

TOXIC SHELLFISH POISONING (TSP)

Disease Name	
Disease	Tick the name of the disease from those listed. If it is not known what type of TSP is being reported tick "TSP -type unspecified". If the disease is due to another known shellfish toxin, tick "Other shellfish toxin" and specify.
Basis of Diagnosis	
Date interviewed	Record the date that the case was interviewed.
Weight	Record the weight of the case in kilograms. This is required in order to ascertain the dose of toxin ingested.
SEAFOOD EXPOSURE	
Date and time seafood eaten	Indicate the date and time that the seafood was eaten. The time should be recorded using the 24 hour clock, i.e., 6pm = 18:00 hrs. If the exact time is not known, record the best approximate time.
Onset date and time	Indicate the date and time when case was first aware of being ill. The time should be recorded using the 24 hour clock, i.e., 6pm = 18:00. If the exact time is not known, record the best approximate time.
Seafood eaten	Indicate the type(s) of seafood eaten. Tick all that apply. If the type of seafood is not listed use the "other (specify)" field to record details.
Seafood cooked / marinated before eating	Indicate whether the seafood was cooked or marinated before it was eaten by the case. If "Yes", indicate the method(s) of cooking or specify if it is not listed. Tick all that apply.
Did case drink broth that seafood was cooked in	If the seafood was cooked, indicate whether the case drank the broth that it was cooked in. If not known or unavailable then tick the "Unknown" box.
Shellfish gut removed before cooking	If the seafood was cooked, indicate whether the shellfish gut was removed before cooking. If not known or unavailable then tick the "Unknown" box.

Type of seafood eaten	For each type of seafood eaten, list the seafood and record the number eaten and the weight of flesh that was consumed in grams. If the exact number or weight is not known record the best approximate values.
Parts of the seafood eaten	Indicate which parts of the seafood were eaten. If the combination of parts eaten is not listed, tick the "Other specific part" option and give details.
Source of the seafood	Indicate the source of the seafood - Recreationally collected and/or Purchased - and answer the questions relating to the source(s). If the seafood was Recreationally collected, give the date it was collected and the exact location. The grid reference of the site where the seafood was collected is also required. Refer to the The National Marine Biotoxin Management Plan for the nearest marine biotoxin sample station. If the seafood was Purchased, give the date of purchase and the name and address of the retailer, along with the brand name of the product and the address of the processor. Also provide the marine farm number, the batch number, the date of packaging and the date of harvesting. All of these can be obtained from the pack house if not on the packaging. If the pack house used is from another health district, contact the public health unit responsible for that health district and their HPO will contact the pack house.
Leftover seafood from the same batch or meal	Indicate whether there is any leftover seafood from the same batch or meal. If "Yes", give the HPO number of the sample. If not known or unavailable then tick the "Unknown" box.
Shellfish collected from the same site	Indicate whether shellfish samples were collected from the same site. If not known or unavailable then tick the "Unknown" box. If "Yes", give the HPO number of the sample (if applicable); the shellfish species; the location of the sampling site and its grid reference; the distance of the sampling site from the place where the seafood eaten by the case was collected and the date the sample was collected. If more than one sample was collected write the additional details in the comments field.
Phytoplankton results	Provide any details of phytoplankton results if applicable.

CLINICAL CRITERIA	
Main symptoms of illness	Give details of the main symptoms in the case's own words.
Gastro-intestinal symptoms	For each of the symptoms listed, indicate whether they were present or not. If not known or unavailable then tick the "Unknown" box. If "Yes", provide the time between consumption of the seafood and onset of symptoms (in hours), and the duration of the symptoms. If the exact times are not known, provide approximate values.
Neurosensory symptoms	For each of the symptoms listed, indicate whether they were present or not. If not known or unavailable then tick the "Unknown" box. If "Yes", provide the time between consumption of the seafood and onset of each symptom (in hours), and the duration of each symptom. If the exact times are not known, provide approximate values.
Neurocerebellar/Neuromotor symptoms	For each of the symptoms listed, indicate whether they were present or not. If not known or unavailable then tick the "Unknown" box. If "Yes", provide the time between consumption of the seafood and onset of each symptom (in hours), and the duration of each symptom. If the exact times are not known, provide approximate values.
General neurological symptoms	For each of the symptoms listed, indicate whether they were present or not. If not known or unavailable then tick the "Unknown" box. If "Yes", provide the time between consumption of the seafood and onset of each symptom (in hours), and the duration of each symptom. If the exact times are not known, provide approximate values.
Other symptoms	For each of the symptoms listed, indicate whether they were present or not. If not known or unavailable then tick the "Unknown" box. If "Yes", provide the time between consumption of the seafood and onset of each symptom (in hours), and the duration of each symptom. If the exact times are not known, please provide approximate values. Indicate whether there were any other unlisted symptoms present. If "Yes", give details in the space provided.
First symptom noticed	Give details of the first symptom which was noticed by the case
Ongoing symptoms	Indicate whether there are any ongoing symptoms. If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the symptoms.

