

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

**CDC CHOLERA AND OTHER *VIBRIO* ILLNESS
SEAFOOD INVESTIGATION REPORT FORM
(Section 5 of COVIS, CDC OMB 0920-0728)**

Local ID or CalREDIE Incident Number: _____

Please use the same ID Number on preliminary and final reports associated with Cholera and Other Vibrio Infections Case Report to allow linkage to the same incident and same patient.

Report Status (select one)

Preliminary Final

This form should be used to report seafood investigations associated with Cholera and other *Vibrio* infections.

To report seafood investigations associated with Cholera and other *Vibrio* infections:

- CalREDIE jurisdictions: Scan the completed form (include copies of available shellfish tags, invoices, or labels) and upload into the Electronic Filing Cabinet for the corresponding CalREDIE cholera or *Vibrio* incident. Local environmental health investigators should also submit the completed form and tags/invoices/labels directly to the CDPH Food and Drug Branch Shellfish Program Specialist by fax at (916) 636-6498 or email at SeafoodReporting@cdph.ca.gov.
- EDEJ jurisdictions (not using CalREDIE): Submit the completed form (include copies of available shellfish tags, invoices, or labels) along with the completed corresponding form CDPH 8587 (Cholera and Other *Vibrio* Infections Case Report) to the Surveillance & Statistics Section by mail through your communicable disease reporting staff. Local environmental health investigators should also submit the completed form and tags/invoices/labels directly to the CDPH Food and Drug Branch Shellfish Program Specialist by fax at (916) 636-6498 or email at SeafoodReporting@cdph.ca.gov.

If you have any questions, please contact IDB-SSS at IDB-SSS@cdph.ca.gov

State: _____ Year: _____

Age: _____ Sex: _____ First three letters of patient's last name: _____

5. SEAFOOD INVESTIGATION (Please complete a separate form for each type of seafood consumed by the patient.)

Seafood Investigation Number _____ of _____ *If only one type of seafood is investigated, enter 1 of 1.
If two seafoods are investigated, enter 1 of 2 for 1st form, 2 of 2 for 2nd form.*

Product Information

- 1. Type of seafood being investigated: Oysters Clams Mussels Scallops Other shellfish, specify: _____
 Crab Crawfish Fish Lobster Shrimp
- 2. Date consumed (MM/DD/YY): ___/___/___ 3. Amount consumed (e.g., 6 oysters, 1 filet, 5 oz, etc.): _____
- 4. How prepared: Fully cooked Undercooked Raw Unknown Other: _____
- 5. Additional relevant information on product preparation (e.g., specific variety of seafood consumed and plating): _____

6. Was this fish or shellfish harvested by the patient or a friend of the patient? Yes No Unknown

(If yes, skip to source information questions. If no, complete entire page as possible.)

Commercial Vendor Information (only complete if product consumed at a commercial establishment)

1. Name of restaurant, oyster bar, or food store: _____
Address: _____ Tel: _____
City/State: _____

2. Type of establishment: Oyster bar or restaurant Seafood market Unknown
 Truck or roadside vendor Other (specify): _____
 Food store

3. Date restaurant or food outlet received seafood (MM/DD/YY): ___/___/___

4. Was the seafood imported from another country? Yes No Unknown

If yes, name of country: Canada Mexico Other (specify): _____

5. Was a restaurant or outlet environmental assessment conducted? Yes No Unknown

6. Was there evidence of improper handling or storage? Yes No Unknown

If yes (check all that apply): Holding temperature violation Cross-contamination Co-mingling of live and dead shellfish
 Improper storage Other (specify): _____

7. If oysters, clams, or mussels were eaten, how were they received by the retail outlet?

Live shellstock Processed animal with shell attached Shucked meat Unknown Other (specify): _____

Source Information

1. Were seafood tags, invoices, or labels available? Yes No Unknown (If yes, please attach to form)

2. List shippers and associated certification numbers if on tags: _____

3. If harvest areas are known:

Harvest Area	Harvest Date (mm/dd/yy)	Harvest Area Classification (if known)	Product Harvested	Harvest State	Harvest Country
Area 1:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 2:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			

State: _____ Year: _____

Age: _____ Sex: _____ First three letters of patient's last name: _____

Harvest Area	Harvest Date (mm/dd/yy)	Harvest Area Classification (if known)	Product Harvested	Harvest State	Harvest Country
Area 3:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 4:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 5:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 6:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 7:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 8:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 9:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Area 10:		<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited			
Person completing section 5:			Date completed (MM/DD/YY): ____/____/____		
Title/Agency:			Telephone:		

- Please collect relevant tags and invoices that are believed to be a potential source of the patient's illness. If more than 10 harvest areas are identified in the seafood investigation, harvest area data elements can be completed at the jurisdiction's discretion.
- If there is epidemiologic or investigation evidence suggesting certain areas are more likely to be the source of the product consumed, include information for those harvest areas on this form.
- Harvest information for shellfish products without tags (e.g. products in containers) should be completed as if a tag was available, and a picture of the container should be included with the form.