BC Centre for Disease Control
Provincial Health Services Authority

Seafood-Related Illness Report Form

655 West 12th Avenue
Vancouver, BC V5Z 4R4
Email ezvbepi@bccdc.ca

Reporting of case(s)

- **All health authorities:** Utilize the table to assist in seafood-related illness to determine the most likely diagnosis, and enter all case details into Panorama or PARIS under the specific disease.

Submission of seafood-related illness form and tags

- **Submit all pages of completed form to BCCDC via ezvbepi@bccdc.ca.**
- **Only submit one form per dining party (cluster).**
- If client consumed bivalve shellfish purchased from a restaurant or store in British Columbia, also submit the shellfish tags and invoices to BCCDC with the form.
- If criteria for reporting shellfish-related illness are met, BCCDC will send deidentified information and the tags to the Canadian Food Inspection Agency.

Supplemental tools for seafood-related illnesses can be found under the "Enteric, Food, and Waterborne" section of http://www.bccdc.ca/health-professionals/professional-resources/surveillance-forms.

PERSON REPORTING

Health authority: ☐ FH ☐ IH ☐ ISLH ☐ NH ☐ VCH	Contact attempts (date & time)	Interview?
Date report received at health unit: YYYY-MM-DD	1.	☐
Name:	2.	☐
Phone:	3.	☐
Email:	4.	☐
Interviewer:	☐ Not located	
Interview conducted with: ☐ Case ☐ Proxy, specify:		

A. CLIENT INFORMATION

Name: Last / First / Middle			
Preferred name:		Date of birth: YYYY-MM-DD	
PHN:	Sex: ☐ Female ☐ Male ☐ X ☐ Undifferentiated ☐ Unknown		
Phone:	Type: (cell/home/work/other)	Phone:	Type: (cell/home/work/other)
Address: Unit # / Street # / Street name		City:	
Province:	Postal code:	Email:	
Do you wish to self-identify as an Indigenous person? ☐ Yes ☐ No ☐ Asked, not provided ☐ Not asked			
If yes, how do you identify? Select all that apply:	☐ First Nations ☐ Inuit ☐ Métis ☐ Asked, not provided ☐ Asked, but unknown ☐ Not asked		
If First Nations, status:	☐ Status Indian ☐ Non-status Indian ☐ Asked, not provided ☐ Asked, but unknown ☐ Not asked		

B. CLINICAL INFORMATION

Symptom onset: YYYY-MM-DD Onset time: 24hr clock 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 health authority using the seafood-related illness table. Consult with BCCDC if required.

C. EXPOSURE INFORMATION

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

Shellfish:	☐ Clams	☐ Cockles	☐ Crab	☐ Mussels	☐ Oysters
	☐ Scallops	☐ Unknown	☐ Other:		
Fish:	☐ Barracuda	☐ Grouper	☐ Mackerel	☐ Mahi-Mahi	☐ Marlin
	☐ Snapper	☐ Tuna	☐ Unknown	☐ Other:	

If multiple seafoods consumed, complete the following table for the suspect source(s) of illness only.

Type of seafood:	Details: (e.g., name of oyster variety)	
Preparation: ☐ Raw ☐ Cooked ☐ Both raw & cooked	Preparation details:	
Amount consumed:	Date consumed: YYYY-MM-DD	Time consumed: 24hr clock
Number of people at meal:	Number of people eating:	Number of people ill:
Source: ☐ Restaurant ☐ Store/market Name: Address: Date purchased: YYYY-MM-DD	☐ Self-harvest Location: Date harvested: YYYY-MM-DD	
Available tag/invoice information: ☐ Attached	☐ To follow	☐ Not available

D. INSPECTION & 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) ☐ Yes ☐ No ☐ Unknown

If yes or unknown, specify issues identified: _____

*If additional issues not related to this investigation are identified, use space in section H to record.

