



**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](mailto:marsha.taylor@bccdc.ca) or 604-707-2516)

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:	<small>Last</small> _____ <small>First</small> _____
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.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
4.	<input type="checkbox"/>
Interviewer:	<input type="checkbox"/> Not located

**A. CLIENT INFORMATION**

Name: <small>Last</small> _____ <small>First</small> _____ <small>Middle</small> _____		
PHN:	Date of birth: YYYY / MM / DD	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.

**B. 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"/> Asked, not provided
<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 and Métis	<input type="checkbox"/> Métis	<input type="checkbox"/> Not asked
First Nations Status:	<input type="checkbox"/> Asked, but unknown	<input type="checkbox"/> Asked, not provided
	<input type="checkbox"/> Not Asked	<input type="checkbox"/> Status Indian
		<input type="checkbox"/> Non-Status Indian

**C. CLINICAL INFORMATION**

Date of onset: _____	Onset time: _____	AM / PM	Duration of Symptoms: _____
<small>YYYY / MM / DD</small>			
Clinical syndrome:	<input type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Wound infection, <i>specify site:</i> _____	
	<input type="checkbox"/> Ear infection	<input type="checkbox"/> Other, <i>specify:</i> _____	

**D. LABORATORY INFORMATION**

Specimen Type	Reporting Lab	Collection Date	Result
		YYYY / MM / DD	<input type="checkbox"/> <i>Vibrio parahaemolyticus</i>
			<input type="checkbox"/> Other <i>Vibrio</i> , 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:
<b>Type of bivalve:</b> <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Scallops <input type="checkbox"/> Other, specify: _____ <b>Amount Consumed:</b>  <b>Details</b> (e.g. name of oyster variety):  <input type="checkbox"/> Tick if Platter/sampler	<b># of people at meal:</b>  <b># of people eating:</b>  <b># of people ill:</b>	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both raw and cooked <b>Details:</b>	_____ YYYY/MM/DD _____ 24 hour clock	<input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Market <b>Name:</b>  <b>Address:</b>  <b>Date purchased:</b> (YYYY/MM/DD)  <input type="checkbox"/> Self-harvest <b>Location:</b>  <b>Date harvested:</b> (YYYY/MM/DD)	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> 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:
<b>Type of bivalve:</b> <input type="checkbox"/> Oysters <input type="checkbox"/> Mussels <input type="checkbox"/> Clams <input type="checkbox"/> Scallops <input type="checkbox"/> Other, specify: _____  <b>Amount Consumed:</b>  <b>Details</b> (e.g. name of oyster variety):   <input type="checkbox"/> Tick if Platter/sampler	<b># of people at meal:</b>   <b># of people eating:</b>   <b># of people ill:</b>	<input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Both raw and cooked  <b>Details:</b>	_____ YYYY/MM/DD  _____ 24 hour clock	<input type="checkbox"/> Restaurant <input type="checkbox"/> Store/Market  <b>Name:</b>  <b>Address:</b>  <b>Date purchased:</b> (YYYY/MM/DD)  <input type="checkbox"/> Self-harvest  <b>Location:</b>  <b>Date harvested:</b> (YYYY/MM/DD)	<input type="checkbox"/> Attached <input type="checkbox"/> To follow <input type="checkbox"/> 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 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.): \_\_\_\_\_



**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](mailto: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](mailto: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