primary responsibility for investigation |
| 02 Handled by other person/office/agency | 04 Onsite visit or assistance | 06 OTHER: _____ |

STATUS OF REPORT: Check one: Provisional Administratively Closed Final*
Comments:

Form completed by: _____ Date: _____

*A summary/writeup must be included.

Revised 12/03