ATTENTION HEALTH CARE PROVIDERS:
Please report relevant clinical findings about this disease event to the local health department.

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

### NC EDSS RESULTS

Verify if lab results for this event are in NC EDSS. If not present, enter results.

List any specimen from which listeria was isolated

**FOR CASES NOT ASSOCIATED WITH PREGNANCY**

<table>
<thead>
<tr>
<th>Specimen Date</th>
<th>Specimen #</th>
<th>Specimen Source</th>
<th>Type of Test</th>
<th>Description (comments)</th>
<th>Result Date</th>
<th>Lab Name—City/State</th>
<th>State Public Health Lab Isolate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Blood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSF</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Vagina</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Tissue</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Stool</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Other, specify</td>
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</tbody>
</table>

**FOR CASES ASSOCIATED WITH PREGNANCY**

<table>
<thead>
<tr>
<th>Specimen Date</th>
<th>Specimen #</th>
<th>Specimen Source</th>
<th>Type of Test</th>
<th>Description (comments)</th>
<th>Result Date</th>
<th>Lab Name—City/State</th>
<th>State Public Health Lab Isolate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Blood from mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood from neonate</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSF from mother</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>CSF from neonate</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Stool from mother</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Placenta</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Amniotic fluid</td>
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<td></td>
<td></td>
<td>Other, specify</td>
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<td></td>
<td></td>
<td>Other, specify</td>
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</tr>
</tbody>
</table>

### NC EDSS PART 2 WIZARD COMMUNICABLE DISEASE

Is/was patient symptomatic for

this disease?  
\[\square\] Y  \[\square\] N  \[\square\] U

If yes, symptom onset date (mm/dd/yyyy): \[\square\] Y  \[\square\] N  \[\square\] U

CHECK ALL THAT APPLY:

Fever: \[\square\] Y  \[\square\] N  \[\square\] U

Yes, subjective  \[\square\] No

Yes, measured  \[\square\] Unknown

Highest measured temperature

<table>
<thead>
<tr>
<th>Description (comments)</th>
<th>Result Date</th>
<th>Lab Name—City/State</th>
<th>State Public Health Lab Isolate Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever onset date (mm/dd/yyyy): [\square] Y  [\square] N  [\square] U</td>
<td></td>
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<tr>
<td>Shock</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Altered mental status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
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<td></td>
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<tr>
<td>Muscle aches</td>
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<td></td>
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<tr>
<td>Stiff neck</td>
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<tr>
<td>Preterm labor</td>
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</tbody>
</table>
## Listeriosis

**Patient Information**

- Patient's Last Name: ___________________________
- First Name: ___________________________
- Middle Name: ___________________________
- Maiden Name: ___________________________

**Birthdate**

- Month: _____
- Day: _____
- Year: _____

**Individual Information**

- **Gender:** __________
- **Race/Ethnicity:** __________
- **Birth Weight:** ________
- **Birth Length:** ________

**Birth Information**

- **Mode of Delivery:** __________
- **Date of Delivery:** ____/____/____
- **Mother's Age:** ____
- **Mother's Weight:** ________

**Reason for Testing**

**Who was the patient tested for this condition?**

- Symptomatic of disease
- Screening of asymptomatic person with reported risk factor(s)
- Exposed to organism causing this disease
  - (asymptomatic)
- Household / close contact to a person reported with this disease
- Other, specify

**Outcome of Pregnancy**

<table>
<thead>
<tr>
<th>Outcome of Pregnancy</th>
<th>Weeks gestation</th>
<th>Date</th>
<th>Outcome of Pregnancy</th>
<th>Weeks gestation</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still pregnant</td>
<td></td>
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<tr>
<td>Fetal death (miscarriage or stillbirth)</td>
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<tr>
<td>Induced abortion</td>
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<tr>
<td>Delivery (live birth)</td>
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<tr>
<td>Other, specify</td>
<td></td>
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</tr>
</tbody>
</table>

**Other Exposures Information**

**Does the patient know anyone else with similar symptoms?**

- Yes
- No

**Maternal Information**

- **Diagnosed**
- **Confirmed**
- **Treated**

**Mortality Information**

- **Date of Death:** ____/____/____
- **Cause of Death:** __________

**Recommendations**

- **Prevention:** __________
- **Treatment:** __________

**Appendix**

- **List of Contacts:** __________
- **Travel Information:** __________

---

**Notes:**

- Add comments or additional information as necessary.
FOOD RISK AND EXPOSURE

During the 70 days prior to onset of symptoms, did the patient eat any raw or undercooked meat or poultry? ...... Y N U
Specify meat/poultry: ________________________________
Specify place of exposure: ___________________________

