

Campylobacteriosis Investigation Checklist for Local Health Departments

Local health department staff should follow these steps, not necessarily always in order, when investigating reports of campylobacteriosis. For more detailed information refer to the Campylobacteriosis Disease Chapter. Campylobacteriosis is a Priority Level 4 disease and critical details should be entered into the Communicable Disease Reporting and Surveillance System (CDRSS) within 14 days.

- Review laboratory details to confirm the test result. If the case has not been submitted via CDRSS, create a case.
- Assess the case-patient for high-risk activities (e.g., daycare attendee, food handler) and exclude from school or work in accordance with [NJDOH Exclusion Criteria](#).
- Interview the case-patient (parent/guardian if case-patient is a minor) via phone using the Campylobacteriosis Case Report Worksheet. Do not fax the worksheet to the physician or mail to the home of the case-patient for completion.
- Provide education to the case-patient; additional information can be found on the NJDOH and CDC disease pages.
- Enter critical details (demographics, signs/symptoms, clinical status, additional laboratory information, and industry/occupation) into the CDRSS case.
- Enter relevant exposures (travel, food history especially consumption of unpasteurized dairy, meats, grocery stores, restaurants, contact with recreational water, pets, livestock, or animals) into the *Sources of Infection and Risk Factors* section within the CDRSS case.
- Notify the appropriate local health department and document in CDRSS if a food establishment, restaurant, etc. from another jurisdiction is identified as a possible source of exposure.
- Inform the Foodborne and Waterborne Disease Unit at cds.fwd.epi@doh.nj.gov if an outbreak is suspected or if an unpasteurized milk/dairy product is believed to be the source of infection.
- Enter any additional symptomatic contacts identified through the interview into the *Contact Tracing* section within CDRSS and follow case investigation as appropriate.
- Document dates/times of at least three attempts made to reach the case-patient into the *Sources of Infection and Risk Factors* section within CDRSS if they remain unreachable.
- Determine *Case Status* based on [NNDSS case definitions](#) and mark *Report Status* as “LHD CLOSED” in CDRSS.

Campylobacteriosis Case Report Worksheet

Name: _____ CDRSS number: _____

Interviewer: _____ Date Completed: _____

Information provided by _____ Relation to Case: _____

DEMOGRAPHICS

Gender: Male Female

Date of Birth ____/____/____

Hispanic: Yes No Unk

Race:

White Native Amer.

Black Asian/Pac. Islander

Other Unknown

Occupation:

Foodhandler: Yes No

Daycare worker/attendee: Yes No

Healthcare provider: Yes No

Resident of long-term care or group residence: Yes No

If the case is a food handler, health care worker or works for or attends a daycare, obtain details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).

CLINICAL INFORMATION

Symptomatic: Yes No

If yes: Onset date/time: ____/____/____

Resolution date/time: ____/____/____

First/predominant symptom _____

Fever:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Temperature: _____ ° F Not measured: _____
Diarrhea:	<input type="checkbox"/> Yes <input type="checkbox"/> No onset date/time: _____
Bloody diarrhea:	<input type="checkbox"/> Yes <input type="checkbox"/> No onset date/time: _____
Vomiting:	<input type="checkbox"/> Yes <input type="checkbox"/> No onset date/time: _____

Other symptoms: _____

Hospitalized: Yes No

Name of Hospital _____

Date of Admission: ____/____/____

Date of Discharge: ____/____/____

ED visit only-date: ____/____/____

Antibiotic treatment: Yes No

If yes, dates taken:

____/____/____ to ____/____/____

Outcome: Died: Yes No

If yes, date of death: ____/____/____

Use incubation period of 7 days to determine exposure period, counting back from illness onset date.

Exposure period: ____/____/____ to ____/____/____

POSSIBLE SOURCE(S) OF INFECTION DURING EXPOSURE PERIOD

Y N DK

- Consumed undercooked poultry products
- Handled raw poultry products
- Consumed raw/unpasteurized milk, dairy products
- Consumed untreated water
- Contact with person with similar illness
- Swimming/recreational water exposure
- Contact with pets (cats, dogs, other)

- Contact with live poultry (chickens, ducks)
- Purchased products at live bird market
- Contact with farm animals/livestock

NOTES:

Y N

- Travel outside the U.S.
Where: _____
Dates: ____/____/____ to ____/____/____
- Domestic travel
Where: _____
Dates: ____/____/____ to ____/____/____

List food establishments (restaurants, fast-food, cafeteria, deli, etc.) frequented during incubation period. Include date, location and items eaten:

List any gatherings (parties, weddings, conventions, etc.) attended during incubation period:

List markets where groceries are purchased (supermarkets, local markets, butcher, live poultry markets, etc):

Does the case know anyone with a similar illness, including those he/she lives with? YES NO
If yes, fill out table below for each ill household member and contact.

ILL HOUSEHOLD MEMBERS/ OTHER ILL CONTACTS

Name	Age	Relation to case	Symptoms	Onset date	Phone Number
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	____/____/____	_____

If the contact is a food handler, health care worker or works for or attends a daycare, provide details about site, job description, dates worked/attended during communicable period (see exclusion recommendations in NJDOH disease specific chapters).

ACTIONS TAKEN

- Patient could not be interviewed (reason: _____)
- Entered into CDRSS
- Refer for restaurant inspection
- Daycare inspection/education
- Work or daycare restriction for case
- Follow-up of ill contacts