

Campylobacter and STEC State Health Department Epidemiologic

Form Approved
OMB No. 0920-0879
Exp. Date 03/31/2014

Thank you for agreeing to participate in this short survey regarding Campylobacter and STEC epidemiology and surveillance in your state. Should you have any questions regarding this survey, please contact Aimee Geissler at ageissler@cdc.gov. Information should be completed no later than January 31, 2014.

***1. Please enter your name**

***2. Please select the state for which you are responding**

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

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The first part of this survey relates to your state's surveillance and epidemiology practices with regards to Campylobacter.

***3. Has Campylobacter ever been reportable in your state?**

- Yes
 No
 Don't know

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***4. Please select all of the years that Campylobacter has been included on the Reportable Disease List in your state.**

- | | | |
|-------------------------------|-------------------------------|--|
| <input type="checkbox"/> 2000 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2012 |
| <input type="checkbox"/> 2001 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2013 |
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 2008 | <input type="checkbox"/> None of these years |
| <input type="checkbox"/> 2003 | <input type="checkbox"/> 2009 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 2004 | <input type="checkbox"/> 2010 | |
| <input type="checkbox"/> 2005 | <input type="checkbox"/> 2011 | |

Other (please specify below)

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***5. Do the epidemiologists at your state public health department report your Campylobacter cases or outbreaks to any of the following CDC systems? Please select all that apply.**

- National Notifiable Disease Surveillance System (NNDSS) We do not report Campylobacter cases to any CDC system
- National Outbreak Reporting System (NORS) Don't know
- Laboratory-based Enteric Disease Surveillance (LEDS) **If laboratorians in your state are responsible for LEDS reporting, please do NOT select.

Other (please specify below)

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For the purpose of the following questions, stool, stool samples, EIA broth, slants, isolates, and any form of transport media containing Campylobacter will be collectively considered as "samples or isolates."

***6. Does your state public health department request or require that specimens or isolates from patients who have had a positive test for Campylobacter be sent to the state public health laboratory?**

- Yes
 No
 Don't know

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***7. For which of the Campylobacter cases does your state public health department request or require patient specimens or bacterial isolates be sent? Please check all that apply.**

| | Requested | Required | Other, please specify below |
|------------------------|--------------------------|--------------------------|-----------------------------|
| All cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outbreak-related cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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***8. Does your state public health department request or require samples from any persons who have tested positive for Campylobacter by culture-independent diagnostic testing (e.g., antigen- or DNA-based test) for confirmatory testing?**

- Yes
 No
 Don't know

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9. For which of the following cases does your state public health department request or require patient specimens or bacterial isolates be sent from patients who have had a positive test for Campylobacter? Please check all that apply.

| | Requested | Required | Other, please specify below |
|------------------------|--------------------------|--------------------------|-----------------------------|
| All cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outbreak-related cases | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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The last part of this survey relates to your state's surveillance and epidemiology practices with regard to Shiga-toxin producing E. coli.

***10. Does your state ask or require that clinical laboratories send Shiga toxin-positive broths to state public health laboratories for isolation of Shiga toxin-producing E.coli?**

- Yes
 No
 Don't know

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11. How is the request for clinical laboratories to send Shiga toxin-positive broths to public health laboratories for isolation of Shiga toxin-producing E.coli enacted?

- Required by law
- A non-enforceable request
- Other, please specify below
- Don't know

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12. Please enter any questions or additional comments you would like us to know.

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This completes the data collection. Thank you for your participation! If you have any questions regarding the survey, please email Dr. Aimee Geissler in CDC's Enteric Diseases Epidemiology Branch at ageissler@cdc.gov. Thank you!

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