During the 70 days prior to onset of symptoms, did the patient eat any raw or undercooked seafood or shellfish (i.e., raw oysters, sushi, etc.)? ...... Y N U
Specify type of seafood/shellfish: ______________________
Specify place of exposure: ___________________________

Where does the patient/patient’s family typically buy groceries?
Store name: ________________________________
Store city: ________________________________
Shopping center name/address: ______________________

During the 70 days prior to onset of symptoms, did the patient eat any food items that came from a produce stand, flea market, or farmer’s market? .......... Y N U
Specify source: ________________________________

During the 70 days prior to onset of symptoms, did the patient eat any food items that came from a store or vendor where they do not typically shop for groceries? .............. Y N U
Specify source(s): ________________________________

Handle raw meat other than poultry? ...... Y N U
Specify type of meat: Beef (hamburger/steak, etc)
Pork (ham, bacon, pork chops, sausage, etc)
Lamb/mutton
Wild game, specify: _______________________________
Other, specify: ________________________________
Unknown

Handle raw poultry? ...... Y N U
Specify type of poultry: Chicken
Turkey
Other, specify: ________________________________
Unknown

Drink unpasteurized milk? ...... Y N U
Specify type of milk: Cow
Goat
Sheep
Other, specify: ________________________________
Unknown

Any other unpasteurized dairy products? ...... Y N U
Specify type of product:
Queso fresco, Queso blanco or other Mexican soft cheese
Butter
Cheese from raw milk, specify:
Food made from raw dairy product, specify:
Other, specify: ________________________________

Drink unpasteurized juices or ciders? ...... Y N U
Specify juices or ciders:
Apple
Orange
Other, specify: ________________________________

Eat ground beef/hamburger? ...... Y N U
Eat other beef/beef products? ...... Y N U
Roast
Steak
Other, specify: ________________________________

Eat any poultry/poultry product? ...... Y N U
Eat pork/pork products? ...... Y N U
Specify type of pork/pork product:
Sausage
Smoked
Unsmoked
Chops
Roast
Ham
Smoked
Cured
Canned
Other, specify: ________________________________

Eat wild game meat (deer, bear, wild boar)? ...... Y N U
Specify type of wild game meat:
Deer/venison
Bear
Wild boar/javelina/feral hog
Other, specify: ________________________________

Eat other meat / meat products (i.e. ostrich, emu, horse)? ...... Y N U
Specify other meat/meat product:
Ostrich
Emu
Horse
Other, specify: ________________________________

Handle/eat shellfish (i.e., clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)? ...... Y N U
Specify type of shellfish:
Tuna
Mackerel
Skip Jack or Amberjack
Bonito
Mahi-mahi / dorado
Bluefish
Puffer fish, Porcupine fish, Ocean sunfish, sushi?
Ocean sunfish (Mola mola)
Sushi, unknown type of fish
Other, specify: ________________________________
Unknown

Handle/eat other seafood (i.e. octopus, squid) or frogs? ...... Y N U
Specify other seafood:
Squid
Octopus
Frog
Other, specify: ________________________________

Eat raw fruit? ...... Y N U
Specify raw fruit:
Apples
Bananas
Oranges
Grapes, specify: ________________________________
Pears
Peaches
Berries, specify: ________________________________
Mangoes
Other, specify: ________________________________

Eat raw salads or vegetables other than sprouts? ...... Y N U
Specify raw salad or vegetable:
Bagged salad greens without toppings, type:
Salad with toppings, specify: ____________________________
Lettuce, type:
Spinach
Tomatoes, type: ________________________________
Cucumbers
Mushrooms, type: ________________________________
Onions, type: ________________________________
Potatoes, type: ________________________________

Eat sprouts? ...... Y N U
Specify type of sprouts:
Alfalfa
Clover
Pea
Other, specify: ________________________________
Unknown

Eat fresh herbs? ...... Y N U
Specify:
Basil
Thyme
Parsley
Cilantro
Oregano
Rosemary
Cumin
Other, specify: ________________________________

Eat prepackaged, processed meat/meat products (does not include dried, smoked, or preserved products)? ...... Y N U
Specify type of prepackaged, processed meat/meat product:
Hot dogs
Cold Cuts
Bologna
Turkey
Ham
Other cold cut, specify: ________________________________

Any other ready-to-eat meat? Specify:

Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meat (i.e. summer sausage, salami, jerky)? ...... Y N U
Specify type of prepared meat:
Summer sausage, specify:
Salami
Jerky
Other, specify: ________________________________

Eat deli-sliced (not pre-packaged) meat? ...... Y N U
Specify type of meat:
Bologna
Turkey
Ham
Roast beef
Chicken
Other, specify: ________________________________

Eat deli-sliced (not pre-packaged) cheese? ...... Y N U
Specify type of deli-sliced cheese:
Cheddar
Swiss
American
Other cheese, specify: ________________________________

Eat meat stews or meat pies? ...... Y N U
Specify:

Eat gravy (i.e., beef, chicken, turkey)? ...... Y N U
Specify:

Eat potentially hazardous foods (i.e. pastries, custards, salad dressings)? ...... Y N U
Specify:
Pastries
Custards
Salad dressings
Other: specify: ________________________________

Eat commercially-prepared, refrigerated foods (i.e. dips, salsa, sandwiches)? ...... Y N U
Specify type of food:
Dips, specify:
Salsa
Sandwiches, Specify: ________________________________
Other, Specify: ________________________________

DHHS/EPI #64
JANUARY 2009
### HOSPITALIZATION INFORMATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was patient hospitalized for this illness &gt;24 hours?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital name:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>City, State:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital contact name:</td>
<td></td>
<td></td>
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<tr>
<td>Telephone: (_____) ______ - ___________</td>
<td></td>
<td></td>
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<tr>
<td>Admit date (mm/dd/yyyy): <strong><strong>/</strong></strong>/_____</td>
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<td></td>
</tr>
<tr>
<td>Discharge date (mm/dd/yyyy): <strong><strong>/</strong></strong>/_____</td>
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</table>

### ISOLATION/QUARANTINE/CONTROL MEASURES

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restrictions to movement or freedom of action?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Check all that apply:</td>
<td></td>
<td></td>
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<tr>
<td>Work</td>
<td></td>
<td></td>
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<tr>
<td>Child care</td>
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<tr>
<td>School</td>
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<td></td>
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<tr>
<td>Other</td>
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<tr>
<td>Date control measures issued: <strong><strong>/</strong></strong>/____</td>
<td></td>
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<tr>
<td>Date control measures ended: <strong><strong>/</strong></strong>/____</td>
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<tr>
<td>Was patient compliant with control measures?</td>
<td></td>
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<tr>
<td>Did local health director or designee implement additional control measures?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If yes, specify:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Were written isolation orders issued?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>If yes, where was the patient isolated?</td>
<td></td>
<td></td>
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<tr>
<td>Date isolation started: <strong><strong>/</strong></strong>/____</td>
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<tr>
<td>Date isolation ended: <strong><strong>/</strong></strong>/____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the patient compliant with isolation?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
</tbody>
</table>

### CASE INTERVIEWS/INVESTIGATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the patient interviewed?</td>
<td></td>
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<tr>
<td>Date of interview (mm/dd/yyyy): <strong><strong>/</strong></strong>/____</td>
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<tr>
<td>Were interviews conducted with others?</td>
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<tr>
<td>Who was interviewed?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Were health care providers consulted?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Who was consulted?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Medical records reviewed (including telephone review with provider/office staff)?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Specify reason if medical records were not reviewed:</td>
<td></td>
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</tbody>
</table>

### CHILD CARE/SCHOOL/COLLEGE

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient in child care?</td>
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<tr>
<td>Patient a child care worker or volunteer</td>
<td></td>
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<tr>
<td>Patient a parent or primary caregiver of a child in child care?</td>
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<tr>
<td>Is patient a student?</td>
<td></td>
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<tr>
<td>Is patient a school WORKER / VOLUNTEER in NC school setting?</td>
<td></td>
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</tbody>
</table>

### BEHAVIORAL RISK & CONGREGATE LIVING

During the 70 days prior to onset of symptoms, did the patient live in any congregate living facilities? (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)?

### GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

- In NC
- County_________________

- Outside NC, but within US
- City_________________
  - State_________________
  - County_________________

- Outside US
- City_________________
  - State_________________
  - County_________________

- Unknown

Is the patient part of an outbreak of this disease? Y N

Notes:

### CLINICAL OUTCOMES

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge/Final diagnosis:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Survived?</td>
<td>Y</td>
<td>N</td>
<td>U</td>
</tr>
<tr>
<td>Died?</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Died from this illness?</td>
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</tbody>
</table>

Date of death (mm/dd/yyyy): ____/____/_____