CASE REPORT FORM

Toxic Shellfish Poisoning

Toxic Shellfish Poisoning

EpiSurv No. EpiSurvNumber

Disease Name DiseaseName

○ Paralytic shellfish poisoning ○ Neurologic shellfish poisoning ○ Amnesic shellfish poisoning

○ Diarrhoeic shellfish poisoning ○ Toxic shellfish poisoning - type unspecified

Reporting Authority

Name of Public Health Officer responsible for case OfficerName

Notifier Identification

Reporting source* ReportSrc ○ General Practitioner ○ Hospital-based Practitioner ○ Laboratory

○ Self-notification ○ Outbreak Investigation ○ Other

Name of reporting source ReportName **Organisation** ReportOrganisation

Date reported* ReportDate **Contact phone** ReportPhone

Usual GP UsualGP **Practice** GPPracticeName **GP phone** GPPhone

GP/Practice address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Case Identification

Name of case* Surname Surname Given Name(s) GivenName

NHI number* NHINumber **Email** Email

Current address* Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Phone (home) PhoneHome **Phone (work)** PhoneWork **Phone (other)** PhoneOther

Case Demography

Location TA* TA **DHB*** DHB

Date of birth* DateOfBirth **OR Age** Age ○ Days ○ Months ○ Years AgeUnits

Sex* Sex ○ Male ○ Female ○ Indeterminate ○ Unknown

Occupation* Occupation

Occupation location occupation_place_type ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Alternative location occupation_place_type ○ Place of Work ○ School ○ Pre-school

Name occupation_place_name

Address Number housenumber Street streetname Suburb suburb

Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy

Ethnic group case belongs to* (tick all that apply)

☐ NZ European EthNZEuropean ☐ Maori EthMaori ☐ Samoan EthSamoan ☐ Cook Island Maori EthCookIslandMaori

☐ Niuean EthNiuean ☐ Chinese EthChinese ☐ Indian EthIndian ☐ Tongan EthTongan

☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) EthOther EthSpecify1 EthSpecify2

EpiSurv No. EpiSurvNumber

Basis of Diagnosis

Date Interviewed* IntvwDate

Weight* Weight ______ Kg

SEAFOOD EXPOSURE

Date and time seafood eaten* EatSeaDate ______ hrs EatSeaTime

Onset date and time* OnsetDate ______ hrs OnsetTime

Seafood eaten* (tick all that apply)

☐ Cockles Cockles ☐ Crabs Crabs ☐ Crayfish Cray ☐ Kina Kina ☐ Mussel Mussel

☐ Oysters Oyster ☐ Paua Paua ☐ Pipis Pipi ☐ Prawns Prawn ☐ Pupu Pupu

☐ Scallops Scallop ☐ Shrimps Shrimp ☐ Tuatuas TuaTua ☐ Other (specify) OthSea ______ OthSeaSpec

Seafood cooked/marinated before eating* SeaCook ○ Yes ○ No ○ Unknown

If yes indicate method (tick all that apply)

☐ Marinated Marin ☐ Boiled Boil ☐ Steamed Steam

☐ Baked Bake ☐ Fried Fry ☐ Other (specify) OthCook ______ OthCookSpec

Did case drink broth that seafood was cooked in?* Broth ○ Yes ○ No ○ Unknown

Shellfish gut removed before cooking?* GutRemove ○ Yes ○ No ○ Unknown

Type of seafood eaten*

	Type	Number eaten*	Weight of flesh consumed*	
1.	TypeSpec1	NoEaten1	Weight1	grams
2.	TypeSpec2	NoEaten2	Weight2	grams
3.	TypeSpec2	NoEaten3	Weight3	grams
4.	TypeSpec4	NoEaten4	Weight4	grams
5.	TypeSpec5	NoEaten5	Weight5	grams

Parts of the seafood eaten* Parts

○ All ○ All except stomach and gut ○ Just the roe

○ Other specific part (specify)* ______ OthParts

Source of the seafood*

☐ **Recreational*** (collected by case family, friends) Recreational Date Collected* ______ DateCollect

Exact location collected from* ExactLocal

Grid reference* GridRef

Nearest marine biotoxin sample station* BioSample

☐ **Purchased*** (including takeaways and eaten in restaurant) Purchased Date Purchased* DatePurch

