BC Centre for Disease Control
AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

Vibrio Infection Case Report Form

Confidential when completed
This form is intended to capture the exposure information related to cases of non-cholera *Vibrio* infection.
Send all pages of completed forms and tags to BCCDC (marsha.taylor@bccdc.ca or 604-707-2516)

PERSON REPORTING	
Health Authority:	☐ FHA ☐ IHA ☐ VIHA ☐ NHA ☐ VCH
Name:	Last First
Phone:	( ) - ext.
Email:	
Date case report form completed:	YYYY / MM / DD

Date Report Received at HA (YYYY/MM/DD): _____

Contact attempts (date and time)	*Interview?*
1.	☐
2.	☐
3.	☐
4.	☐

Interviewer: ☐ *Not located*

A. CLIENT INFORMATION

Name: Last First Middle		
PHN:	Date of birth: YYYY / MM / DD	Sex: ☐ Male ☐ Female
Home address: Unit # Street # Street Name	City:	
Postal code:	Province:	Phone number (home/office/cell): ( ) - ext.

B. ABORIGINAL INFORMATION

Do you wish to self-identify as an Aboriginal Person?		☐ Asked, not provided	☐ No
		☐ Not asked	☐ Yes
Aboriginal Identity:	☐ Asked, but unknown	☐ Asked, not provided	☐ First Nations
☐ First Nations and Inuit	☐ First Nations and Métis	☐ First Nations, Inuit and Métis	☐ Inuit
☐ Inuit and Métis	☐ Métis	☐ Not asked	
First Nations Status:	☐ Asked, but unknown	☐ Asked, not provided	☐ Non-Status Indian
	☐ Not Asked	☐ Status Indian	

C. CLINICAL INFORMATION

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

Clinical syndrome:

☐ Gastrointestinal ☐ Wound infection, *specify site:* _____

☐ Ear infection ☐ Other, *specify:* _____

D. LABORATORY INFORMATION

Specimen Type	Reporting Lab	Collection Date	Result
		YYYY / MM / DD	☐ *Vibrio parahaemolyticus*
			☐ Other *Vibrio*, specify species: _____

E. EXPOSURES

Travel within 96 hours prior to onset:

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, prove/state, country, hotel/resort)
YYYY / MM / DD	YYYY / MM / DD	

Exposures within 96 hours prior to onset:

Bivalve shellfish*: ☐ Yes ☐ No ☐ Unknown _____

Other shellfish: ☐ Yes ☐ No ☐ Unknown Specify: _____

Ocean/sea water: ☐ Yes ☐ No ☐ Unknown Details: _____

Other: ☐ Yes ☐ No ☐ Unknown Specify: _____

** Bivalve shellfish have a shell that consists of two valves hinged at one side (e.g., mussels, clams, oysters, scallops, cockles).*

*If consumed **bivalve shellfish** within 96 hours prior to onset (use 1 line per food eaten):*

Type and amount consumed	Number of people ill	Preparation	Date and time consumed	Source	Available tag/invoice Information:
Type of bivalve: ☐ Oysters ☐ Mussels ☐ Clams ☐ Scallops ☐ Other, specify: _____ **Amount Consumed:** **Details** (e.g. name of oyster variety): ☐ Tick if Platter/sampler	**# of people at meal:** **# of people eating:** **# of people ill:**	☐ Raw ☐ Cooked ☐ Both raw and cooked **Details:**	_____ YYYY/MM/DD _____ 24 hour clock	☐ Restaurant ☐ Store/Market **Name:** **Address:** **Date purchased:** (YYYY/MM/DD) ☐ Self-harvest **Location:** **Date harvested:** (YYYY/MM/DD)	☐ Attached ☐ To follow ☐ Not available

E. EXPOSURES *continued*

*If consumed **bivalve shellfish** within 96 hours prior to onset (use 1 line per food eaten):*

Type and amount consumed	Number of people ill	Preparation	Date and time consumed	Source	Available tag/invoice Information:
Type of bivalve: ☐ Oysters ☐ Mussels ☐ Clams ☐ Scallops ☐ Other, specify: _____ **Amount Consumed:** **Details** (e.g. name of oyster variety): ☐ Tick if Platter/sampler	**# of people at meal:** **# of people eating:** **# of people ill:**	☐ Raw ☐ Cooked ☐ Both raw and cooked **Details:**	_____ YYYY/MM/DD _____ 24 hour clock	☐ Restaurant ☐ Store/Market **Name:** **Address:** **Date purchased:** (YYYY/MM/DD) ☐ Self-harvest **Location:** **Date harvested:** (YYYY/MM/DD)	☐ Attached ☐ To follow ☐ Not available

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: ☐ Yes ☐ No ☐ DK

Specify details:

F. INSPECTION AND TAG INFORMATION

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

If yes, did the inspection find any issues that could have contributed to illness (E.g., handling, temperature abuse)? ☐ Yes ☐ No ☐ Unknown

If yes or unknown, specify issues identified: _____

If no, why was no inspection conducted: _____

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

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

G. NOTIFICATION

All Health Authorities except Vancouver Coastal Health: Enter all case details into Panorama.
Vancouver Coastal Health: Fax or email ALL PAGES of completed form to Marsha Taylor, BCCDC (604) 707-2516, marsha.taylor@bccdc.ca.

If bivalve shellfish purchased from a restaurant or store in British Columbia was consumed,

1. **Fax or email tags to:** Marsha Taylor, BCCDC (604) 707-2516, marsha.taylor@bccdc.ca. Please include the Panorama Investigation ID of the client(s) associated with the tags when faxing the tags (VCH: if the tags are faxed separately from the case report form, please include information to link the tags to the appropriate case).
2. **BCCDC will use criteria for reporting shellfish related illness to CFIA and send only page 1 to CFIA if criteria are met.**

H. Additional Details Related to Case Investigation		
Date	**Comment**	**Initials**