



Confidential when completed

PERSON REPORTING	
Health Authority:	<input type="checkbox"/> FHA <input type="checkbox"/> IHA <input type="checkbox"/> VIHA <input type="checkbox"/> NHA <input type="checkbox"/> VCH
Name:	<div style="display: flex; justify-content: space-between;"> <i>Last</i> <i>First</i> </div>
Phone:	() - ext.
Email:	

Date Report Received at HA(YYYY/MM/DD): _____	
Contact attempts (date and time)	Interview?
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
Interviewer: <input type="checkbox"/> Not located	

A. CLINICAL INFORMATION

Date of onset: _____ YYYY/MM/DD Onset time: _____ AM / PM Duration of Symptoms: _____

Clinical gastroenteritis (vomiting, diarrhea) Neurological symptoms (numbness, tingling sensation)
 Lab-confirmed pathogen, *specify*: _____ Other, *specify*: _____

Most Likely Diagnosis (to be completed by BCCDC in consultation with HA): _____

B. EXPOSURE INFORMATION

Fish and shellfish exposures in 48 hours prior to onset (check all that apply):

Shellfish:
 Mussels
 Oysters
 Scallops
 Crab
 Cockles
 Other: _____
 Unknown

Fish:
 Barracuda
 Grouper
 Snapper
 Mahi-Mahi
 Tuna
 Mackerel
 Marlin
 Other: _____
 Unknown

Type and amount consumed	Number of people ill	Preparation	Date and time consumed	Source	Tag/invoice Information:
Type of seafood: Amount Consumed: Details (e.g. name of oyster variety):	# of people at meal: # of people eating: # of people ill:	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both raw and cooked Details:	_____ <small>YYYY/MM/DD</small> _____ <small>24 hour clock</small>	<input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Market Name: Address: Date purchased: (YYYY/MM/DD) <input type="checkbox"/> Self-harvest Location: Date harvested: (YYYY/MM/DD)	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> Not available

C. INSPECTION AND TAG INFORMATION

Was an inspection of the food service establishment conducted? Yes No

If no, why was no inspection conducted: _____

If yes, did the inspection find any issues that could have contributed to this illness (E.g., handling, temperature abuse)? *If additional issues not related to this illness investigation are identified, please use space in "additional details" to record.*

Yes No Unknown

If yes or unknown, specify issues identified: _____

Do the tags collected represent the shellfish available to the case? Yes No Unknown

If yes, specify what tags represent: Shellfish consumed by case Shellfish available on date of exposure Other: _____

If no, provide explanation (E.g., missing tags, etc.): _____



D. CLIENT INFORMATION

Name: <small>Last</small> <small>First</small> <small>Middle</small>			Alternate Name(s):		
PHN:		Date of Birth: <small>YYYY / MM / DD</small>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: <small>Unit #</small> <small>Street #</small> <small>Street Name</small>				City:	
Postal code:		Province:		Phone number (home/office/cell) () - ext.	
Email:		Physician Name <small>Last</small> <small>First</small>		Physician Phone Number:	
Interview conducted with:					

E. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person?		<input type="checkbox"/> Asked, not provided	<input type="checkbox"/> No
		<input type="checkbox"/> Not asked	<input type="checkbox"/> Yes
Aboriginal Identity:		<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> First Nations
<input type="checkbox"/> First Nations and Inuit	<input type="checkbox"/> First Nations and Métis	<input type="checkbox"/> First Nations, Inuit and Métis	<input type="checkbox"/> Inuit
<input type="checkbox"/> Inuit and Métis	<input type="checkbox"/> Métis	<input type="checkbox"/> Not asked	
First Nations Status:		<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> Non-Status Indian
		<input type="checkbox"/> Not Asked	<input type="checkbox"/> Status Indian

F. ADDITIONAL RISK FACTORS AND EXPOSURES

Travel during exposure period: Yes No U *If Yes:* within BC outside BC but within Canada outside Canada

Was travel confirmed as the most likely source of infection? Yes

Dates: DEPARTURE	Dates: RETURN	Locations (e.g., city, country, resort)	Additional detail	Foods brought back
<small>YYYY / MM / DD</small>	<small>YYYY / MM / DD</small>			

For infectious diseases only (e.g., norovirus and acute GI)
Did the case have contact with ill individuals during their exposure period (E.g., at home, work, school)?
 Yes No Unknown

If yes, specify: _____



H. LABORATORY INFORMATION

Food and Water

Was fish/shellfish linked to case tested? Yes No Unknown *If yes, type of food tested:* _____

Source of food tested: Leftover Same lot Same site Other: _____

Collection date: _____
YYYY / MM / DD

Was water linked to case tested? Yes No Unknown *If yes, collection date:* _____

YYYY / MM / DD

Toxin/pathogen*	Tested	Sample description	Results	Notes
PSP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
DSP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
ASP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
NSP	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
Dinoflagellates (water only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
Histamine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
Ciguatera toxin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
Bacteria: (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
Viruses: (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			
Other: (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U			

*Toxins are tested by CFIA laboratories. Virus, bacteria and parasites are tested by BC Public Health Microbiology and Reference Laboratory
Limits for marine toxins can be found here: <http://www.hc-sc.gc.ca/fn-an/secureit/chem-chim/contaminants-guidelines-directives-eng.php>
U=Unknown

Clinical

Were clinical specimen(s) tested? Yes No Unknown

Specimen Type	Reporting Lab	Collection Date	Result
		YYYY / MM / DD	
		YYYY / MM / DD	