Name and address from where purchased* PurchName

Brand name and address of processor* ProcsName

Marine farm number* MarinFarm

Batch No* BatchNo

Date of packing* DatePack

Date of harvesting* DateHarvest

Basis of Diagnosis continued

Leftover sample from the same batch* LeftOver ○ Yes ○ No ○ Unknown

HPO no. of samples* LeftHPONo

Shellfish sample collected from the same site as case* SampCollect ○ Yes ○ No ○ Unknown

If yes specify:*

HPO no. of samples* CollHPONo Shellfish species* ShellSpecies

Location* CollLoc

Grid reference* CollGridRef

Distance from sample site to site of seafood collection*CollDist km Date*CollDate

Phytoplankton results* PhytoplResult

CLINICAL CRITERIA

Main symptoms of illness in case's words*

MainSympt

Gastro-intestinal symptoms	**Yes**	**No**	**Unknown**	If yes, time from eating to onset*	If yes, duration of symptoms*
Nausea* Nausea	○	○	○	hrs TimeNausea	hrs DurNausea
Vomiting* Vomit	○	○	○	hrs TimeVomit	hrs DurVomit
Diarrhoea* Diarrh	○	○	○	hrs TimeDiarrh	hrs DurDiarrh
Stomach pains (cramps)* Cramps	○	○	○	hrs TimeCramps	hrs DurCramps
Neurosensory symptoms					
Numbness of tongue, face, throat, lips*Numbt	○	○	○	hrs TimeNumbt	hrs DurNumbt
Tingling of tongue, face, throat, lips* Tingt	○	○	○	hrs TimeTingt	hrs DurTingt
Numbness of hands or feet* Numbh	○	○	○	hrs TimeNumbh	hrs DurNumbh
Tingling of hands or feet* Tingh	○	○	○	hrs TimeTingh	hrs DurTingh
Prickling feeling on skin during bath/shower or exposure to sun* Prickly	○	○	○	hrs TimePrickly	hrs DurPrickly
Difficulty distinguishing hot or cold objects, e.g., hot objects feeling cold, hot food tasting cold* HotCold	○	○	○	hrs TimeHotCold	hrs DurHotCold
Neurocerebellar/Neuromotor symptoms					
Unsteady walking* UsWalk	○	○	○	hrs TimeUsWalk	hrs DurUsWalk
Clumsiness* Clumsy	○	○	○	hrs TimeClumsy	hrs DurClumsy
Tremor* Tremor	○	○	○	hrs TimeTremor	hrs DurTremor
Double or blurred vision* BlurVis	○	○	○	hrs TimeBlurVis	hrs DurBlurVis
Difficulty swallowing* DiffSwal	○	○	○	hrs TimeDiffSwal	hrs DurDiffSwal
Muscle weakness* WkMuscle	○	○	○	hrs TimeWkMuscle	hrs DurWkMuscle
Difficulty rising from seat or bed because of weakness* WkBed	○	○	○	hrs TimeWkBed	hrs DurWkBed
Difficulty breathing* DiffBreath	○	○	○	hrs TimeDiffBrea	hrs DurDiffBrea
Paralysis* Paralys	○	○	○	hrs TimeParalys	hrs DurParalys
Slurred / unclear speech* SlurSpec	○	○	○	hrs TimeSlurSpec	hrs DurSlurSpec

Basis of Diagnosis continued

General neurological symptoms	Yes	No	Unknown	If yes, time from eating to onset*	If yes, duration of symptoms*
Drowsiness* Drows	◯	◯	◯	hrs TimeDrows	hrs DurDrows
Dizziness* Dizz	◯	◯	◯	hrs TimeDizz	hrs DurDizz
Floating feeling* Float	◯	◯	◯	hrs TimeFloat	hrs DurFloat
Memory loss* MemLoss	◯	◯	◯	hrs TimeMemLoss	hrs DurMemLoss
Confusion / disorientation* Confus	◯	◯	◯	hrs TimeConfus	hrs DurConfus
Seizure* Seiz	◯	◯	◯	hrs TimeSeiz	hrs DurSeiz
Coma* Coma	◯	◯	◯	hrs TimeComa	hrs DurComa
Other symptoms					
Skin rash* Rash	◯	◯	◯	hrs TimeRash	hrs DurRash
Fever* Fever	◯	◯	◯	hrs TimeFever	hrs DurFever
Lower back pain* BackP	◯	◯	◯	hrs TimeBackP	hrs DurBackP
Headache* Headache	◯	◯	◯	hrs TimeHeadache	hrs DurHeadache
Aching joints* AchJoint	◯	◯	◯	hrs TimeAchJoint	hrs DurAchJoint
Aching muscles* AchMusc	◯	◯	◯	hrs TimeAchMusc	hrs DurAchMusc
Other* OthSym	◯	◯	◯	hrs TimeOthSym	hrs DurOthSym

