

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* ☐ General Practitioner ☐ Hospital-based Practitioner ☐ Laboratory ReportSrc ☐ 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 houzenumber 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 houzenumber 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 houzenumber 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 houzenumber Street streetname Suburb suburb Town/City towncity Post Code postcode ☐ GeoCode geocode addressmatchaccuracy	
Ethnic group case belongs to* (tick all that apply)			
☐ NZ European EthNZEuropan ☐ 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			

Basis of DiagnosisDate 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 ☐ UnknownShellfish gut removed before cooking?* **GutRemove** ☐ Yes ☐ No ☐ Unknown

Type of seafood eaten*	1.	Number eaten*	Weight of flesh consumed*
	_____ TypeSpec1	_____ NoEaten1	_____ Weight1 grams
	_____ TypeSpec2	_____ NoEaten2	_____ Weight2 grams
	_____ TypeSpec2	_____ NoEaten3	_____ Weight3 grams
	_____ TypeSpec4	_____ NoEaten4	_____ Weight4 grams
	_____ 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** _____

Toxic Shellfish Poisoning		EpiSurv No. EpiSurvNumber	
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 _____		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

Toxic Shellfish Poisoning				EpiSurv No. EpiSurvNumber	
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			

Toxic Shellfish Poisoning		EpiSurv No. EpiSurvNumber																			
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*TestNSP ☐ Yes ☐ No ☐ Awaiting results</td> <td>TestNSPLevel _____</td> <td>TestNSPDose _____</td> </tr> <tr> <td>ASP*TestASP ☐ Yes ☐ No ☐ Awaiting results</td> <td>TestASPLLevel _____</td> <td>TestASPDose _____</td> </tr> <tr> <td>DSP*TestDSP ☐ Yes ☐ No ☐ Awaiting results</td> <td>TestDSPLevel _____</td> <td>TestDSPDose _____</td> </tr> <tr> <td>PSP*TestPSP ☐ Yes ☐ No ☐ Awaiting results</td> <td>TestPSPLLevel _____</td> <td>TestPSPDose _____</td> </tr> <tr> <td>Other*TestOth ☐ Yes ☐ No ☐ Awaiting results</td> <td>TestOthLevel _____</td> <td>TestOthDose _____</td> </tr> </tbody> </table> (specify*) TestOthSpec _____				Toxin tested:*	Toxin level*	Toxin dose*	NSP* TestNSP ☐ Yes ☐ No ☐ Awaiting results	TestNSPLevel _____	TestNSPDose _____	ASP* TestASP ☐ Yes ☐ No ☐ Awaiting results	TestASPLLevel _____	TestASPDose _____	DSP* TestDSP ☐ Yes ☐ No ☐ Awaiting results	TestDSPLevel _____	TestDSPDose _____	PSP* TestPSP ☐ Yes ☐ No ☐ Awaiting results	TestPSPLLevel _____	TestPSPDose _____	Other* TestOth ☐ Yes ☐ No ☐ Awaiting results	TestOthLevel _____	TestOthDose _____
Toxin tested:*	Toxin level*	Toxin dose*																			
NSP* TestNSP ☐ Yes ☐ No ☐ Awaiting results	TestNSPLevel _____	TestNSPDose _____																			
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DSP* TestDSP ☐ Yes ☐ No ☐ Awaiting results	TestDSPLevel _____	TestDSPDose _____																			
PSP* TestPSP ☐ Yes ☐ No ☐ Awaiting results	TestPSPLLevel _____	TestPSPDose _____																			
Other* TestOth ☐ Yes ☐ No ☐ Awaiting results	TestOthLevel _____	TestOthDose _____																			
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																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Name*</th> <th style="text-align: left; width: 30%;">Ate Seafood*</th> <th style="text-align: left; width: 40%;">Became Ill*</th> </tr> </thead> <tbody> <tr> <td>_____ OthName1</td> <td>☐ Yes ☐ No ☐ Unknown OthAte1</td> <td>☐ Yes ☐ No ☐ Unknown OthIll1</td> </tr> <tr> <td>_____ OthName2</td> <td>☐ Yes ☐ No ☐ Unknown OthAte2</td> <td>☐ Yes ☐ No ☐ Unknown OthIll2</td> </tr> <tr> <td>_____ OthName2</td> <td>☐ Yes ☐ No ☐ Unknown OthAte3</td> <td>☐ Yes ☐ No ☐ Unknown OthIll3</td> </tr> </tbody> </table>				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						
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 _____																					

Toxic Shellfish Poisoning	EpiSurv No. EpiSurvNumber
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	