

## **13.2 Gastrointestinal Illness Surveillance System**

### **13.2.1 Introduction**

### **13.2.2 Forms**

#### **13.2.1 Introduction**

*purpose*

The following forms are provided as guides to standardize the collection of information required to assess the patterns of gastrointestinal illnesses and monitor for outbreaks aboard vessels. These forms are downloadable at the Vessel Sanitation Program website: <http://www.cdc.gov/nceh/vsp> .

#### **13.2.2 Forms**

## Gastrointestinal Illness Surveillance System Log

Vessel \_\_\_\_\_ Voyage Number \_\_\_\_\_ Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Page \_\_\_\_ of \_\_\_\_ for voyage

Total Number of Passengers Aboard \_\_\_\_\_ Total Number of Passengers Ill \_\_\_\_\_ Total Number of Crew Aboard \_\_\_\_\_ Total Number of Crew Ill \_\_\_\_\_

Date <small>(mm/dd/yyyy)</small>	Name <small>Last, First</small>	Age	M / F	Pax / Crew	Crew Position	Cabin No.	Meal Seat	Illness Onset		Diarrhea			Vomiting		Fever		Stool Specimen		Antidiarrheal Medication Y/N	Underlying Illness  (Specify)	
								Date <small>(mm/dd/yyyy)</small>	Time <small>(hr:min AM / PM)</small>	Y/ N	#	Blood Y/N	Y/ N	#	Y/ N	°F	Req				
																	Y/ N	Y/ N			

# = Episodes / 24 Hours

# Gastrointestinal Illness Surveillance System

## Antidiarrheal Medications Total Daily Sales / Dispensed Log

Vessel \_\_\_\_\_ Voyage Number \_\_\_\_\_ Dates: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

Page \_\_\_ of \_\_\_ for voyage

Date (mm/dd/yyyy)	Drug Name	# Tablets or ml	Dose	Date (mm/dd/yyyy)	Drug Name	# Tablets or ml	Dose

## Gastrointestinal Illness Surveillance System Questionnaire

(To be completed if you have experienced gastrointestinal illness)

Vessel Name (1) \_\_\_\_\_ Date (2) \_\_\_\_\_

Last Name (3) \_\_\_\_\_ First Name (4) \_\_\_\_\_

Date of Birth (5) \_\_\_\_\_ Age (6) \_\_\_\_\_ Sex (7) Male / Female  
(mm/dd/yyyy)

Cabin Number (8) \_\_\_\_\_ Total Number People in Cabin (10) \_\_\_\_\_

Dining Seating (9) \_\_\_\_\_ Dining Table Number (11) \_\_\_\_\_

Symptoms Started Date: (12) \_\_\_\_\_ Time: (13) \_\_\_\_\_ AM / PM

Do you know other people with the same symptoms? (14) Yes / No

If Yes, Please, List Names: (15) \_\_\_\_\_

Did you stay overnight or longer in the boarding port before you joined the vessel?

(16) Yes / No Where? (17) \_\_\_\_\_ How many days? (18) \_\_\_\_\_

What do you think is the cause of your illness? (19) \_\_\_\_\_

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### PLEASE TURN THIS FORM OVER TO PROVIDE FOOD AND ACTIVITIES HISTORY

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**Confidentiality:** All personal medical information received by CDC personnel shall be protected in accordance with applicable federal law, including 5 U.S.C. Section 552a. Privacy Act - Records maintained on individuals and the Freedom of Information Act. 5 U.S.C. Section 552. Administrative Procedure - Public information; agency rules, opinions, orders, records, and proceedings.

The information requested on this form is collected under authority of Section 301 of the Public Health Service Act (42 USC 269). Response in this case is voluntary. The individually identified data may be shared with health departments and other public health or cooperating medical authorities. It will be used to investigate the causes of gastrointestinal illness and to make recommendations to resolve and prevent the recurrence of such health problems. An accounting of such disclosure will be made to the subject individual upon request.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

## Meal and Activities - Aboard Vessel and On Shore Prior to Illness

Please list the *specific* vessel or shore locations of the meals you consumed and the vessel and shore activities you participated in before you became ill:

Day of Illness Onset		Day Before		Two Days Before		Three Days Before	
Meal / Activity	Location & Name of Event	Meal / Activity	Location & Name of Event	Meal / Activity	Location & Name of Event	Meal / Activity	Location & Name of Event
Breakfast (20)		Breakfast (27)		Breakfast (34)		Breakfast (41)	
AM Activity (21)		AM Activity (28)		AM Activity (35)		AM Activity (42)	
Lunch (22)		Lunch (29)		Lunch (36)		Lunch (43)	
PM Activity (23)		PM Activity (30)		PM Activity (37)		PM Activity (44)	
Dinner (24)		Dinner (31)		Dinner (38)		Dinner (45)	
Evening Activity (25)		Evening Activity (32)		Evening Activity (39)		Evening Activity (46)	
Other Meals / Activities During Day (26)		Other Meals / Activities During Day (33)		Other Meals / Activities During Day (40)		Other Meals / Activities During Day (47)	