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):

E. EXPOSURE INFORMATION

Travel during exposure period: ☐ Yes ☐ No ☐ Unknown

If yes: ☐ Within BC ☐ Outside BC but within Canada ☐ Outside Canada

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

Dates	**Details** (e.g., city, country, hotel or residence, foods brought back)
Departure: YYYY-MM-DD	
Return: YYYY-MM-DD	

For infectious diseases only, (e.g., norovirus and acute gastrointestinal illness) did the case have contact with ill individuals during their exposure period? (e.g., at home, work, or school)

☐ Yes ☐ No ☐ Unknown If yes, specify:

F. CLINICAL INFORMATION

Gastrointestinal Signs, Symptoms, or Clinical Presentation

☐ Abdominal discomfort ☐ Diarrhea ☐ Nausea ☐ Vomiting

Neurological Signs, Symptoms, or Clinical Presentation

☐ Blurred vision ☐ Difficulty speaking
☐ Difficulty swallowing ☐ Dizziness
☐ Memory loss ☐ Numbness/tingling of hands or feet
☐ Numbness/tingling of mouth/face/tongue ☐ Opposite temperature felt for hot/cold items
☐ Paralysis ☐ Shortness of breath/breathing difficulty
☐ Sweating ☐ Unsteady walking/clumsy
☐ Weakness

Other Signs, Signs, Symptoms, or Clinical Presentation

☐ Aching teeth ☐ Arthralgia ☐ Fever ☐ Headache
☐ Metallic taste ☐ Rash ☐ Other:

Does case have known allergy to fish or shellfish? ☐ Yes ☐ No ☐ Unknown

Does case have any other medical conditions? ☐ Yes ☐ No ☐ Unknown

If yes, specify:

Does case take any medications? ☐ Yes ☐ No ☐ Unknown

If yes, specify:

Clinical description (please provide any details related to clinical presentation or course of illness):

Hospitalization

Did the individual seek medical care? ☐ Yes ☐ No ☐ Unknown

Did the individual visit the ER? ☐ Yes ☐ No ☐ Unknown

Hospitalization greater than 24 hours? ☐ Yes ☐ No ☐ Unknown

Hospital name: Admission: YYYY-MM-DD Discharge: YYYY-MM-DD

Physician diagnosis:

Death: ☐ Yes ☐ No ☐ Unknown If yes, date of death: YYYY-MM-DD

G. LABORATORY INFORMATION

Food and Water Specimens

Was fish/shellfish linked to case tested? ☐ Yes ☐ No ☐ Unknown

If yes, type of food tested: Collection date: YYYY-MM-DD

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

Was water linked to case tested? ☐ Yes ☐ No ☐ Unknown Collection date: YYYY-MM-DD

Toxin* or pathogen	Tested	Sample description	Results	Notes
Paralytic Shellfish Poisoning	☐ Yes ☐ No ☐ Unknown			
Diarrhetic Shellfish Poisoning	☐ Yes ☐ No ☐ Unknown			
Amnesic Shellfish Poisoning	☐ Yes ☐ No ☐ Unknown			
Neurotoxic Shellfish Poisoning	☐ Yes ☐ No ☐ Unknown			
Dinoflagellates (water only)	☐ Yes ☐ No ☐ Unknown			
Histamine	☐ Yes ☐ No ☐ Unknown			
Ciguatera toxin	☐ Yes ☐ No ☐ Unknown			
Bacteria, specify:	☐ Yes ☐ No ☐ Unknown			
Viruses, specify:	☐ Yes ☐ No ☐ Unknown			
Other, specify:	☐ Yes ☐ No ☐ Unknown			

*Toxins are tested by Canadian Food Inspection Agency laboratories. Viruses, bacteria and parasites are tested by BC Public Health Microbiology and Reference Laboratory. Limits for marine toxins can be found at: http://www.hc-sc.gc.ca/fn-an/securit/chem-chim/contaminants-guidelines-directives-eng.php

Clinical Specimens

Were clinical specimen(s) tested? ☐ Yes ☐ No ☐ Unknown

Specimen type	Reporting lab	Collection date	Result
		YYYY-MM-DD	
		YYYY-MM-DD	

H. ADDITIONAL DETAILS RELATED TO CASE INVESTIGATION

Include date and name or initials with any additional details.

Attach to email