If yes, specify* OthSymSpec

First symptom noticed*

Specify* SymSpec1st

Ongoing Symptom* OngoSymp ◯ Yes ◯ No ◯ Unknown

If yes, specify* OngoSympSpec

Past Medical History

Long term illness that requires regular visits to the doctor* LongIll ◯ Yes ◯ No ◯ Unknown

If yes, specify* LongIllSpec

Medication on a daily basis* MedicDaily ◯ Yes ◯ No ◯ Unknown

If yes, specify* MedicDSpec

Any other illness that could explain current symptoms* OthIllness ◯ Yes ◯ No ◯ Unknown

If yes, specify*
OthIllSpec

LABORATORY CRITERIA

Seafood linked to case tested for toxins* SeaTest ◯ Yes ◯ No ◯ Unknown

*If yes, type of seafood tested: SeaTestSpec

If yes, source of seafood tested:* SourceTest
◯ Leftovers
◯ Same site
◯ Same batch

HPO No. of seafood test sample* HPONoTest

Basis of Diagnosis continued

If yes, specify biotoxin tested for and results:*

Toxin tested:*		Toxin level*	Toxin dose*
NSP* TestNSP	○ Yes ○ No ○ Awaiting results	TestNSPLevel	TestNSPDose
ASP* TestASP	○ Yes ○ No ○ Awaiting results	TestASPLevel	TestASPDose
DSP* TestDSP	○ Yes ○ No ○ Awaiting results	TestDSPLevel	TestDSPDose
PSP* TestPSP	○ Yes ○ No ○ Awaiting results	TestPSPLevel	TestPSPDose
Other* TestOth	○ Yes ○ No ○ Awaiting results	TestOthLevel	TestOthDose

(specify*) TestOthSpec

If case had diarrhoea, faecal microbiological culture performed* CaseCulture ○ Yes ○ No ○ Unknown

If yes, specify test and result* CultuResults

Seafood linked to case tested for microbiological pathogens* SeaPath ○ Yes ○ No ○ Unknown

If yes, specify test and result* PathResult

Other probable cause for illness identified by microbiological tests (other than biotoxin testing)* OthMicrob ○ Yes ○ No ○ Unknown

If yes, specify test and result* OMicroResult

STATUS* Status ○ Under Investigation ○ Suspect ○ Probable ○ Confirmed ○ Not a case

SUPPORTING CRITERIA

Others present at the meal when seafood was eaten* OthersEat ○ Yes ○ No ○ Unknown

Name*		Ate Seafood*	Became Ill*
	OthName1	○ Yes ○ No ○ Unknown OthAte1	○ Yes ○ No ○ Unknown OthIll1
	OthName2	○ Yes ○ No ○ Unknown OthAte2	○ Yes ○ No ○ Unknown OthIll2
	OthName2	○ Yes ○ No ○ Unknown OthAte3	○ Yes ○ No ○ Unknown OthIll3
Animals fed with same seafood (or parts of) as case*		○ Yes ○ No ○ Unknown AnimAte	○ Yes ○ No ○ Unknown AnimIll

If became ill, list the types of animals and describe their signs of illness*
AnimIllSpec

Clinical Course and Outcome

Date of onset* OnsetDt ☐ Approximate OnsetDtApprox ☐ Unknown OnsetDtUnknown

Hospitalised* Hosp ○ Yes ○ No ○ Unknown

Date hospitalised* HospDt ☐ Unknown HospDtUnknown

Hospital* HospName

Died* Died ○ Yes ○ No ○ Unknown

Date died* DiedDt ☐ Unknown DiedDtUnknown

Was this disease the primary cause of death?* DiedPrimary ○ Yes ○ No ○ Unknown

If no, specify the primary cause of death* DiedOther

Outbreak Details

Is this case part of an outbreak (i.e. known to be linked to one or more other cases of the same disease)?*

☐ Yes Outbrk **If yes, specify Outbreak No.*** OutbrkNo

*Comments

Comments