Past Medical History	
Long term illness	Indicate whether the case is suffering from a long term illness that requires regular visits to the doctor. If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the illness.
Medications on daily basis	Indicate whether the case is on daily medication. If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the medication(s).
Any other illness	Indicate whether the case suffers from any other illness which could explain their current symptoms, such as another food and waterborne diseases or a neurological disorders. If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the illness.
LABORATORY CRITERIA	
Seafood linked to case tested for toxins	Indicate whether any seafood which was linked to the case was tested for toxins. If not known or unavailable then tick the "Unknown" box. If "Yes", indicate the type of seafood tested, the source of the seafood (tick all that apply) and the HPO number of the sample. For each toxin listed, indicate whether it was tested for or awaiting results and if "Yes" give the toxin level and the toxin dose. If the toxin tested for is not listed, tick "Other" and give details in the space provided. $\text{Toxin dose} = \frac{\text{toxin level} \times \text{amount of seafood consumed}}{\text{weight}}$ ie dose/kg
Faecal microbiological culture performed	If the case had diarrhoea, indicate whether a faecal microbiological culture was performed. If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the test and the result.
Seafood tested for microbiological pathogens	Indicate whether any seafood which was linked to the case was tested for microbiological pathogens. If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the test and the result.

Other probable cause identified by microbiological tests	Indicate whether any other probable cause for illness was identified by microbiological tests other than biotoxin testing (ie by microbiological testing of either a faecal specimen or seafood). If not known or unavailable then tick the "Unknown" box. If "Yes", give details of the test and the result.
STATUS	Suspect - (see next page for list of neurological symptoms) ASP Vomiting or diarrhoea or abdominal cramps occurring within 24 hours of consuming shellfish AND no other probable cause identified by microbiological examination of faecal specimen from the case or microbiological testing of leftover food AND/OR one or more of the neurological symptoms from group C occurring within 48 hours of consuming shellfish. DSP Vomiting or diarrhoea occurring within 24 hours of consuming shellfish AND no other probable cause identified by microbiological examination of faecal specimen from the case or microbiological testing of leftover food. NSP Two or more of the neurological symptoms from groups A and B occurring within 24 hours of consuming shellfish PSP Paraesthesia occurring within 12 hours of consuming shellfish AND one of the neurological symptoms from group B

	TSP type unspecified Vomiting or diarrhoea occurring within 24 hours of consuming shellfish AND no other probable cause identified by microbiological examination of faecal specimen from the case or microbiological testing of leftover food OR any of the neurological symptoms from groups A and B occurring within 24 hours of consuming shellfish OR one or more of the neurological signs/symptoms from group C occurring within 48 hours of consuming shellfish. Probable - Meets case definition for suspect case AND detection of relevant biotoxin at or above the regulatory limit in shellfish obtained from near or same site (not leftovers) within seven days of collection of shellfish consumed by case. Current level: ASP: 20ppm domoic acid/100g shellfish DSP: 20µg/100g or 5 MU/100g shellfish NSP: 20MU/100g shellfish PSP: 80µg/100g shellfish Confirmed - Meets case definition for suspect case AND detection of PSP biotoxin in leftover shellfish at a level resulting in the case consuming a dose likely to cause illness. Current dose level: ASP: 0.05 mg/kg body weight DSP: ingestion of 48µg or 12 MU NSP: 0.3 MU/kg body weight PSP: 10 MU/kg body weight (≅ 2µg/kg body weight) Not a case - A case that has been investigated, and subsequently has been shown not to meet the case definition.
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CLINICAL SYMPTOMS FOR ASSIGNING STATUS		
Group A: • paraesthesia - i.e. numbness or tingling around the mouth, face or extremities • alteration of temperature sensation	Group B: • weakness such as trouble rising from seat or bed • difficulty swallowing • difficulty breathing • paralysis • clumsiness • unsteady walking • dizziness/vertigo • slurred/unclear speech • double vision	Group C: • confusion • memory loss • disorientation • seizure • coma
SUPPORTING CRITERIA		
Others present at the meal	Indicate whether any other people were present at the meal when the seafood was eaten. If "Yes", give the names of all the people who were present at the meal, whether they ate the seafood and whether they became ill. If not known or unavailable then tick the "Unknown" box. If more than three people were present at the meal, group them into categories ie those who ate shellfish and became ill, those who ate shellfish and didn't become ill, those who didn't eat shellfish etc.	
Animals fed with same seafood as case	Indicate whether any animals were fed the same seafood (or parts of it) as the case and whether they became ill. If not known or unavailable then tick the "Unknown" box. If the animal(s) became ill, list the type(s) of animal(s) and their signs of illness.	