



BC Shellfish Related Illness Surveillance Form

INSTRUCTIONS:

This form is intended to capture the exposure information related to cases of gastrointestinal illness (lab-confirmed or clinical) **that based on your assessment is likely due to consumption of shellfish in BC.** Copies of implicated shellfish tags should be sent to CFIA as soon as obtained.

Fax or email completed form and tags to:

(1) Marsha Taylor, BCCDC (604) 707-2517, marsha.taylor@bccdc.ca

(2) Andre Youssef, Canadian Food Inspection Agency (604) 666-4440, andre.youssef@inspection.gc.ca

HEALTH AUTHORITY INFORMATION

Date of Report: (yyyy/mm/dd) ____/____/____ Health Authority _____

Person Reporting _____ Phone _____

CASE INFORMATION (Do not include this information when faxing to CFIA)

Last Initial: ____ First Initial: ____ Sex: Male Female Date of Birth: (dd/mm/yyyy) ____/____/____

CLINICAL INFORMATION

Illness onset date and time: (dd/mm/yyyy) ____/____/____ (24 hour clock): _____

Clinical gastroenteritis (vomiting, diarrhea) Neurological symptoms (numbness, tingling sensation)

Lab confirmed *Vibrio parahaemolyticus* Other lab-confirmed illness (specify) _____

EXPOSURE INFORMATION: Complete one row of the table for each type of shellfish consumed

Type of shellfish and amount consumed	Number of people ill	Preparation	Date and time consumed (dd/mm/yyyy; 24 hour clock)	Source	Available tag/invoice Information:
Select one type: <input type="checkbox"/> Oyster <input type="checkbox"/> Mussel <input type="checkbox"/> Clam <input type="checkbox"/> Other _____ Amount Consumed: Details (E.g., name of oyster):	# of people at meal: # of people eating shellfish: # of people ill:	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both Raw and Cooked		<input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Market Name: Address: Date purchased: <input type="checkbox"/> Self-harvest Location: Date harvested:	<input type="checkbox"/> attached <input type="checkbox"/> to follow <input type="checkbox"/> not available Supplier:
Select one type: <input type="checkbox"/> Oyster <input type="checkbox"/> Mussel <input type="checkbox"/> Clam <input type="checkbox"/> Other _____ Amount Consumed: Details (E.g., name of oyster):	# of people at meal: # of people eating shellfish: # of people ill:	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both Raw and Cooked		<input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Market Name: Address: Date purchased: <input type="checkbox"/> Self-harvest Location: Date harvested:	<input type="checkbox"/> attached <input type="checkbox"/> to follow <input type="checkbox"/> not available Supplier:



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Was the case aware of risk of illness from shellfish? Yes No DK

If Yes - where did they find out about the risk? Sport Fishing Guide News

Information Poster Restaurant warning Other (specify) _____

Indicate if leftover product is available for testing:

ADDITIONAL INFORMATION:

What are the symptoms associated with shellfish illnesses?

	<i>Vibrio parahaemolyticus</i>	Hepatitis A	Norovirus	Paralytic Shellfish Poisoning	Diarrhetic Shellfish Poisoning	Amnesic Shellfish Poisoning
Diarrhea	✓		✓		✓	✓
Abdominal discomfort	✓	✓	✓		✓	✓
Nausea	✓	✓	✓	✓	✓	
Fatigue		✓	✓			
Fever	✓	✓	✓			
Dizziness				✓		✓
Vomiting	✓		✓		✓	✓
Headache	✓			✓		
Other		<ul style="list-style-type: none"> ▪ Jaundice, persons with liver conditions at risk for serious illness 		<ul style="list-style-type: none"> ▪ Numbness/tingling in mouth, face, arms or legs ▪ Loss of coordination <p>In serious cases:</p> <ul style="list-style-type: none"> ▪ Paralysis ▪ Difficulty breathing ▪ Death 		<ul style="list-style-type: none"> ▪ Muscle weakness ▪ Disorientation ▪ Memory loss <p>In serious cases:</p> <ul style="list-style-type: none"> ▪ Death
Onset of Symptoms after exposure	Within 24 hrs	Within 15-50 days (usually 28-30 days).	Within 12-48 hrs (usually 36 hrs)	Within 15 min to 10 hrs (usually 2 hrs)	Within 30 min to 36 hrs (usually 12 hrs)	Within 24 hrs
Duration of Symptoms	1-7 hrs	1-2 weeks (mild) to 1 year	2-3 days	Few hrs to days	Few hrs to days	Few hrs to days
Types of bivalves	Raw oysters; undercooked bivalves	Raw oysters; undercooked bivalves	Raw oysters; undercooked bivalves	Clams, mussels, bivalves (cooked or raw)	Clams, mussels, bivalves (cooked or raw)	Clams, mussels, bivalves (cooked or raw)