

CASE REPORT FORM

Toxic Shellfish Poisoning

Toxic Shellfish Poisoning		EpiSurv No. _____	
Disease Name			
☐ 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 _____			
Notifier Identification			
Reporting source* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ☐ Self-notification ☐ Outbreak Investigation ☐ Other			
Name of reporting source _____		Organisation _____	
Date reported* _____		Contact phone _____	
Usual GP _____		Practice _____ GP phone _____	
GP/Practice address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Case Identification			
Name of case* Surname _____ Given Name(s) _____			
NHI number* _____		Email _____	
Current address* Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Phone (home) _____		Phone (work) _____ Phone (other) _____	
Case Demography			
Location TA* _____		DHB* _____	
Date of birth* _____ OR Age _____ ☐ Days ☐ Months ☐ Years			
Sex* ☐ Male ☐ Female ☐ Indeterminate ☐ Unknown			
Occupation* _____			
Occupation location ☐ Place of Work ☐ School ☐ Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Alternative location ☐ Place of Work ☐ School ☐ Pre-school			
Name _____			
Address Number _____ Street _____ Suburb _____ Town/City _____ Post Code _____ ☐ GeoCode _____			
Ethnic group case belongs to* (tick all that apply)			
☐ NZ European ☐ Maori ☐ Samoan ☐ Cook Island Maori ☐ Niuean ☐ Chinese ☐ Indian ☐ Tongan ☐ Other (such as Dutch, Japanese, Tokelauan) *(specify) _____			

Basis of Diagnosis

Date Interviewed* _____

Weight* _____ Kg

SEAFOOD EXPOSURE

Date and time seafood eaten* _____ hrs

Onset date and time* _____ hrs

Seafood eaten* (tick all that apply)

- ☐ Cockles ☐ Crabs ☐ Crayfish ☐ Kina ☐ Mussel
☐ Oysters ☐ Paua ☐ Pipis ☐ Prawns ☐ Pupu
☐ Scallops ☐ Shrimps ☐ Tuatuas ☐ Other (specify) _____

Seafood cooked / marinated before eating* ☐ Yes ☐ No ☐ Unknown

If yes indicate method (tick all that apply)

- ☐ Marinated ☐ Boiled ☐ Steamed
☐ Baked ☐ Fried ☐ Other (specify) _____

Did case drink broth that seafood was cooked in?* ☐ Yes ☐ No ☐ UnknownShellfish gut removed before cooking?* ☐ Yes ☐ No ☐ Unknown

Type of seafood eaten*	Number eaten*	Weight of flesh consumed*
1. _____	_____	_____ grams
2. _____	_____	_____ grams
3. _____	_____	_____ grams
4. _____	_____	_____ grams
5. _____	_____	_____ grams

Parts of the seafood eaten*

- ☐ All ☐ All except stomach and gut ☐ Just the roe
☐ Other specific part (specify)* _____

Source of the seafood*

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

Exact location collected from* _____

Grid reference* _____

Nearest marine biotoxin sample station* _____

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

Name and address from where purchased* _____

Brand name and address of processor* _____

Marine farm number* _____

Batch No* _____

Date of packing* _____

Date of harvesting* _____

Basis of Diagnosis continued**Leftover sample from the same batch***☐ Yes☐ No☐ Unknown

HPO no. of samples* _____

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

If yes specify:*

HPO no. of samples* _____

Shellfish species* _____

Location* _____

Grid reference* _____

Distance from sample site to site of seafood collection* _____ km Date* _____

Phytoplankton results* _____**CLINICAL CRITERIA****Main symptoms of illness in case's words*****Gastro-intestinal symptoms****Yes No Unknown**

If yes, time from eating to onset*

If yes, duration of symptoms*

Nausea* ☐ ☐ ☐ _____ hrs _____ hrsVomiting* ☐ ☐ ☐ _____ hrs _____ hrsDiarrhoea* ☐ ☐ ☐ _____ hrs _____ hrsStomach pains (cramps)* ☐ ☐ ☐ _____ hrs _____ hrs**Neurosensory symptoms**Numbness of tongue, face, throat, lips* ☐ ☐ ☐ _____ hrs _____ hrsTingling of tongue, face, throat, lips* ☐ ☐ ☐ _____ hrs _____ hrsNumbness of hands or feet* ☐ ☐ ☐ _____ hrs _____ hrsTingling of hands or feet* ☐ ☐ ☐ _____ hrs _____ hrsPrickling feeling on skin during bath/shower or exposure to sun* ☐ ☐ ☐ _____ hrs _____ hrsDifficulty distinguishing hot or cold objects, e.g., hot objects feeling cold, hot food tasting cold* ☐ ☐ ☐ _____ hrs _____ hrs**Neurocerebellar / Neuromotor symptoms**Unsteady walking* ☐ ☐ ☐ _____ hrs _____ hrsClumsiness* ☐ ☐ ☐ _____ hrs _____ hrsTremor* ☐ ☐ ☐ _____ hrs _____ hrsDouble or blurred vision* ☐ ☐ ☐ _____ hrs _____ hrsDifficulty swallowing* ☐ ☐ ☐ _____ hrs _____ hrsMuscle weakness* ☐ ☐ ☐ _____ hrs _____ hrsDifficulty rising from seat or bed because of weakness* ☐ ☐ ☐ _____ hrs _____ hrsDifficulty breathing* ☐ ☐ ☐ _____ hrs _____ hrsParalysis* ☐ ☐ ☐ _____ hrs _____ hrsSlurred / unclear speech* ☐ ☐ ☐ _____ hrs _____ hrs

