

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 Seafood Specialist by fax at (916) 440-5826.
- Non-CalREDIE jurisdictions: 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 Seafood Specialist by fax at (916) 440-5826.

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

5. SEAFOOD INVESTIGATION (Please complete one copy of this page for each type of seafood ingested and investigated, and identify investigation page number below. Completion of this page is optional for probable cases.)

Seafood Investigation page ____ of ____

Product information

1. Type of seafood being investigated: _____ 2. Date consumed: ____ / ____ / ____

3. Amount consumed (e.g., 6 oysters, 1 filet, 5oz, etc.) : _____

4. How prepared: Fully cooked Undercooked Raw Unknown5. 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: _____

5. Was a restaurant or outlet environmental assessment conducted? Yes No Unknown6. Was there evidence of improper handling or storage? Yes No UnknownIf yes (check all that apply): Holding temperature violation Cross-contamination Co-mingling of live and dead shellfish Improper storage Other: _____

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. Harvest area Harvest date (MM/DD/YY) Harvest area classification

Area 1: _____	Date : ____ / ____ / ____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
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Area 2: _____	Date : ____ / ____ / ____	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally approved <input type="checkbox"/> Conditionally restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
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 Check if additional harvest area page is attached

Person completing section 5: _____ Date completed: _____

Title/Agency: _____ Tel: _____

Additional harvest area page			
Harvest area	Harvest Date (MM/DD/YY)	Harvest Area Classification	
Area 3: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 4: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 5: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 6: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 7: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 8: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 9: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____
Area 10: _____	Date : ___ / ___ / ___	<input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Conditionally Restricted <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited	Description of product harvested: _____