Basis of Diagnosis continued

General neurological symptoms	Yes	No	Unknown	If yes, time from eating to onset*	If yes, duration of symptoms*
Drowsiness*	☐	☐	☐	_____ hrs	_____ hrs
Dizziness*	☐	☐	☐	_____ hrs	_____ hrs
Floating feeling*	☐	☐	☐	_____ hrs	_____ hrs
Memory loss*	☐	☐	☐	_____ hrs	_____ hrs
Confusion / disorientation*	☐	☐	☐	_____ hrs	_____ hrs
Seizure*	☐	☐	☐	_____ hrs	_____ hrs
Coma*	☐	☐	☐	_____ hrs	_____ hrs
Other symptoms					
Skin rash*	☐	☐	☐	_____ hrs	_____ hrs
Fever*	☐	☐	☐	_____ hrs	_____ hrs
Lower back pain*	☐	☐	☐	_____ hrs	_____ hrs
Headache*	☐	☐	☐	_____ hrs	_____ hrs
Aching joints*	☐	☐	☐	_____ hrs	_____ hrs
Aching muscles*	☐	☐	☐	_____ hrs	_____ hrs
Other*	☐	☐	☐	_____ hrs	_____ hrs
If yes, specify* _____					

First symptom noticed*

Specify* _____

Ongoing Symptom*
☐ Yes
☐ No
☐ Unknown

If yes, specify* _____

Past Medical History**Long term illness that requires regular visits to the doctor***
☐ Yes
☐ No
☐ Unknown

If yes, specify* _____

Medication on a daily basis*
☐ Yes
☐ No
☐ Unknown

If yes, specify* _____

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

If yes, specify* _____

LABORATORY CRITERIA**Seafood linked to case tested for toxins***
☐ Yes
☐ No
☐ Unknown

*If yes, type of seafood tested: _____

If yes, source of seafood tested:*

☐ Leftovers

HPO No. of seafood test sample* _____

☐ Same site☐ Same batch

Toxic Shellfish Poisoning		EpiSurv No. _____																		
Basis of Diagnosis continued																				
If yes, specify biotoxin tested for and results:* <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;">Toxin tested:*</th> <th style="text-align: left; width: 30%;">Toxin level*</th> <th style="text-align: left; width: 30%;">Toxin dose*</th> </tr> </thead> <tbody> <tr> <td>NSP* ☐ Yes ☐ No ☐ Awaiting results</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ASP* ☐ Yes ☐ No ☐ Awaiting results</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DSP* ☐ Yes ☐ No ☐ Awaiting results</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>PSP* ☐ Yes ☐ No ☐ Awaiting results</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other* ☐ Yes ☐ No ☐ Awaiting results</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> (specify*) _____			Toxin tested:*	Toxin level*	Toxin dose*	NSP* ☐ Yes ☐ No ☐ Awaiting results	_____	_____	ASP* ☐ Yes ☐ No ☐ Awaiting results	_____	_____	DSP* ☐ Yes ☐ No ☐ Awaiting results	_____	_____	PSP* ☐ Yes ☐ No ☐ Awaiting results	_____	_____	Other* ☐ Yes ☐ No ☐ Awaiting results	_____	_____
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If case had diarrhoea, faecal microbiological culture performed* ☐ Yes ☐ No ☐ Unknown If yes, specify test and result* _____																				
Seafood linked to case tested for microbiological pathogens* ☐ Yes ☐ No ☐ Unknown If yes, specify test and result* _____																				
Other probable cause for illness identified by microbiological tests (other than biotoxin testing)* ☐ Yes ☐ No ☐ Unknown If yes, specify test and result* _____																				
STATUS* ☐ Under Investigation ☐ Suspect ☐ Probable ☐ Confirmed ☐ Not a case																				
SUPPORTING CRITERIA																				
Others present at the meal when seafood was eaten* ☐ Yes ☐ No ☐ Unknown <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;">Name*</th> <th style="text-align: left; width: 30%;">Ate Seafood*</th> <th style="text-align: left; width: 30%;">Became Ill*</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>☐ Yes ☐ No ☐ Unknown</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>_____</td> <td>☐ Yes ☐ No ☐ Unknown</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> <tr> <td>_____</td> <td>☐ Yes ☐ No ☐ Unknown</td> <td>☐ Yes ☐ No ☐ Unknown</td> </tr> </tbody> </table>			Name*	Ate Seafood*	Became Ill*	_____	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	_____	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	_____	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown						
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Animals fed with same seafood (or parts of) as case* ☐ Yes ☐ No ☐ Unknown ☐ Yes ☐ No ☐ Unknown If became ill, list the types of animals and describe their signs of illness* _____																				
Clinical Course and Outcome																				
Date of onset* _____ ☐ Approximate ☐ Unknown																				
Hospitalised* ☐ Yes ☐ No ☐ Unknown																				
Date hospitalised* _____ ☐ Unknown																				
Hospital* _____																				
Died* ☐ Yes ☐ No ☐ Unknown																				
Date died* _____ ☐ Unknown																				
Was this disease the primary cause of death?* ☐ Yes ☐ No ☐ Unknown If no, specify the primary cause of death* _____																				

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

☐ Yes

If yes, specify Outbreak No.*

*Comments